



Confidential Financial Profile

Our goal at Marino, Stram & Associates, LLC is to provide you with exceptional client service. In order to do so, we ask that you complete this profile. Please note: Any information provided will be confidential. It will not be released to other institutions, companies, etc. **For internal use only.**

Please gather these items to prepare for your initial meeting/financial plan update:

- | | |
|---|---|
| <input type="checkbox"/> Prior Year Tax Return | <input type="checkbox"/> Paycheck Stubs |
| <input type="checkbox"/> Brokerage Account Statements | <input type="checkbox"/> Mutual Fund/Annuity Account Statements |
| <input type="checkbox"/> Trust Account Statements | <input type="checkbox"/> Employee Benefits Books/Info |
| <input type="checkbox"/> Retirement Plan Account Statements | <input type="checkbox"/> Legal/Estate Planning Documents |
| <input type="checkbox"/> Loan Documents/Info | <input type="checkbox"/> Insurance Policies |

Personal Information

Today's Date: _____

Client Name		Co-Client Name	
Address		Address	
City, State & Zip		City, State & Zip	
Home Phone	Mobile Phone	Home Phone	Mobile Phone
SS#	Birthdate	SS#	Birthdate
Personal Email		Email	
Occupation/Title or Employment Status	Work Phone	Occupation/Title or Employment Status	Work Phone
Employer/Source of Income (if unemployed or retired)		Employer/Source of Income (if unemployed or retired)	
Business/Alt. Address		Business/Alt. Address	
Business/Alt. City, State & Zip		Business/Alt. City, State & Zip	
Business/Alt. Email		Business/Alt. Email	
Projected Retirement (or Date of Retirement, if already retired)		Projected Retirement (or Date of Retirement, if already retired)	
Preferred method of contact (ex. home email, mobile phone, office phone, etc.):		Preferred method of contact (ex. home email, mobile phone, office phone, etc.):	

Family Members (Please list children & other dependents)

Name	Relationship	Date of Birth	Dependent?	Address (if different)
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____

Internal Use Only	UDFs:	Keywords/P.I.s:
Rel Mgr: _____	Income _____	_____
Rep Code: _____	Tax Bracket _____	_____
<input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> B	Liquid NW _____	_____
Referred by: _____	Total NW _____	_____



Client Name: _____

Confidential Financial Profile - Assets & Liabilities

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money Market [MM]</u>			<u>Monthly Auto Savings</u>	<u>Ownership (JT, Ind - name, etc.)</u>	<u>Average Balance</u>
_____	C	S	MM	_____	_____	_____
_____	C	S	MM	_____	_____	_____
_____	C	S	MM	_____	_____	_____

CDs

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Original Term (in months)</u>	<u>Maturity Date (mm/dd/yyyy)</u>	<u>Ownership</u>	<u>Approximate Value</u>
_____	%	_____	_____	_____	_____
_____	%	_____	_____	_____	_____
_____	%	_____	_____	_____	_____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or in the statements provided:

Personal Property

	<u>Estimated Current Value</u>	<u>Date Purchased</u>	<u>Purchase Amount</u>
Primary Residence	_____	_____	_____
Second Residence/Rental	_____	_____	_____
Furnishings (Liquidation Value)	_____	_____	_____
Vehicle (type) _____	_____	_____	_____
Vehicle (type) _____	_____	_____	_____
Other (describe) _____	_____	_____	_____
Other (describe) _____	_____	_____	_____

Buy Lease Est. replacement date/amount: _____

Buy Lease Est. replacement date/amount: _____

Liabilities

<u>Debts (Residence, Auto, Business, School, etc.)</u>	<u>Responsible Party</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>	<u>Origination Date</u>
_____	_____	%	_____	_____	_____	_____
_____	_____	%	_____	_____	_____	_____
_____	_____	%	_____	_____	_____	_____
_____	_____	%	_____	_____	_____	_____
_____	_____	%	_____	_____	_____	_____
_____	_____	%	_____	_____	_____	_____

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Avg Monthly Payment (excluding purchases)</u>	<u>Current Balance</u>
_____	%	_____	_____
_____	%	_____	_____
_____	%	_____	_____

*If not paid every month



Client Name: _____

Confidential Financial Profile - Income, Insurance, Taxes & Estate Planning

Sources of Income

	Client	Co-Client
Employer	_____	_____
Number of years with this employer?	_____	_____
Anticipated employment changes?	_____	_____
When do you plan to retire (year or age)?	_____	_____
Salary - base income	_____	_____
Self-employment income	_____	_____
Bonus/Commissions	_____	_____
Social Security income	_____	_____
Rental income	_____	_____
Other earned income describe: _____ <input type="checkbox"/> non-taxable	_____	_____
<input type="checkbox"/> Please provide a recent pay stub (if applicable) for withholding, insurance premiums, retirement plan contributions, etc.		

Pension Info (if applicable)	Client Co-Client	Employer _____			Begin Date _____	Monthly Amount _____
			<input type="checkbox"/> Current	<input type="checkbox"/> Future		
		_____	<input type="checkbox"/> Current	<input type="checkbox"/> Future	_____	_____
		_____	<input type="checkbox"/> Current	<input type="checkbox"/> Future	_____	_____

Insurance

	Client				Co-Client			
	Coverage/Limit	Cost/Premium	Group	Individual	Coverage/Limit	Cost/Premium	Group	Individual
Health	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (Type: _____)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (Type: _____)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (Type: _____)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Who prepares your tax return?

- Self
- Family/Friend
- Paid Preparer

Name: _____
Address: _____

Phone: _____

Quarterly tax payments (if applicable): _____
Federal State

Do you have estate planning documents?

When and in what state were they drafted?

Attorney Name: _____
Address: _____

Phone: _____

	Wills	Y	N
Living Trusts	Y	N	
Power of Attorney	Y	N	
Living Will	Y	N	
Other Documents	Y	N	

Date last updated	State
_____	_____
_____	_____
_____	_____
_____	_____



Client Name: _____

Confidential Financial Profile - Expenses

Expenses

Monthly

Annual

Committed Expenses - Household

(complete either)

Real estate taxes	_____	_____
Rent	_____	_____
Utilities - Cable, Internet, phone	_____	_____
Utilities - Oil, Gas & electric	_____	_____
Utilities - Water & sewer	_____	_____
Utilities - Other: _____	_____	_____

Total Household Expenses

Other Committed Expenses

Food (supermarket)	_____	_____
Clothing/laundry/dry cleaning	_____	_____
Auto (gas, oil, filters, license, excise tax, etc.)	_____	_____
Cell phones	_____	_____
Adult/other education	_____	_____
Personal care	_____	_____
Medical/Prescription drug	_____	_____
Dependent care/child daycare <i>End date</i> _____	_____	_____
Business meals/travel	_____	_____
Alimony/Child support payments	_____	_____
Other committed living expenses _____	_____	_____

Total Committed Expenses

Discretionary Expenses

Entertainment/dining ("trips to the ATM")	_____	_____
Recreation/travel	_____	_____
Cash charitable contributions	_____	_____
Gifts	_____	_____
Hobbies	_____	_____
Home improvements (Regular/typical amounts)	_____	_____
Miscellaneous purchases	_____	_____
Other discretionary expenses _____	_____	_____
Other discretionary expenses _____	_____	_____

Total Discretionary Expenses

Total Expenses

_____	_____
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