

FINANCIAL OVERVIEW



Registered Investment Advisors Since 1983



Trusted 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](http://www.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 can not 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 \$) |
|------|------------|--------------------|-----------------|-------------------------------|--|
| | | | | | |
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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 |
|------|------------|-----|-----------------|-----------------|--------|
| | | | | | |
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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: _____

CONCERNS/OBJECTIVES

Investment

Please rate from **1.5** your feelings about the following topics.

(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 | | | |

| Miscellaneous 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 = _____ **÷ 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) |
|-----------------|--------------|---------|-------------------------------|
| | | | |
| | | | |
| | | | |
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Insurance, Annuities

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

| Description | Number of Shares | Market Value | Original Cost | Owner |
|-------------|------------------|--------------|---------------|-------|
| | | | | |
| | | | | |
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Bonds

| Description | Number of Bonds | Original Cost | Interest Rate | Maturity Date | Owner |
|-------------|-----------------|---------------|---------------|---------------|-------|
| | | | | | |
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Mutual Funds

| Description | Number of Shares | Market Value | Original Cost | Owner |
|-------------|------------------|--------------|---------------|-------|
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Qualified Retirement Accounts

| Bank or Company | Account Type | Yearly Contributions | Balance | Owner |
|-----------------|--------------|----------------------|---------|-------|
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ASSETS AND LIABILITIES

Stock Options

| Company | Grant Date | Option Date | Shares Matured & Currently Exercisable | Current Stock Price | Current Option Value | Expiration Date of Options |
|---------|------------|-------------|--|---------------------|----------------------|----------------------------|
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Partnerships (*Real Estate, Energy, R&D, Etc.*)

| Description | Type | Units | Value | Loans | Cost | Income | Owner |
|-------------|------|-------|-------|-------|------|--------|-------|
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Real Estate (*Including your home*)

| Description | Market Value | Loans | Cost | Adjusted Basis | Date Acquired | Owner |
|-------------|--------------|-------|------|----------------|---------------|-------|
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Other/Personal Assets (*Autos, Personal Property*)

| Description | Market Value | Original Cost | Adjusted Basis | Date Acquired | Owner |
|-------------|--------------|---------------|----------------|---------------|-------|
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Liabilities

| Owed to | Current Balance | Original Amount | Payments | Interest Rate | Due Date | Original Loan Date |
|---------|-----------------|-----------------|----------|---------------|----------|--------------------|
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