



Preliminary Personal Financial Planning Profile

To help determine whether your financial planning needs and goals can be successfully served by Strasbaugh Financial Advisory, Inc. please fill out the next three pages and bring to your appointment.

The following information is strictly confidential and will not be disclosed to anyone without your consent.

Strasbaugh Financial Advisory, Inc.
7710 N. Union Boulevard, Suite 201
Colorado Springs, CO 80920
(719) 265-4600
Fax: (719) 623-0150
e-mail: susan@strasbaughfinancial.com

Preliminary Personal Financial Planning Profile

General Information

Today's date: _____

Client's name: _____

Co-Client's name: _____

Birth Date: _____

Birth Date: _____

Address: _____

Phone Numbers: _____ (home) _____ (work)

E-mail Address: _____

Do you regularly check for e-mail messages? _____

Please check one: Single Married Divorced Widowed Other

Children:

Name

Birthdate

Name	Birthdate
_____	_____
_____	_____
_____	_____

Client

Co-Client

Please check: Employed Self-Employed
 Retired

Employed Self-Employed
 Retired

Occupation: _____

Financial Planning Priorities and Goals

What are your three most important financial concerns or goals?

1. _____

2. _____

3. _____

Asset Information *Please estimate the value of the following:*

Checking, Savings/CD, Money Market Funds \$ _____
Retirement Accounts (IRA's, 401(k)'s 403(b)'s, etc.) \$ _____
Your Home \$ _____ Other Real Estate \$ _____
Stocks, Bonds \$ _____ Mutual Funds \$ _____
Other Assets \$ _____

Liability Information *Please estimate the value of the following:*

First Mortgage \$ _____ Second Mortgage \$ _____
Installment Loans \$ _____ Credit Cards \$ _____
Other Liabilities \$ _____ Other Mortgage \$ _____

Annual Earned Income

Salary(ies) \$ _____ Commission \$ _____
Bonus \$ _____ Other Income \$ _____

Is income fairly uniform and reliable? Yes No

Contributions

Are you contributing on a regular basis to a retirement plan such as 401(k), 403(b) or deferred compensation, or to an IRA? Yes- Annual Amount: \$ _____
 No

Life Insurance

How much life insurance do you have?

Client \$ _____ Co-Client \$ _____
Type: _____ Type: _____

Wills/Trusts

Do you have a will(s)? _____ Date Signed: _____
Do you have a trust? _____ Date Signed: _____

Other Information

Do you know what your annual or monthly living expenses are (excluding taxes)? If so, what is the dollar amount per month?

Do you have a computer at home? _____

Do you use Quicken or Microsoft Money software to track your spending? _____

What do you expect to earn on your investments?

6-8% _____ 8-10% _____ 10-12% _____ 12-15% _____ 15% + _____

What did you do the last time the stock market went down by 5% or more?

At what age do you hope/expect to retire? _____

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial adviser or consultant? _____ If yes, please explain:

Is there any other information you would like to provide at this time?

Signed: _____

Date: _____

Thank you!