



Client Profile

Instructions

Please fill as much as possible and/or gather statements/policies for analysis. Next please send form by email or confidential fax to us and we will contact you shortly.

| | |
|---|--|
| Date Profile Completed | |
| Client Name (if married, initial contact person. Spouse info on next page) | |
| Full Legal Name | |
| Name to Go By | |
| Phone | |
| E-Mail | |
| Address | |
| Best method / time to contact | |
| Birthday | |
| Single, Married, Divorced | |
| Employer | |
| Occupation | |
| Top Financial Concern | |
| Earned Income (W-2 or 1099) | |
| Credit Score | |
| Passive Income (SS, pension, dividends, interest, rental, etc.) | |
| Kid's full names and birthdays | |

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| Spouse Name | |
|---|--|
| Full Legal Name | |
| Name to Go By | |
| Contact Information (if different from page 1) | |
| Birthday | |
| Single, Married, Divorced | |
| Employer | |
| Occupation | |
| Top Financial Concern | |
| Earned Income (W-2 or 1099) | |
| Credit Score | |
| Passive Income (SS, pension, dividends, interest, rental, etc.) | |
| Kid's full names and birthdays | |
| Top Financial Goals / Concerns/Special Needs to Discuss | |
| Please use this area to explain | |
| Taxable Assets (indicate if joint or separate from spouse) | |
| Checking/Savings Money Markets | |
| CD (Certificate of Deposit) and Needs | |
| Stocks/Bonds/Mutual Funds/Wrap Accounts | |

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| Retirement/Non-Taxable Assets (indicate which spouse) | |
|--|--|
| 401k/Pension/403b | |
| Spouse 401k/Pension/403b | |
| Annuity and Annuity Needs | |
| Roth IRA and Needs | |
| Spouse Roth IRA and Needs | |
| Traditional IRA | |
| Spouse Traditional IRA | |
| College Funding Plans or Needs (529 Plans, list beneficiary) | |
| Savings | |
| Retirement Plan Savings - % (Percent of Annual Income put into 401k) | |
| Spouse Retirement Plan Savings - % (Percent of Annual Income put into 401k) | |
| Other Monthly Savings Amount (or Monthly Shortfall) | |
| Risk Tolerance | |
| Investment Risk Tolerance (Aggressive, Moderate, Conservative, Other Issues) | |
| Spouse Investment Risk Tolerance (Aggressive, Moderate, Conservative, Other Issues): | |

| Pension/Social Security Expected | |
|--|--|
| Amount Expected | |
| Based on Salary What \$\$, What # Years Work, and What Formula? | |
| Hire Date (or when you started earning credit for a company pension) | |
| Service Computation Date (For Federal Employees Only) | |
| Spouse Pension | |
| Social Security Amount Expected and at What Age? | |
| Spouse Social Security Amount Expected and at What Age? | |
| Federal Benefits Data Sheet and Analysis | |
| Please request separate Federal Data Sheet (if applicable) | |
| Real Estate | |
| Home Value | |
| Mortgage Amount, Term left, Rate | |
| Other Real Estate (Value and Mortgage) | |
| Non - Real Estate Debt | |
| Credit Card Debt | |
| Car Debt | |
| School Debt | |
| Other Unusual Expenses/Debt Notes | |

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| Insurance | |
|---|--|
| Home, Car, Umbrella | |
| Health Insurance | |
| Spouse Health Insurance | |
| Life Insurance (Death Benefit, Surrender Value, Premium Cost, When Bought) | |
| Spouse Life Insurance (Death Benefit, Surrender Value, Premium Cost, When Bought) | |
| Long Term Care Plan | |
| Spouse Long Term Care Plan | |
| Disability Insurance | |
| Spouse Disability Insurance | |
| Medicare Supplement | |
| Spouse Medicare Supplement | |
| Medical History | |
| Health Issues (Info on Doctor Records) | |
| Height/Weight | |
| Smoker/Non | |
| Medications | |
| Hazardous Hobbies | |
| Spouse Health Issues | |
| Spouse Height/Weight | |
| Spouse Smoker/Non | |
| Spouse Medications | |
| Spouse Hazardous Hobbies | |

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| Family/Estate Planning | |
|---|--|
| Current Beneficiaries | |
| Spouse Current Beneficiaries | |
| Wills/Trust/Living Will/Power of Attorney | |
| Parent Planning (inheritance expected or cost of their care expected)? | |
| Business / Side Business | |
| Retention Issues/Key Person Coverage/Buy-Sell Coverage | |
| SEP/SIMPLE IRA | |
| Advisors | |
| Accountant/Tax Issues (RMD, loss carry-forwards, bonus, strategies, SS) | |
| Lawyer Name/Contact Info | |
| Other Financial Advisor Name | |
| Educational Seminar Needs | |
| Education Material Needed | |

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