

# Capital Financial Planners, LLC

## CONFIDENTIAL FINANCIAL PROFILE

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### INTRODUCTION

Please complete the following pages to prepare for our next meeting. Your answers to these questions will enable us to better assist you in addressing your financial concerns and questions.

The more complete and accurate information you provide, the better we may be able to assist you.

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### DOCUMENT REQUEST

To enable us to provide the best possible financial planning service, please provide copies (or include adequate details in the following questionnaire) of the following financial documents:

- Most recent investment account statements
- Last year's tax returns
- Most recent pay stub(s)
- Cost basis information
- Loan statements (or details)
- Pension estimates / details (if applicable)
- Employee benefits statements
- Social Security benefit estimates
- Insurance policies (life, homeowners, auto, disability, etc.)
- Existing wills, trusts and durable powers of attorney
- Any other information that would be helpful in evaluating your financial situation

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Date: \_\_\_\_\_

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## PERSONAL INFORMATION

**Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_  Own  Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Employment Income: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ How long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Info: \_\_\_\_\_

Preferred mode of communication: \_\_\_\_\_

Married:  Yes  No If married, how long: \_\_\_\_\_

Domestic Partner:  Yes  No Divorced/Widowed:  Yes  No

**Spouse/Partner's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Employment Income: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ How long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Info: \_\_\_\_\_

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## CURRENT ADVISORS

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

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## CHILDREN & DEPENDENTS

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent:  Yes  No    Living with you:  Yes  No

Special Needs:  Yes  No    Comments: \_\_\_\_\_

Will you pay for private school prior to college:  Yes  No  Undecided

Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

Will you pay for college:  All  Some  None  Undecided

Public  Private    Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent:  Yes  No    Living with you:  Yes  No

Special Needs:  Yes  No    Comments: \_\_\_\_\_

Will you pay for private school prior to college:  Yes  No  Undecided

Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

Will you pay for college:  All  Some  None  Undecided

Public  Private    Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent:  Yes  No    Living with you:  Yes  No

Special Needs:  Yes  No    Comments: \_\_\_\_\_

Will you pay for private school prior to college:  Yes  No  Undecided

Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

Will you pay for college:  All  Some  None  Undecided

Public  Private    Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Dependent:  Yes  No    Living with you:  Yes  No

Special Needs:  Yes  No    Comments: \_\_\_\_\_

Will you pay for private school prior to college:  Yes  No  Undecided

Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

Will you pay for college:  All  Some  None  Undecided

Public  Private    Estimated annual cost: \_\_\_\_\_ Estimated # of years: \_\_\_\_\_

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## FINANCIAL CONCERNS AND RISK TOLERANCE

Please rank in order your primary financial concerns:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Is there anything else we should know to help plan your financial future?

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Please list any additional questions or concerns you have:

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Which best describes your current investment objectives:

- |  |   |
|--|---|
| <input type="checkbox"/> Meet Current Expenses | <input type="checkbox"/> Save for Retirement  |
| <input type="checkbox"/> Save for Education    | <input type="checkbox"/> Achieve Tax Deferral |
| <input type="checkbox"/> Other _____           |   |

If you had to experience a negative 12-month period in your portfolio, which of the following would be tolerable:

- Down 0 to -10%
- Down -10% to -20%
- Down -20%+

How do you rate your tolerance for risk? Please check one:

<b>Client</b>	<b>Spouse/Partner</b>	
_____	_____	I am very conservative and am more interested in holding on to what I have than in taking risks, even if taking risks may make my money grow
_____	_____	I am fairly conservative but am willing to accept some risk in return for potential growth
_____	_____	I can accept a fair amount of risk in exchange for the possibility of having my money grow substantially

Several hypothetical investment portfolios are presented below. Please check the one that most nearly approximates your preference for the level of risk and the associated performance goal for your portfolio.

Select Risk Level	Overall Risk Level	Expected Average Annual Rate of Return	Expected Annual Range of returns
<input type="checkbox"/>	Very Low Risk	5.00%	-5% to + 10%
<input type="checkbox"/>	Low Risk	7.50%	- 8% to + 16%
<input type="checkbox"/>	Moderate Risk	9.50%	- 14% to + 28%
<input type="checkbox"/>	High Risk	11.50%	- 20% to + 35%

Are there any particular investments for which you have either a preference or an objection? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## CURRENT INCOME

**If you currently receive income other than from your employment, please complete:**

Annual Amount: \_\_\_\_\_ Source: \_\_\_\_\_  
 How long do you expect this income last: \_\_\_\_\_

Annual Amount: \_\_\_\_\_ Source: \_\_\_\_\_  
 How long do you expect this income last: \_\_\_\_\_

Annual Amount: \_\_\_\_\_ Source: \_\_\_\_\_  
 How long will this income last: \_\_\_\_\_

**Which of the following best describes your attitude toward your current income needs?**

- I need more current income
- My present income is adequate for my needs
- My present income exceeds my needs and I can save for future financial goals
- My income is variable and I am comfortable / uncomfortable with this

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## CURRENT OBJECTIVES

Please list and provide details for any major expenses you foresee in the near future such as home remodel, relocation, extensive travel, career change, child's wedding, etc.

Objectives	When Needed	Dollars Needed	Current Savings
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Notes and comments: \_\_\_\_\_

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## RETIREMENT INCOME *(please provide pension and Social Security benefits statements)*

Will you receive a pension at retirement? No  Yes

**Pension #1:** Expected monthly benefit: \_\_\_\_\_ COLA\* in retirement No  Yes

**Pension #2:** Expected monthly benefit: \_\_\_\_\_ COLA\* in retirement No  Yes

Will your spouse receive a pension at retirement? No  Yes

**Pension #1:** Expected monthly benefit: \_\_\_\_\_ COLA\* in retirement No  Yes

**Pension #2:** Expected monthly benefit: \_\_\_\_\_ COLA\* in retirement No  Yes

\*COLA = Cost of Living Adjustment

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## RETIREMENT OBJECTIVES

\_\_\_\_\_ Age you want to retire

\_\_\_\_\_ Age you think you will be able to retire

\_\_\_\_\_ Age your spouse / significant other wants to retire

\_\_\_\_\_ Age your spouse / significant other thinks they will be able to retire

True  False *I'm counting the days until I can retire*

True  False *I worry about not having enough money when I retire*

True  False *I worry that Social Security will not be available when I retire*

True  False *I like being productive and would like to continue working after I retire*

True  False *I have a clear vision of how I will invest my time and energy when I retire*

Please let us know of any special plans you have for retirement: \_\_\_\_\_

\_\_\_\_\_

What do you most look forward to in retirement? \_\_\_\_\_

\_\_\_\_\_

What does your spouse / significant other most look forward to in retirement? \_\_\_\_\_

\_\_\_\_\_

What most concerns you about retirement: \_\_\_\_\_

\_\_\_\_\_

What most concerns your spouse / significant other about retirement: \_\_\_\_\_

\_\_\_\_\_

Do you foresee the need to provide care for a parent or child during retirement? If so, please explain \_\_\_\_\_

\_\_\_\_\_

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## ESTATE PLANNING

**Client**

**Spouse/Partner**

\_\_\_\_\_ I have a will in place – dated \_\_\_\_\_

\_\_\_\_\_ I have a revocable living trust – dated \_\_\_\_\_

\_\_\_\_\_ I have a durable power of attorney for healthcare – dated \_\_\_\_\_

\_\_\_\_\_ I have a durable power of attorney for finance – dated \_\_\_\_\_

\_\_\_\_\_ I expect to receive an inheritance – please state from whom, approximate amounts, and any other information that might be helpful \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I plan to establish (or continue) a gifting program – please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## PERSONAL ASSETS AND LIABILITIES

### Residence

Current value: \_\_\_\_\_ Cost basis: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Date purchased: \_\_\_\_\_ Do you plan to sell this home: \_\_\_\_\_  
Mortgage balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
Remaining term of loan: \_\_\_\_\_

### 2<sup>nd</sup> Home

Current value: \_\_\_\_\_ Cost basis: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Date purchased: \_\_\_\_\_ Do you plan to sell this home: \_\_\_\_\_  
Mortgage balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
Remaining term of loan: \_\_\_\_\_  
Rental Income details (*if any*): \_\_\_\_\_

Please list the value of your cash reserve including the following accounts:

Savings: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Checking: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Checking: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Money Market: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Please list the estimated value of your personal assets including:

Automobiles: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Boats: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
RV's: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Jewelry: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Artwork: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Furniture/Antiques: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Other: \_\_\_\_\_ Owner(s): \_\_\_\_\_  
Other: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Do you have any plans to sell any of the above listed personal assets in the future? If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_



## RETIREMENT ASSETS (Please provide account statements)

**Type of account:**     401(k)     403(b)     IRA  
                                   Profit Sharing Plan     Other \_\_\_\_\_  
 Owner: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
 Annual Contributions: \_\_\_\_\_ Annual Employer Contributions: \_\_\_\_\_

**Type of account:**     401(k)     403(b)     IRA  
                                   Profit Sharing Plan     Other \_\_\_\_\_  
 Owner: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
 Annual Contributions: \_\_\_\_\_ Annual Employer Contributions: \_\_\_\_\_

**Type of account:**     401(k)     403(b)     IRA  
                                   Profit Sharing Plan     Other \_\_\_\_\_  
 Owner: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
 Annual Contributions: \_\_\_\_\_ Annual Employer Contributions: \_\_\_\_\_

**Stock Options:**     Yes     No    Company: \_\_\_\_\_  
 # of shares: \_\_\_\_\_ Type: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Vesting / Other Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Retirement Asset Details:** \_\_\_\_\_  
 \_\_\_\_\_

## CASH FLOW

INCOME	MONTHLY	ANNUAL
Salary (gross)	_____	_____
Spouse / Partner's Salary (gross)	_____	_____
Self-Employment Income	_____	_____
Spouse / Partner's Self-Emp. Income	_____	_____
Social Security	_____	_____
Spouse / Partner's Social Security	_____	_____
Pension	_____	_____
Spouse / Partner's Pension	_____	_____
Rental Income	_____	_____
Net Business Income	_____	_____
Other	_____	_____
TOTAL INCOME	_____	_____

<b>EXPENSES</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
<b>DEBT</b>		
Mortgage Payment		
Mortgage Payment		
Auto Loan Payment		
Boat or RV Payment		
Credit Card Payment (ongoing debt only)		
Student Loan Payments		
Personal Loan Payments		
Bank Loan Payments		
Other		
Other		
Computer / Internet		
Cable TV / Dish		
Other		
<b>INSURANCE</b>		
Life Insurance Premiums		
Medical Insurance Premiums		
Auto Insurance Premiums		
Homeowners Insurance Premiums		
Umbrella Liability Ins. Premiums		
Other Insurance Premiums		
<b>UTILITIES</b>		
Gas / Electric		
Water		
Garbage		
Telephone		
Cell Phone		
Computer / Internet		
Cable TV / Dish		
Other		
<b>TRANSPORTATION</b>		
Gas/Oil		
Repairs/Maintenance		
Other		

<b>EXPENSES CONTINUED....</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
<b>FOOD &amp; HOUSEHOLD</b>		
Rent / Lease payment (not mortgage)		
Property Taxes		
Home Furnishings		
Property Improvements		
Household Maintenance		
Domestic Help		
Gardening		
Groceries		
Eating Out		
Household Supplies		
Other		
<b>CHILD EXPENSES</b>		
Babysitter / Daycare		
School		
Special Events / Camps		
Child Support Payments		
Other		
Other		
<b>DISCRETIONARY</b>		
Gifts / Birthdays		
Charitable Contributions		
Clothing		
Personal Care		
Entertainment		
Hobbies		
Vacations		
Membership / Dues		
Pet Expenses		
Books / Subscriptions		
Postage		
Cash Withdrawals / ATM		
Miscellaneous		
Other		
Other		
<b>TOTAL EXPENSES</b>		

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## **INSURANCE** *(please provide current copies of all policies)*

**Life Insurance for:**  Term  Whole  Other

Policy amount: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

**Life Insurance for:**  Term  Whole  Other

Policy amount: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

**Life Insurance for:**  Term  Whole  Other

Policy amount: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

**Disability Insurance for:** \_\_\_\_\_

Policy amount: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

**Disability Insurance for:** \_\_\_\_\_

Policy amount: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

**Umbrella Liability coverage limit:** \_\_\_\_\_ Annual premium: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

**Long-term Care details:** \_\_\_\_\_ Annual premium: \_\_\_\_\_

Daily benefit: \_\_\_\_\_ Number of years: \_\_\_\_\_

Briefly state the reason this policy was purchased: \_\_\_\_\_

\_\_\_\_\_

Are there types of your insurance coverage you feel should be increased or decreased?

Briefly explain: \_\_\_\_\_

\_\_\_\_\_