



Confidential Client Profile



Client Name

Client Signature

Advisor Name

Date

CONFIDENTIAL PROFILE

This comprehensive, personal wealth planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible wealth plan for your future. Once you have completed the following information, please return this packet in the enclosed, postage-paid envelope.

FAMILY INFORMATION	Your Name	Nick Name	Age	Birth Date	Social Security # (Optional)
	Spouse's Name	Nick Name	Age	Birth Date	Social Security # (Optional)
	Wedding Date				
	Children's Names & Birth Dates:				
	1) _____	3) _____	5) _____		
	2) _____	4) _____	6) _____		
	Residence Address	City	State	Zip Code	
	Mailing Address	City	State	Zip Code	
	Home Phone	Cell #1	Cell #2	Fax	
	Email #1	Email #2			
Referred By _____	Client Name	<input type="checkbox"/> Web	<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Print _____
					Publication

OCCUPATION	Your Job Title	Employer (last, if retired)	# of Years	Work Phone	Retirement Date
	Spouse's Job Title	Employer (last, if retired)	# of Years	Work Phone	Retirement Date

Privacy Policy – Our Commitment to You: We treat your non-public personal financial information with confidentiality and respect. Our Privacy Policy defines the trust, privacy, and confidentiality we have with our clients. Our Privacy Policy is reasonably designed to:

1. Insure the security and confidentiality of your records and information;
2. Protect against anticipated threats or hazards to the security or integrity of your records and information; and,
3. Protect against unauthorized access to or use of your records or information that could result in substantial harm or inconvenience to you.

WHAT IS IMPORTANT ABOUT MONEY TO EACH OF YOU?

1) _____	1) _____
_____	_____
2) _____	2) _____
_____	_____
3) _____	3) _____
_____	_____
4) _____	4) _____
_____	_____

WEALTH PLANNING

Focusing on holistic Wealth Planning also encompasses non-financial objectives. A Wealth Plan is a GPS designed to effectively guide you toward your life goals.

What do you value most in life?

What do you ultimately want to achieve in your life?

What is the vision for your future?

BACKGROUND

General

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, move, etc.)

Yes No Uncertain

If yes, what changes are you expecting and when? _____

Are you comfortable with your current cash flow?

Yes No Uncertain

Health

Current height _____

Current weight _____

Smoker? Yes No

List of medications currently taking: _____

Retirement Planning

What minimum after-tax income will you need at retirement (in today's dollars)?

\$ _____

If you plan on working during retirement, estimate your anticipated income:

\$ _____

Are you contributing to a traditional IRA?

Yes No Uncertain

Are you contributing to a Roth-IRA?

Yes No Uncertain

Are you covered by any company retirement plans?

Yes No Uncertain

Type of company retirement plan, value, and annual contribution? _____

Protection

Do you carry individual long term disability?

Amount? \$ _____ Yes No Uncertain

Do you have adequate personal liability coverage?

Amount? \$ _____ Yes No Uncertain

How much life insurance do you carry?

Amount? \$ _____ Yes No Uncertain

Do you own long-term care insurance?

Amount? \$ _____ Yes No Uncertain

Is employer-provided life, long term disability, or long term care available to you?

Amount? \$ _____ Yes No Uncertain

Estate Planning

When were your current wills/trusts signed? _____

Have you established any trusts?

Yes No Uncertain

Are you the beneficiary of any trusts?

Yes No Uncertain

Have you adequately planned for estate taxes?

Yes No Uncertain

Have you provided adequate estate liquidity for your heirs?

Yes No Uncertain

Have you planned your legacy?

Yes No Uncertain

Concerns

Please list your current concerns, financial or otherwise: _____

**Please provide the following
Financial Information**

Investments			
Type / Institution Name	Current Value	Tax Basis	Owner

Retirement					
Type / Institution Name	Current Value	Owner	Beneficiary	Employee Contribution	Employer Contribution

Business Assets				
Business Name	Base Value	Tax-Basis	Owner	Business Type

**Please provide the following
Documents**

- All account statements for the above listed accounts, and any other accounts.
- Your earnings statements (W-2, 1099, Social Security, etc.)
- Income tax returns for the last two years

**THANK YOU FOR TAKING THE TIME
TO COMPLETE THIS PROFILE.**



Taylor Financial Group, LLC
795 Franklin Avenue
Bldg. C, Suite 202
Franklin Lakes, NJ 07417

local 201.891.1130
fax 201.891.1136

taylorfinancialgroup.com

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Designed.

Life
Defined.™

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