REGENCY
WEALTH MANAGEMENT

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Financial Profile Questionnaire

DOCUMENT CHECKLIST

Please have copies of the following documents for our appointment:

- ☐ Copy of Will(s)
- ☐ Copy of Trust Agreements
- ☐ Life Insurance Policies
- ☐ Disability or Income Protection Policies
- ☐ Annuity Contracts / Statements
- ☐ Retirement & Pension Plan Statements
- ☐ Last Federal Income Tax Return
- ☐ Latest Copy of Employee Handbook
- ☐ 2 Latest Copies of Pay Stubs
- ☐ Social Security Statements

Please have copies of the following statements for our appointment:

- ☐ Checking & Money Market Accounts
- ☐ Savings Accounts
- ☐ Certficates of Deposit (CD's)
- ☐ Government Bonds
- ☐ Individual Stocks and Bonds
- ☐ Mutual Funds
- ☐ Tax Sheltered Investments
- ☐ Real Estate / Other than Primary Residence
- ☐ All Other Marketable Assets
- ☐ All Loans, Mortages, & Debts

PERSONAL INFORMATION

Plan Date: ____________________

CLIENT A

Name: ____________________ DOB: ____ /____ /____

Social Security # ____________________ Sex: ____________________

Drivers License # ____________________ Expiration Date: ____________________

CLIENT B

Name: ____________________ DOB: ____ /____ /____

Social Security # ____________________ Sex: ____________________

Drivers License # ____________________ Expiration Date: ____________________

Address: ____________________

City: ____________________ State: ____________________ Zip ____________________

Home # ____________________ E-mail: ____________________

How long have you lived at this address? ____________________

Do you own or rent this residence? ____________________

OCCUPATION

CLIENT A

Title: ____________________ Employer: ____________________

Address: ____________________

City: ____________________ State: ____________________ Zip ____________________

Work #____________________ E-mail: ____________________

Fax # ____________________

CLIENT B

Title: ____________________ Employer: ____________________

Address: ____________________

City: ____________________ State: ____________________ Zip ____________________

Work #____________________ E-mail: ____________________

Fax # ____________________

Are there any career changes coming up?

____

____

MISCELLANEOUS

What is your outlook for the long term rate of inflation? ____________________%

With whom do you consult before making financial decisions?

____

____

Miscellaneous continued...

Are you obligated to do business with anyone else?

___

___

Who prepares your tax forms?

___

___

ADVISORS

ACCOUNTANT

Name: ___ Firm: ___

Address: ___

City: ___ State: ___ Zip ___

Work # ___ E-mail: ___

Fax # ___

ATTORNEY

Name: ___ Firm: ___

Address: ___

City: ___ State: ___ Zip ___

Work # ___ E-mail: ___

Fax # ___

INSURANCE

Name: ___ Firm: ___

Address: ___

City: ___ State: ___ Zip ___

Work # ___ E-mail: ___

Fax # ___

OTHER

Name: ___ Firm: ___

Address: ___

City: ___ State: ___ Zip ___

Work # ___ E-mail: ___

Fax # ___

DEPENDENTS

	DOB	Social Security
Name:	/ /	
Name:	/ /	
Name:	/ /	
Name:	/ /	
Name:	/ /	
Name:	/ /	

Dependents continued...

Do you plan on having additional children?

How do you feel about saving for children's education?

If we were to build a model to estimate future education costs, is there a particular college you would like to use as the model?

Do any of your dependents have special needs?

Are there any immediate or long term financial obligations to support dependents or parents?

INCOME

Do you expect any substantial change in your income over the next two years?

What do you expect future increases to be? Client A ______________ % Client B ______________ %

TAXES

Please provide copies of the previous year's tax return with W-2s as well as two most recent pay stubs.

Any additional comments not noted from the tax return / pay stub:

EXPENSES

Please complete attached sheets titled "EXPENSES & CASH FLOW"

Emergency reserves are generally 3-6 months of non-discretionary expenses, how many months do you feel most comfortable with? ____________________

or, state a dollar amount: ______________

Any additional comments not noted on budget expense sheet:

EXPENSES AND CASH FLOW- PART I

HOUSING

	MONTHLY	ANNUALLY
Mortgage	$	$
Home Equity	$	$
Rent	$	$
Real Estate Tax	$	$
Condo Fee	$	$
Gas/Oil/Propane	$	$
Electric	$	$
Sewer/Water	$	$
Phone (home, cell)	$	$
Cable/Satellite	$	$
Internet	$	$
Garbage Pick-up	$	$
Water Softener	$	$
Maid Services	$	$
Home Repairs	$	$
Improvements	$	$
Snow Removal	$	$
Landscaping	$	$
Pest Control	$	$
Tools/Equipment	$	$
Miscellaneous	$	$
TOTAL HOUSING	$	$

CHILD CARE

Daycare Fees	$	$
Baby Care	$	$
School Supplies	$	$
Tuition	$	$
Extra-curricular	$	$
Hobbies	$	$
TOTAL CHILDCARE	$	$

TRANSPORTATION

Vehicle Payment 1	$	$
Vehicle Payment 2	$	$
Vehicle Payment 3	$	$
Gasoline	$	$
Maintenance	$	$
Tolls & Parking	$	$
Subway/Bus Fare	$	$
License & Reg.	$	$
Car Washes	$	$
TOTAL TRANSPORT.	$	$

FOOD & BEVERAGE

	MONTHLY	ANNUALLY
Groceries	$	$
Home Delivery	$	$
Lunches	$	$
TOTAL FOOD	$	$

CLOTHING

Purchases	$	$
Dry Cleaning	$	$
Other	$	$
TOTAL CLOTHING	$	$

FURNISHINGS

Furniture	$	$
Interior Decor	$	$
Exterior Decor	$	$
Linens	$	$
Appliances	$	$
TOTAL FURNISHINGS	$	$

PERSONAL CARE & CASH

Spending Cash	$	$
Hair Care, etc.	$	$
Miscellaneous	$	$
TOTAL CASH	$	$

MEDICAL

Health Insurance	$	$
Deductible	$	$
Co-Payments	$	$
Prescriptions	$	$
Chiropractic	$	$
Orthodontic	$	$
Other	$	$
TOTAL MEDICAL	$	$

EDUCATION

Continuing Ed	$	$
Music Lessons	$	$
College	$	$
Private School	$	$
Health Club	$	$
TOTAL EDUCATION	$	$

EXPENSES AND CASH FLOW- PART II

DEBT

	MONTHLY	ANNUALLY
Charge Cards	$	$
Home Equity	$	$
Student Loans	$	$
Family	$	$
Other	$	$
TOTAL DEBT	$	$

ENTERTAINMENT

	MONTHLY	ANNUALLY
Computer	$	$
Dining Out	$	$
Movies/Theater	$	$
Golf Fees	$	$
Country Club Dues	$	$
Hunting/Fishing Lic	$	$
Liquor/Wine	$	$
Gambling/Lottery	$	$
Other	$	$
TOTAL ENTERTAIN.	$	$

VACATION/GIFTS

	MONTHLY	ANNUALLY
Vacations	$	$
Birthdays	$	$
Christmas	$	$
Anniversary	$	$
Wedding	$	$
Mother/Father Day	$	$
Spontaneous	$	$
TOTAL VACA/GIFT	$	$

CHARITABLE

	MONTHLY	ANNUALLY
Contributions	$	$
Church	$	$
Non-Profits	$	$
Other	$	$
TOTAL CHARITABLE	$	$

MISCELLANEOUS

	MONTHLY	ANNUALLY
Dues/Subscription	$	$
Pet	$	$
Alimony	$	$
Collectibles	$	$
Other	$	$
TOTAL MISC.	$	$

AUTO INSURANCE

	MONTHLY	ANNUALLY
Disability Insurance	$	$
Home Owners	$	$
Life Insurance 1	$	$
Life Insurance 2	$	$
LTC Insurance	$	$
Umbrella/Liability	$	$
TOTAL INSURANCE	$	$

SAVINGS

	MONTHLY	ANNUALLY
401(k) 1	$	$
401(k) 2	$	$
IRA/ Roth 1	$	$
IRA/ Roth 2	$	$
Annuity	$	$
Savings Account	$	$
Credit Union	$	$
UTMA	$	$
Education/529	$	$
TSA	$	$
457 Plan	$	$
TOTAL SAVINGS	$	$

OTHER

	MONTHLY	ANNUALLY
____________________	$	$
____________________	$	$
____________________	$	$
____________________	$	$
____________________	$	$
____________________	$	$
____________________	$	$
____________________	$	$
____________________	$	$
TOTAL OTHER	$	$

ASSETS

What is the market value of your primary residence?

What is the market value of your secondary residence?

At retirement do you plan on making your home part of your home equity available as income? ______

How much? ______

What is the total of the fair market value of all personal property you own including cars, jewelry, collectibles, etc.
(This is fair market value, not replacement value)

LIABILITIES

	Original Date	Original Balance	# of Years	Interest Rate	Current Balance
Mortgage # 1					
Mortgage # 2					
Home Equity Loan # 1					
Home Equity Loan # 2					
Credit Card # 1					
Credit Card # 2					
Auto Loan # 1					
Auto Loan # 2					
Other					

PENSION INCOME

Name:	Benefit Description *(provide details)*

LIFE INSURANCE POLICIES

Company	Who is insured?	Death Benefit:	Cash Value:

What would you want to see happen if one of you should pass away unexpectedly?

How did you calculate the amount of life insurance you have?

Do you use tobacco products? ______

Life Insurance Policies continued...

Do you have any health issues that could affect your insurance planning?

___

Male: ______ Height: ______ Weight: ______

Female: ______ Height: ______ Weight: ______

DISABILITY INSURANCE POLICIES

Company	Who is insured?	Benefit Description:

What would you be willing to change if you became disabled?

___

___

ESTATE PLAN

Do you have a will? ______ When? ______

Do you have a DPOA? ______ When? ______

Do you have advanced directives? ______ When? ______

Have you moved from another state?

___

Are there any trust agreements etc.?

___

NOTES