

FINANCIAL OVERVIEW



Registered Investment Advisors Since 1983

Time-Tested Financial, Tax and Estate Planning

*For more regarding our planning services, please
give us a call, send us an email or visit our website*

CoordinatedFinancialPlanning.com

We look forward to working with you!

COORDINATED FINANCIAL PLANNING CORP.

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INSTRUCTIONS

Effective financial management depends on effective communication. The more we know about you and your financial situation, goals, and opportunities, the better our advice will be.

We cannot stress enough the importance of completing this form. It will allow us to provide you with a good overview of your current financial situation and make very specific recommendations to help reach your financial goals.

The personal information and concerns/objectives information helps us to understand your financial background, attitudes and concerns. The income, expense, asset and liability areas allow us to accurately analyze your current financial condition.

Copies of the following, most recent statements, can save us substantial time in the financial planning process:

ITEM FURNISHED	ITEM RETURNED	NOT APPLICABLE	NOT AVAILABLE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay Stubs for Last Full Month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Income Tax Returns for the Previous Year (Federal and State)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wills & Trust Agreements Affecting Client, Spouse or Children Mortgage Notes and Other Loan Notes (i.e. car)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule of Copies of Securities, Bonds, Certificates of Deposit, Investment Partnership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policies including Most Recent Policy Statements and Dividend Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability and Health Insurance Policies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property and Liability Insurance Policies including Most Recent Declaration Page
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Employee Benefit Statements and Descriptions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Stock Option Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Ownership Documents and Related Financial Statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce Settlements and/or Pre-Marital Agreements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Previous Analysis Prepared Regarding Insurance, Investments or Estate

Other(s) _____

ADDITIONAL COMMENTS

ALL INFORMATION HELD IN STRICT CONFIDENCE

PERSONAL INFORMATION

Client Name _____ Spouse _____

Home Address _____ City, State, Zip _____

Client Birth Date _____ SSN _____ Birthplace (State) _____

Spouse Birth Date _____ SSN _____ Birthplace (State) _____

Client Employer _____ Spouse Employer _____

Employer Address _____ Employer Address _____

Emp. City, State, Zip _____ Emp. City, State, Zip _____

Client Position/Duties _____ Spouse Position/Duties _____

Years at Current Employer _____ Years at Current Employer _____

Home Phone _____ Bus. Phone (Client) _____ Bus. Phone (Spouse) _____

Email(s) _____ Cell Phone (Client) _____ Cell Phone (Spouse) _____

Dependents

Name	Birth Date	College Start Year	Number of Years	Current Savings for Education	Annual Cost for Education (Today's \$)

Do you have any grown children or grandchildren that you want to provide for at your death or who have special needs?

Name	Birth Date	SSN	Current Address	Special Need(s)	Parent

CONCERNS/OBJECTIVES

General

YES NO UNCERTAIN

Are you anticipating any major lifestyle changes?

If so, what are they? _____

Do you have any preference for or commitment to any financial advisors?

Rate the following items on a scale of 1 (not concerned) to 5 (very concerned)

Client Spouse

INVESTMENTS - current yield of your investment portfolio

RETIREMENT - ability to achieve financial independence

INSURANCE - protection for a survivor, as an investment

TAXES - minimize income taxation

ESTATE - minimize estate taxes

Concerns: _____

Protection

YES NO UNCERTAIN

Do you have any potential health problems?

Do you ever been declined or rated for insurance?

Have you smoked in the past two years?

Concerns: _____

Retirement Planning

At what age would you like to retire?

Annual after-tax income desired in today's dollar

\$ _____

Expected inflation rate through your retirement

_____ %

Are you covered by any company retirement plans?

If so, what are your expected monthly benefits?

Are you expecting a distribution plan from your retirement soon?

CONCERNS/OBJECTIVES

Investment

Please rate from **1-5** your feelings about the following:

(Relative Scale: 1=Low 5=High)

Investment Objectives (choose only one)

		<u>Client</u>	<u>Spouse</u>
INFLATION	Degree of personal concern about inflation	_____	_____
LEVERAGE	Comfort with borrowing for investment	_____	_____
RISK TAKING	Conservative – 1; Speculative – 5	_____	_____
DIVERSIFICATION	Concern with lack of investment variety	_____	_____
CURRENT RETURN	Satisfactory – 1; Must be increased – 5	_____	_____
INVESTMENT INCOME	Desired now – 1; Desired later – 5	_____	_____
INCOME TAXES	Desire current tax reduction	_____	_____

- _____ MAXIMUM SAFETY: Preservation of capital is my primary objective; income is secondary to capital preservation. Market risk is to be minimized.
- _____ MAXIMUM INCOME: Highest current income consistent with preservation of capital is my objective.
- _____ MODERATE INCOME: My primary objective is income with limited participation of up to 20 percent of the assets invested in securities for capital appreciation.
- _____ BALANCED INCOME: Both income and capital appreciation are important to me, but more emphasis should be given to income producing assets, with no more than 40 percent invested for capital appreciation.
- _____ BALANCED GROWTH: Both capital appreciation and income are important to me, but more emphasis should be given to investments in achieving capital appreciation (up to 60 percent of portfolio).
- _____ MODERATE GROWTH: My primary objective is capital appreciation. Up to 85 percent of portfolio should be invested for appreciation.
- _____ MAXIMUM GROWTH: My objective is capital appreciation without regard to current income.

Are there any investments you are opposed to for any reason? If so, what are they? _____

Are you dissatisfied with any of your current investments? If so, what are they? _____

Please rate from 0 - 10 your interest in shifting assets or income into the following investments within the next 24 months. (0 = Not interested 2 = Curious, need more info 5 = Slightly interested 7 = Interested 10 = Very interested)

	<u>Client</u>	<u>Spouse</u>		<u>Client</u>	<u>Spouse</u>
Savings Accounts	_____	_____	Oil and Gas Income	_____	_____
Certificate of Deposit	_____	_____	Oil and Gas Drilling	_____	_____
Variable Universal Life Insurance	_____	_____	Tax Credit Programs	_____	_____
Deferred Annuities	_____	_____	Real Estate/Income Property	_____	_____
Ret. Plan, IRA, Keogh, etc.	_____	_____	Real Estate/Limited Partnership	_____	_____
Money Market Fund	_____	_____	Real Estate/Land Speculation	_____	_____
Tax Exempt Bond or Fund	_____	_____	Equipment Leasing	_____	_____
Corporate Bond or Fund	_____	_____	Precious Metals	_____	_____
Common Stock Mutual Fund	_____	_____	Bullion or Coins	_____	_____
Individual Common Stocks	_____	_____	Art and Antiques	_____	_____
Margin Account Trading	_____	_____	Gemstones	_____	_____
Commodities	_____	_____	Stamps, Rare Coins	_____	_____

CONCERNS/OBJECTIVES

Estate Planning

YES NO UNCERTAIN

Do you have an updated / adequate will?

Have you established any trusts?

Are you the beneficiary of any trusts?

Are you expecting a significant inheritance?

If so, about how much and by when? _____

Concerns: _____

The following pages are critical to the preparation of an accurate and meaningful financial plan. Please take your time and complete these sections as accurately as possible. Do not forget that your most recent account statements can and should be used as a supplement to the manually entered financial information.

INCOME

Employment Income	Client	Spouse	Total
Salary, Wages, Tips			
Business Income			
TOTAL INCOME			

Investment Income	Client	Spouse	Total
Interest			
Dividends			
Rents, Partnerships			
Other			
TOTAL INVESTED INCOME			

Employment Income	Client	Spouse	Total
Pension			
Social Security			
401K Contributions			
Other			
TOTAL MISC. INCOME			

TOTAL INCOME

\$ _____

EXPENSES

Payments			
Mortgage/Rent			
Car loan/Lease Payment/Depreciation			
Credit Cards			
Property Taxes			
Other Installment Loans			
Insurance			
Life			
Disability			
Property-Liability			
Auto			
Medical/Dental			
Other			
Household	Monthly	Annually	Change
Food/Groceries, Allowances, Etc.			
Eating Out Expenses			
Clothes			
Utilities			
Telephone			
Cleaners			
New Household Purchase(s)			
Auto – gas, oil, tires, repairs			
Entertainment			
Club Dues			
Vacation – trips, camps, etc.			
Misc. – horses, boats, airplanes			
Lessons – music, dancing, gymnastics, etc.			
Inside Household Help			
Household Maintenance Repairs			
Yard Maintenance and Outside Help			
Charitable Donations			
Subscriptions			
Medical Expenses (out of pocket)			
Gifts – birthdays or other			
Christmas Gifts			
Personal Expenses			
House Decorating Expenses			
Cable TV			
School Tuition			
Additional Misc. Expenses			

TOTAL EXPENSES \$ _____

Income – Expenses = _____ $\div 12 =$ \$ _____ **Average Monthly Margin**

Do you have a surplus each month? Yes \$ _____ No \$ _____

If not, please review your income and expenses

ASSETS AND LIABILITIES

Checking, Savings, Money Market, Credit Union, CDs, Cash

Bank or Company	Account Type	Balance	Owner (Client, Spouse, Joint)

Insurance, Annuities

Issuer	Owner/Insured	Face Amount	Cash Value	Original Cost	Annual Cost	Loans	Current Interest	Date Acquired
	/							
	/							
	/							
	/							
	/							

Stocks

Description	Number of Shares	Market Value	Original Cost	Owner

Bonds

Description	Number of Bonds	Original Cost	Interest Rate	Maturity Date	Owner

Mutual Funds

Description	Number of Shares	Market Value	Original Cost	Owner

Qualified Retirement Accounts

Bank or Company	Account Type	Balance	Owner

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