

# Commencement Financial Planning LLC

CONFIDENTIAL  
PROFILE

To serve you well we should understand  
where you are and your vision for the future.

*The wise man bridges the gap by laying out the path by means of which he  
can get from where he is to where he wants to go. ~ John Pierpont Morgan*

# Personal Profile

This comprehensive, personal summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It's the essential first step in organizing a sensible financial plan for your future.

## Checklist of items to gather before consultation

- |  |   |
|--|---|
| <input type="checkbox"/> Confidential Profile                            | <input type="checkbox"/> Copy of last social security statement   |
| <input type="checkbox"/> All brokerage statements                        | <input type="checkbox"/> All insurance policies including home, auto, boat, umbrella, life & disability |
| <input type="checkbox"/> Last year's tax return                          | <input type="checkbox"/> Rates & terms of mortgage/consumer debt  |
| <input type="checkbox"/> All annuity and long term care policies         | <input type="checkbox"/> Copies of Wills & Trusts   |
| <input type="checkbox"/> All IRA, pension, & other retirement statements |   |

## Family Information

Your Name	Nickname	Age	Birth Date	Social Security #
Spouse's Name	Nickname	Age	Birth Date	Social Security#
Address	City	State	Zip	
Home Phone	Mobile Phone	Email Address		
Children's Names	Age	State of Residence	# of Grandchildren	

## Occupation

Your job title	Employer	# of years	Retirement Date
Spouse's job title	Employer	# of years	Retirement Date

## Advisors

Broker's Name	Firm Name	City, State	Do you have a preference or commitment to this provider? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney's Name	Firm Name	City, State	
Accountant's Name	Firm Name	City, State	
Insurance Agent's Name	Firm Name	City, State	

# Goals Profile

1. Five years from today, how do you expect your household annual income to change?

- |   |  |
|---|--|
| <input type="checkbox"/> To grow substantially  | <input type="checkbox"/> To decrease substantially |
| <input type="checkbox"/> To grow moderately     | <input type="checkbox"/> To decrease moderately    |
| <input type="checkbox"/> To stay about the same |  |

2. With income generated from your portfolio for the next \_\_\_ years, you plan to:

- |   |  |
|---|--|
| <input type="checkbox"/> Use it for living expenses | <input type="checkbox"/> Reinvest all income |
| <input type="checkbox"/> Use some and reinvest some |  |

3. Five years from today, how do you expect your portfolio value to change?

- Portfolio is not my primary concern. I am more concerned with current income
- The same as or slightly more than today
- Greater than today
- Substantially greater than today

4. Items with which you would like assistance. (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Provide financial security at retirement | <input type="checkbox"/> Pay for college education for children      |
| <input type="checkbox"/> Review tax planning opportunities        | <input type="checkbox"/> Review my estate plan                       |
| <input type="checkbox"/> Review my risk coverages                 | <input type="checkbox"/> Minimize the cost of probate & estate taxes |
| <input type="checkbox"/> Provide portfolio management             | <input type="checkbox"/> Review household budget & debts             |

5. How much income do you want during your retirement years? \$ \_\_\_\_\_/year.

6. Other Goals:

# General Risk Tolerance

1. Expected Return: Given historical returns on different kinds of investments, my desired level of investment return is above average.

Strongly Disagree      Strongly Agree

2. Risk Tolerance: I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.

Strongly Disagree      Strongly Agree

3. Holding Period: I am willing to maintain investment positions over a reasonably long period of time (generally considered 10 years or more).

Strongly Disagree      Strongly Agree

4. Liquidity: I do not need to be able to readily convert my investments into cash. Aside from my portfolio, have adequate liquid net worth to meet major near-term expenses.

Strongly Disagree      Strongly Agree

5. Ease of Management: I want to be very actively involved in the monitoring and decision-making required to manage my investments.

Strongly Disagree      Strongly Agree

6. Dependents: There are no or only a few dependents that rely on my income and my investment portfolio for support.

Strongly Disagree      Strongly Agree

7. Income Source: My major source of income is adequate, predictable and steadily growing.

Strongly Disagree      Strongly Agree

8. Insurance Coverage: I have an adequate degree of insurance coverage.

Strongly Disagree      Strongly Agree

9. Investment Experience: I have prior investment experience with stocks, bonds, and international investments. I understand the concept of investment risk.

Strongly Disagree      Strongly Agree

10. Debt/Credit: My debt level is low and my credit history is excellent.

Strongly Disagree      Strongly Agree

# Risk You Can Accept

1. How important is capital preservation?

Not at all                      Moderately important                      Very important  
1   2   3   4   5   6   7   8   9

2. How important is growth?

Not at all                      Moderately important                      Very important  
1   2   3   4   5   6   7   8   9

3. How important is low volatility?

Not at all                      Moderately important                      Very important  
1   2   3   4   5   6   7   8   9

4. How important is inflation protection?

Not at all                      Moderately important                      Very important  
1   2   3   4   5   6   7   8   9

5. How important is current cash flow?

Not at all                      Moderately important                      Very important  
1   2   3   4   5   6   7   8   9

6. How much risk are you willing to take to achieve a higher return?

None at all                      A moderate amount                      A lot  
1   2   3   4   5   6   7   8   9

# Income Statement

Monthly

Annual

## Income

Salary and wages \_\_\_\_\_  
Dividends & interest \_\_\_\_\_  
Child support \_\_\_\_\_  
Alimony \_\_\_\_\_  
Social security \_\_\_\_\_

Pension \_\_\_\_\_  
IRA \_\_\_\_\_  
Rents & annuities \_\_\_\_\_  
Trust distributions \_\_\_\_\_  
Other \_\_\_\_\_

Total Income \_\_\_\_\_

## Expenses

### Housing

Mortgage/rent \_\_\_\_\_  
Property taxes \_\_\_\_\_  
Home repairs \_\_\_\_\_  
Association fee \_\_\_\_\_  
Utilities \_\_\_\_\_  
Other \_\_\_\_\_

### Insurance

Home \_\_\_\_\_  
Auto \_\_\_\_\_  
Medical \_\_\_\_\_  
Life \_\_\_\_\_  
Other \_\_\_\_\_

### Saving

Retirement \_\_\_\_\_  
Education \_\_\_\_\_  
Home \_\_\_\_\_  
Vacation \_\_\_\_\_  
Other \_\_\_\_\_

### Taxes

Federal Income \_\_\_\_\_  
SS & Medicare \_\_\_\_\_  
Other \_\_\_\_\_

### Debt payments

Home equity loan \_\_\_\_\_  
Auto loan \_\_\_\_\_  
College loan \_\_\_\_\_  
Credit cards \_\_\_\_\_  
Other \_\_\_\_\_

### Transportation

Gas/Transit \_\_\_\_\_  
Repairs \_\_\_\_\_

### Food/Clothing

Groceries \_\_\_\_\_  
Eating out \_\_\_\_\_  
Clothing/shoes \_\_\_\_\_

### Entertainment

Cable/videos \_\_\_\_\_  
Internet \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Vacation \_\_\_\_\_

### Other

Child support \_\_\_\_\_  
Alimony \_\_\_\_\_  
Day care \_\_\_\_\_  
Barber/Salon \_\_\_\_\_  
Gifts/giving \_\_\_\_\_  
Fitness \_\_\_\_\_  
Other \_\_\_\_\_

Total Expenses Net \_\_\_\_\_

Income (deficit) \_\_\_\_\_

# Balance Sheet

As of:

## Assets:

Checking/Saving \_\_\_\_\_  
CDs \_\_\_\_\_  
Bonds \_\_\_\_\_  
Stocks \_\_\_\_\_  
Brokerage \_\_\_\_\_  
IRA, 401k, 403b, 457 \_\_\_\_\_  
Roth IRA \_\_\_\_\_  
Cash value of life insurance \_\_\_\_\_  
Primary home \_\_\_\_\_  
Other real estate \_\_\_\_\_  
Notes receivable \_\_\_\_\_  
Auto(s) \_\_\_\_\_  
Business \_\_\_\_\_  
Personal property \_\_\_\_\_  
Other \_\_\_\_\_  
  
**Total Assets** \_\_\_\_\_

## Liabilities:

Mortgage \_\_\_\_\_  
Home equity \_\_\_\_\_  
Auto \_\_\_\_\_  
Student loans \_\_\_\_\_  
Credit cards \_\_\_\_\_  
Taxes \_\_\_\_\_  
Other \_\_\_\_\_  
  
**Total Liabilities** \_\_\_\_\_  
  
**Net Worth** \_\_\_\_\_

Notes/Other:

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