TMD & Associates, Inc.

Financial Planning and Wealth Management

TMD & ASSOCIATES

Registered Investment Advisor

3800 N. Central Avenue, Suite 860
Phoenix, AZ 85012
(602) 279-2020
(602) 279-4774 FAX

TMD & Associates, Inc.	Confidential Personal Financial Profile
Financial Planning and Wealth Management	

Date Completed:________________________

	Name	Age	Life Expectancy	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -
				/ /	- -

Home Address		Home Phone	( ) -
		Home Fax #	( ) -
Email			

	Client 1	Client 2
OCCUPATION	# of Years	# of Years
Business Name		
Business Address		
Business Phone	( ) -	
Fax Number	( ) -	
Email		
Retirement Age		

Miscellaneous Information:

Marriage Date	/ /	Insurance Agent	
Referral Source		Investment Advisor	
# of Years in Current Home		CPA	
Client 1: US Citizen	Yes No	Attorney	
Client 2: US Citizen	Yes No	Other Advisor	

CONFIDENTIAL

Data Gathering is the first important step in financial planning process and proper data gathering is required per the Practice Standards of the CFP Board. Unless required by law, information provided in this profile will not be released without client consent.

CURRENT ANNUAL INCOME

	Client 1	Increase rate/yr	Client 2	Increase rate/yr
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends / Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
Total Gross Income				

*If pension income please describe any survivorship options below.

RESIDENCE - DETAILS ONLY IF PLANNING TO SELL

ASSET	Res.#1	Res.#2
Current Residence Market Value		
Original Cost+Improvements		
Client Age at Sale		
Sales Costs (% of sale price)		
Cost of Replacement Home		
New Mortgage (% of replacement home price)		
Interest Rate on New Mort. Loan		
Number of Years for New Loan		

INSURANCE SUMMARY

LIFE INS. CO.	Type Term/Perm	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	Present Loan Balance	Smoker Y/N

DISABILITY INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

Do you carry Business Overhead Expense Insurance (Y/N)?

HEALTH INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

LONG TERM CARE	Insured	Daily Benefit	Inflation Rider Y/N	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period (Yrs)	At Home Benefit %

AUTO INS. CO.	Insured	Liability Limit I.e.100/300	Deductible	Uninsured Limit 100/300
#1				
#2				
Other				

Towing	Yes	No
Stacking*	Yes	No
Umbrella Policy	Yes	No

Do you have umbrella liability insurance? Yes / No **Amt. Coverage** ________ Premium ________

Do you have a termite bond? Yes / No If yes, company ________ Premium ________

Home Ins. Company ____________________

Deductible $ ________ Liability Limit $ ________

Replacement Value Yes / No ________

* Stacking - combing the uninsured motorist limits for two related insureds in one policy

ASSETS

		*Type
Checking		
Savings		
Money Market		
CDs (1) Mat. Date		
(2) Mat. Date		
Mutual Funds		
Bonds		
Stocks		
REITs		
Mortgage/Note Receivable		
Annuities		
Life Insurance Cash Value		
Limited Partnerships		
IRA - Client 1	/	
Company/Client Contributions Annual		
IRA - Client 2	/	
Company/Client Contributions Annual		
Retirement Plan Client 1		
Vested Amount		
Retirement Plan Client 2		
Vested Amount		
Investment Property		

*T=Taxable F=Tax Free D=Tax Deferred E=Equity Q=Qualified

Personal Residence(s)	
Personal Property	
Auto 1	
Auto 2	
Furniture	
Jewelry/Art	
Other	
TOTAL ASSETS	

LIABILITIES

1st Mortgage (Int.Rate____)	
Date of Origin_____ Term_____	
Monthly Pmt. (Prin.+Int. only)	
2nd Mortgage (Int.Rate_____)	
Date of Origin_____ Term_____	
Monthly Pmt. (Prin.+Int. only)	
Home Equity Line	
Int. Rate _______	
Credit Cards	
Notes Payable	
Automobile Loans	
Investment Loans	
Margin Account Balance	
Future Obligations	
Other	
TOTAL LIABILITIES	

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

Estate Planning Documentation

	Client 1		Client 2	
	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
Health Care Powers				
To Whom Delegated				
Living Will				

Living Trust				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? Yes / No

Are beneficiary designations consistent with latest estate planning documents? Yes / No

Life Insurance Trust				

Life Ins ownership changed to Trust? Yes / No

Is your attorney the same for all documents? Yes / No

Where are your original estate planning documents stored? ____

Tax Data

Tax Filing Status: (Check one) Single: _____ Joint: _____ Head of Household: _____

Other Tax Adjustments:

Self employment medical ins premiums (Total Amt/Increase Rate) $____________ ___________%
Alimony - Payable to Age: _______ Amount/Increase Rate $____________ ___________%

*Name/Date - Please use which ever one may apply

EDUCATION GOALS

Name of Individual (Current Grade)	Dates in Private School K-12	Est. Total Expenses/Yr	Dates in College	Annual Estimated Tuition/Books/Room & Board/Car, ect.

REACHING RETIREMENT GOALS

Target Retirement Age

Client 1	#1	#2
Client 2	#1	#2

How much do you save & invest for your long-term retirement? (Please state in annual terms)

401K/403b	Client 1	$	Client 2	$
Other: savings,CDs, mutual funds	Client 1	$	Client 2	$

Do you plan to increase this amount by a certain % each year? If so, how much? ____________________________

Do you expect your living expenses to stay the same, increase, or decrease during retirement?_______________

Do you expect to spend more on travel & entertainment for a certain period? Annual Amt.______ # Yrs._______

When do you expect to buy your next vehicle? Year _____ Cost_______ Next Vehicle: Year_____ Cost_______

ADDITIONAL CLIENT GOALS AND COMMENTS

Immediate goals in the next 12 months (Include major expenditures; house, car, college education, wedding, real estate, providing for retirement, etc.):

Goals in the next three to five years:

Special Circumstances or Concerns:

PLEASE READ AND SIGN BELOW

I realize that Financial Planning recommendations depend largely on accurate information provided by the client. By my signature below I acknowledge the completeness and accuracy of the data provided in these data forms and the Data Gathering process.

Client 1 ______________________ Date ______________

Client 2 ______________________ Date ______________

Additional Documentation

Please check what is applicable:

- ❍ Previous Year Tax Return (Personal)
- ❍ Previous Year Tax Return (Corporate)
- ❍ Recent Paycheck Stub
- ❍ Bank Statements (Savings/Checking)
- ❍ Stock Options
- ❍ Brokerage Statements (401k, IRA's, Mutual Funds, Etc.)
- ❍ Social Security Statements
- ❍ Annuity Information
- ❍ Wills, Trusts, Estate Documents
- ❍ Employee Benefits Summary
- ❍ Life & Disability Insurance Information
- ❍ Auto/Home Coverages
- ❍ Other: ____