Section 1: Personal Information

First/Middle Name: ______________________________

Last Name: ______________________________

Address: ______________________________

City: ____________ State: ____________ ZIP: ____________

Home Phone: ______________________________

Business Phone: ______________________________

Fax: ______________________________

Email Address: ______________________________

Age: ______________________________

Spouse's Name:* ______________________________

* *Optional*

Do you have:

☐ Dependents ☐ A Will ☐ A Revocable Living Trust

Section 2: Your Goals

	0-5 Years	5-10 Years	10+ Years	Not Planned
Start a Family	☐	☐	☐	☐
First Home	☐	☐	☐	☐
Bigger Home	☐	☐	☐	☐
A Special Vacation	☐	☐	☐	☐
Home Improvements	☐	☐	☐	☐
New Car	☐	☐	☐	☐
Private School Tuition	☐	☐	☐	☐
Second (Vacation) Home	☐	☐	☐	☐
College Tuition	☐	☐	☐	☐
A Comfortable Retirement	☐	☐	☐	☐

At what age do you plan to retire? _______

Other Short-Term (1-5 years) Goals:

____

____

____

____

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Other Mid-Term (5-10 years) Goals:

____

____

____

____

Other Long-Term (more than 10 years) Goals:

____

____

____

____

Section 3: Annual Household Income

Salary or Wages	$ ____________________
Commission	$ ____________________
Distributed Net Profits	$ ____________________
Investment Income	$ ____________________
Other Income	$ ____________________
Bonus	$ ____________________
Total	$ ____________________

Section 4: Most Recent Taxes

Local Income Tax	$ ____________________
State Income Tax	$ ____________________
Federal Income Tax	$ ____________________
FICA/Medicare Taxes	$ ____________________
Other Taxes (Local, School, Poll, County, etc.)	$ ____________________
Total	$ ____________________

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Section 5a: Assets and Liabilities (Check all that apply)

Do you have any of the following types of insurance?

- ☐ Life
  - ☐ Cash Value
  - ☐ Term
- ☐ Disability Income
- ☐ Personal Health
- ☐ Long-Term Care
- ☐ Homeowner's or Renter's
- ☐ Umbrella Liability

Do you have any of the following liabilities?

- ☐ Mortgages
  - ☐ Residential
  - ☐ Vacation Property
  - ☐ Other
- ☐ Loans
  - ☐ Auto
  - ☐ Insurance Policy
  - ☐ Private Loan
  - ☐ Other
- ☐ Credit Cards
  - ☐ Visa
  - ☐ Master Card
  - ☐ American Express
  - ☐ Discover
  - ☐ Diner's Club
  - ☐ Gas Stations
  - ☐ Retail Stores

Do you own any of the following assets?

- ☐ Real Estate
- ☐ Checking Accounts
- ☐ Passbook Savings
- ☐ Money Market Funds
  - ☐ Bank Money Market Funds
  - ☐ Mutual Fund Money Market Funds
- ☐ Traditional IRAs
- ☐ Roth IRAs
- ☐ I receive periodic Gifts
- ☐ I am the beneficiary of a Trust
- ☐ I own all or part of a Business
- ☐ Certificates of Deposit
- ☐ Mutual Funds
- ☐ Stocks
- ☐ Bonds
- ☐ Annuities
- ☐ Limited Partnerships
- ☐ 401(k)s or Other Profit Sharing Plans
- ☐ Other Retirement Programs
- ☐ Other Investments or items of value (art, antiques, jewelry, collectibles, etc)

Section 5b: Asset Details

Real Estate

Purchase Price	Current Value	Mortgage Balance
$ ________________	$ ________________	$ ________________
$ ________________	$ ________________	$ ________________
$ ________________	$ ________________	$ ________________
$ ________________	$ ________________	$ ________________

Checking Account Balances

Account #1	$ ________________	Account #2	$ ________________
Account #3	$ ________________	Account #4	$ ________________

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Savings Account Balances

Account #1	$ ________________	Account #2	$ ________________
Account #3	$ ________________	Account #4	$ ________________

Certificates of Deposit (CDs)

	Amount	Maturity Date (mm/yy)	Interest Rate
Certificate #1	$ ________________	_____/______	________ %
Certificate #2	$ ________________	_____/______	________ %
Certificate #3	$ ________________	_____/______	________ %
Certificate #4	$ ________________	_____/______	________ %
Certificate #5	$ ________________	_____/______	________ %
Certificate #6	$ ________________	_____/______	________ %

Bank Money Market Fund Balances

Account #1	$ ________________	Account #2	$ ________________
Account #3	$ ________________	Account #4	$ ________________

Mutual Fund Money Market Fund Balances

Account #1	$ ________________	Account #2	$ ________________
Account #3	$ ________________	Account #4	$ ________________

Mutual Funds

	Fund Name	Current Value
Fund #1	_________________________	$ ________________
Fund #2	_________________________	$ ________________
Fund #3	_________________________	$ ________________
Fund #4	_________________________	$ ________________
Fund #5	_________________________	$ ________________
Fund #6	_________________________	$ ________________

Stock Holdings

Name of Stock	Number of Shares	Current Value
______________________________	___________________	$ ______________
______________________________	___________________	$ ______________
______________________________	___________________	$ ______________
______________________________	___________________	$ ______________
______________________________	___________________	$ ______________

Bond Holdings

Name of Bond	Face Value	Current Value*
______________________________	$ _________________	$ ______________
______________________________	$ _________________	$ ______________
______________________________	$ _________________	$ ______________
______________________________	$ _________________	$ ______________
______________________________	$ _________________	$ ______________

* *If known*

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Annuity Contracts

	Fixed or Variable	Current Value
Contract #1	______________	$ _________________
Contract #2	______________	$ _________________
Contract #3	______________	$ _________________
Contract #4	______________	$ _________________

Limited Partnerships

Name of Partnership	Type (Real Estate, Oil & Gas, Leasing and Other)	Total Cost	Rate of Return
______________________	__________________	$ ______________	____________ %
______________________	__________________	$ ______________	____________ %
______________________	__________________	$ ______________	____________ %
______________________	__________________	$ ______________	____________ %

Traditional IRAs

	Name of Fund or Investment	Current Value
Account #1	_________________________	$ ______________
Account #2	_________________________	$ ______________
Account #3	_________________________	$ ______________
Account #4	_________________________	$ ______________

Roth IRAs

	Name of Fund or Investment	Current Value
Account #1	_________________________	$ ______________
Account #2	_________________________	$ ______________
Account #3	_________________________	$ ______________
Account #4	_________________________	$ ______________

401(k) or Profit Sharing Plan Current Values

Plan #1	$ _________________	Plan #3	$ _________________
Plan #2	$ _________________	Plan #4	$ _________________

Other Retirement Programs

	Estimate Monthly Income at Retirement	Lump Sum Distribution Available? (yes or no)
Plan #1	$ __________________	_________
Plan #2	$ __________________	_________
Plan #3	$ __________________	_________
Plan #4	$ __________________	_________

Gifts

How much do you receive? $_________________

How often? _________________

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Trusts

Annual Income $__________________

Other information:

____

____

____

____

Business Ownership

Business Form (Proprietorship, Partnership, Subchapter S, or Subchapter C)	Percent of Ownership	Value of Your Share
______________________________	________ %	__________________
______________________________	________ %	__________________
______________________________	________ %	__________________
______________________________	________ %	__________________

Life Insurance

	Term or Cash Value	Face Amount	Cash Value, Less any Loan	Annual Cost
Policy #1	__________________	$ ____________	$ ____________	$ ____________
Policy #2	__________________	$ ____________	$ ____________	$ ____________
Policy #3	__________________	$ ____________	$ ____________	$ ____________
Policy #4	__________________	$ ____________	$ ____________	$ ____________

Other Investments or Items of Value

Describe:

____

____

____

____

____

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Section 6: Monthly Expenses

Rent or mortgage payment	$ ________________
Groceries	$ ________________
Clothing	$ ________________
Car:	
Auto Loan Payment	$ ________________
Auto Insurance Payment	$ ________________
Fuel	$ ________________
Tolls	$ ________________
Maintenance	$ ________________
Insurance	
Life	$ ________________
Disability Income	$ ________________
Health	$ ________________
Renter's	$ ________________
Umbrella Liability	$ ________________
Utilities/Household	
Water and Sewer	$ ________________
Electricity	$ ________________
Heat	$ ________________
Telephone	$ ________________
Garbage Collection	$ ________________
Cable/Satellite Television	$ ________________
Home Maintenance	$ ________________
School	
Tuition	$ ________________
Supplies	$ ________________
Debt	
Credit Card Payments (Visa/MC, American Express, department stores, etc.)	$ ________________
Bank Loans (Other than Mortgage and Car Loans)	$ ________________
Other Time Payments or Debts	$ ________________
Uninsured Medical/Dental Expenses (Including medication)	$ ________________
Entertainment	$ ________________
Gifts	$ ________________
Contributions	$ ________________
Organization Dues	$ ________________
Subscriptions	$ ________________
Vacation Savings	$ ________________
Other Miscellaneous Expenses	$ ________________
Tax-deferred Investments/Savings (401(k)s, IRAs, etc.)	$ ________________
Taxable Investments/Savings	$ ________________
Total Monthly Expenses	$ ________________

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Gross Monthly Income $ ________________
(Subtract the total of Section 4 from
Section 3 and divide by 12) ....

Net Discretionary Income
(Deduct Total Monthly Expenses
from Gross Monthly Income) .... $ ________________

Section 7: Other Information or Comments:

____

____

____

____

____

When you have completed this form, please fax it to Financial Sources, Inc., at:

610-882-9460

You may also mail it to us at:

Financial Sources, Inc.
44 East Broad Street, Suite 110
Bethlehem, PA 18018

Or go to our web site, **www.financial-sources.com**, and submit your information electronically.

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