

**DATE:**

**ADVISOR:**

**PHONE:**

**FAX:**

**MOBILE:**

**DATE OF PROPOSAL:**

**EMAIL:**



## FINANCIAL DATA FORM

**Your Personal Analysis will help determine:**

- Whether or not your assets are properly positioned.
- If your present method of savings and investment makes maximum use of your pre-tax and after-tax income.
- How much capital you will need to produce a comfortable retirement income.
- The kinds of savings and investments you will need to reach your goals.
- How much you should set aside each month for savings and investments.
- The potential effects of inflation on your savings and investments.
- The kind of tax-advantaged investments best suited to your needs.
- The monthly income your family will need in the event of your premature death.
- The amount and type of life and disability insurance you need.

Fax completed form to 918.338.2242 or email to [info@penplans.com](mailto:info@penplans.com)

# Personal Financial Data Form Introduction

Congratulations on taking the first step toward reaching your goals! It has been said, "a journey of a thousand miles begins with a single step." Completing this data form is your first step toward achieving your goals.

Before you begin you need to have a clear idea of where you are. This data form is designed to simplify, as much as possible, the gathering of your financial information. The analysis that comes from this data may provide the basis for making recommendations for specific investments and other financial tools that you may consider to help meet your family's needs and achieve your goals. This analysis can only be as accurate as the information you provide.

When entering amounts, use only whole dollar numbers. If you want additional information about a particular section please call the office, or write "Please Call" in the margin or "Notes" section and you will be contacted prior to your appointment. If you prefer, you may supply copies of statements in lieu of completing the corresponding sections. If there is not enough space in a section, please make a copy of the page and clearly indicate the attachment.

**Information considered critical for completing the analysis is highlighted in gray.**

FAMILY DATA							
First Name	M.I.	Last Name	Birth Date	Sex	Social Security No.	Smoker	
Client A						<input type="checkbox"/> Y <input type="checkbox"/> N	
Client B						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Home Address:</b> Street							
City				State		Zip	
Home Phone:				Home Fax:			
<b>Business Phone:</b> Client A				Client B			
<b>Business Fax:</b> Client A				Client B			
<b>E-Mail Address:</b> Client A				Client B			
DEPENDENTS							
Name	Birth Date	Sex	Dependent of	College Choice*	Start Age	Years in School	% Cost You Must Pay
Children: _____			A B				
			A B				
			A B				
			A B				
			A B				
Others:			A B				
			A B				
* <b>College Choice:</b> If a choice has not been made, simply enter the type of education planned (public or private) and the approximate cost for the dependent. If you do not want to fund college or education needs enter "None."							
<b>Notes:</b>							
OCCUPATION							
Occupation	Employer			Date Started			
Client A				Retired Self-Employed			
Client B				Retired Self-Employed			
<b>Notes:</b>							

➡ Please list all children and indicate if they are dependent.

## INCOME

☞ List annual income or attach W2's and paycheck stubs.  
If joint, use "Client A" column.

	Client A	Client B		Client A	Client B
<b>Source</b>			<b>Source</b>		
Salary & Wages .....			Social Security Benefits .....		
Net Self-Employment .....			IRA/Keogh Withdrawals .....		
Taxable Interest .....			Taxable Pension Income .....		
Tax Exempt Interest .....			Taxable Annuity Income .....		
Dividends .....			Non-taxable Income .....		
Alimony Received .....			Tax-free Income .....		
Capital Gains .....			Other .....		
Rental Property Income .....			Other .....		
Royalty Income .....			Other .....		
Partnership Income .....			Other (non cash flow) .....		
Income from Trusts .....			Expected Salary Increase .....		

**Notes:**

## TAXES

☞ List last year's annual tax information or attach Income Tax Return(s).

	Client A	Client B			
<b>Information</b>			<b>Filing Status</b>		
IRA Deduction .....			Client A .....	Married/Joint	Single
Keogh/SEP Deduction .....				Married/Separate	Head of Household
Qualified Plan Contributions (401k, Profit Sharing, etc.) .....			Client B .....	Married/Joint	Single
(Section 457) .....				Married/Separate	Head of Household
Alimony Paid .....			<b>Prior Year Taxes:</b>		
Other Adjustments .....			Federal Income .....		
Standard Deductions .....		<input type="checkbox"/>	State Income .....		
Itemized Deductions .....			Local income .....		
Tax Credits .....			FICA .....		
			Property .....		
			Other .....		

**Notes:**

## BUDGET

<b>Monthly Amount</b>	<b>Monthly Amount</b>
Food .....	Automobile Expenses & Leases .....
Medical/Dental .....	Rent .....
Entertainment .....	Education Expenses .....
Charity/Gift Giving .....	Other .....
Clothing .....	Other .....
Home Maintenance .....	Other .....
Utilities .....	<b>Total</b> .....
Business Expenses .....	Additional Amount You Could Save .....

**Notes:**

**DEBTS/LIABILITIES**

☞ List debts/liabilities other than real estate.

Description	Owner*	Original Amount	Original Date	Term	Current Balance	Payment Amount	Payments Remaining	Int. Rate	Insurance**
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\* **Owner:** Enter the abbreviation that applies to the liability: **A**-Client A, **B**-Client B, or **C**-Joint.  
 \*\* **Insurance:** Enter **L** for Life Insurance, or **D** for Disability Insurance on this liability. If both, enter **LD**.

Notes:

**MONEY OWED YOU**

Description	Owner*	Original Amount	Original Date	First Payment	Current Balance	Int. Rate	Payment Amount	Term
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\* **Owner:** Enter the abbreviation that applies to the money owed you: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes:

**ANTICIPATED FUTURE INCOME**

☞ Include future income from trusts and inheritances.

Description	Amount	Rate of Increase	Taxable		Tax Basis	Lump or Annual	Start Year	End Year	Owner*	Spend %	Invest %
			Y	N							

\* **Owner:** Enter the abbreviation that applies to the anticipated future income: **A**-Client A, **B**-Client B, or **J**-Joint Tenants.

Notes:

**RETIREMENT ASSUMPTIONS**

Desired **Monthly, After-Tax Retirement Income** (in today's dollars) .....  
 Average Annual Inflation Rate .....

Retirement Considerations	Client A		Client B		Client A		Client B		
Planned Retirement Age .....					Are you eligible to participate in an employer-sponsored retirement plan?	Y	N	Y	N
Do you want Social Security included as a retirement income source? .....	Y	N	Y	N	Are you a participant in the Federal Employees Retirement System or Railroad Retirement Plan?				
	Not Eligible	Reduced	Not Eligible	Reduced		Y	N	Y	N

Notes:

## RETIREMENT PLANS

Account information and holdings.

Plan A Description:		Plan:*	Owner:**	Beneficiary:**	
Plan A Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %) <i>Client</i> <span style="margin-left: 20px;"><i>Employer</i></span>
Plan B Description:		Plan:*	Owner:**	Beneficiary:**	
Plan B Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %) <i>Client</i> <span style="margin-left: 20px;"><i>Employer</i></span>
Plan C Description:		Plan:*	Owner:**	Beneficiary:**	
Plan C Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %) <i>Client</i> <span style="margin-left: 20px;"><i>Employer</i></span>
Plan D Description:		Plan:*	Owner:**	Beneficiary:**	
Plan D Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %) <i>Client</i> <span style="margin-left: 20px;"><i>Employer</i></span>
Plan E Description:		Plan:*	Owner:**	Beneficiary:**	
Plan E Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %) <i>Client</i> <span style="margin-left: 20px;"><i>Employer</i></span>

\* **Plan:** Enter the abbreviation that applies to **qualified plan type**: **I**-IRA, **K**-Keogh, **P**-Profit Sharing/401k, **S**-SEP-IRA/Simple, **T**-TSA/403b, **D**-Deferred Comp/457, **O**-Other, **R**-Roth IRA.

\*\* **Owner** and **Beneficiary:** Enter the abbreviation that applies to the **owner or beneficiary of this qualified plan**: **A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other .

\*\*\* **Type:** Enter the abbreviation for **each holding in this retirement account**: **C**-Cash Holding, **B**-Bond, **S**-Stock, **M**-Mutual Fund, **U**-Unit Investment Trust, **LP**-Limited Partnership, **T**-Tangible Asset.

**Notes:**

**PENSIONS**

Defined benefit plans.

Description	Participant*	Monthly Benefit	Increase %	Benefits Start at Age	Death Benefit**
					/ Lump Sum Monthly
					/ Lump Sum Monthly
					/ Lump Sum Monthly

\* **Participant:** Enter the client the pension applies to: **A**-Client A, **B**-Client B.  
 \*\* Indicate after amount if death benefit is a **L**-lump sum or **M**-monthly payment.

Notes:

**INVESTMENT ASSETS**

List all investment assets or attach statements.

Name/Description	Type *	Owner **	Value	Total Return	Cash Yield	Annual Additions
Checking Account .....	C					
Money Market .....	C					
Savings .....	C					
Certificate of Deposit .....	C					

\* **Type:** Enter the abbreviation for each investment asset: **C**-Cash Holding, **B**-Bond, **S**-Stock, **M**-Mutual Fund, **U**-Unit Investment Trust, **LP**-Limited Partnership, **T**-Tangible Asset.  
 \*\* **Owner:** Enter the abbreviation that applies to the owner of these investment assets: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes:

**INVESTMENT ATTITUDES**

Circle your opinion: ① Strongly Disagree ② Disagree ③ Neutral ④ Agree ⑤ Strongly Agree

Overall Client Risk Tolerance Level

A	B
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Statement	Opinion				
1 I am willing to hold my investments in my portfolio for at least five years. ....	1	2	3	4	5
2 It is important that I am able to convert my investments into cash on short notice. ....	1	2	3	4	5
3 I am concerned that inflation may erode the value of my investments. ....	1	2	3	4	5
4 I am comfortable holding onto an investment during market fluctuations in order to achieve long-term objectives. ....	1	2	3	4	5
5 I am uncomfortable with the possibility that my portfolio may lose value. ....	1	2	3	4	5
6 It is important that my portfolio earns the highest overall rate of return possible. ....	1	2	3	4	5
7 I do not need current income from my investments. ....	1	2	3	4	5
8 It is important that my portfolio generates the maximum amount of income possible. ....	1	2	3	4	5
9 I am most comfortable when my portfolio contains many different investments. ....	1	2	3	4	5
10 Tax-advantaged investments are very important to me. ....	1	2	3	4	5

➡ List annuities or attach statements.

ANNUITIES									
Company Name	Annuitant*	Type**	Owner*	Payout Amount	Cash Value	Total Return	Payout Type***	Beneficiary****	Annual Additions
<p>* <b>Owner</b> and <b>Annuitant</b>: Enter the abbreviation that applies to the <b>annuity</b>: <b>A</b>-Client A, <b>B</b>-Client B, <b>O</b>-Other, <b>J</b>-Joint Tenants, <b>C</b>-Tenants-in-Common, <b>CP</b>-Community Property, <b>U</b>-UTMA Uniform Transfer to Minors Act, <b>T</b>-Trust.</p> <p>** <b>Type</b>: Enter the abbreviation that applies to the <b>type of annuity</b>: <b>F</b>-Fixed, <b>V</b>-Variable.</p> <p>*** <b>Payout Type</b>: Enter the abbreviation for the <b>type of annuity payouts</b>: <b>I</b>-Immediate, <b>D</b>-Deferred.</p> <p>**** <b>Beneficiary</b>: Enter the abbreviation that applies to the <b>beneficiary</b>: <b>A</b>-Client A, <b>B</b>-Client B, <b>CHI</b>-Child, <b>CHA</b>-Charity, <b>O</b>-Other.</p> <p>Notes:</p>									

BUSINESS ASSETS					
Description	Owner*	Value	Cost Basis	Cash Yield	Growth Rate
<p>* <b>Owner</b>: Enter the abbreviation that applies to the <b>business asset</b>: <b>A</b>-Client A, <b>B</b>-Client B, <b>J</b>-Joint Tenants, <b>C</b>-Tenants-in-Common, <b>CP</b>-Community Property, <b>U</b>-UTMA Uniform Transfer to Minors Act, <b>T</b>-Trust.</p> <p>Notes:</p>					

REAL ESTATE									
Section One: Property information									
Description	Type*	Owner**	Purchase Price	Market Value	Improvements	Property Tax	Growth Rate	Cash Yield	Insurance***
A.									
B.									
C.									
<p>* <b>Type</b>: Enter an abbreviation for the <b>property type</b>: <b>P</b>-Primary, <b>S</b>-Secondary, <b>R</b>-Recreational, <b>I</b>-Investment, <b>RNT</b>-Rental, <b>O</b>-Other.</p> <p>** <b>Owner</b>: Enter the abbreviation that applies to the real estate: <b>A</b>-Client A, <b>B</b>-Client B, <b>J</b>-Joint Tenants, <b>C</b>-Tenants-in-Common, <b>CP</b>-Community Property, <b>U</b>-UTMA Uniform Transfer to Minors Act, <b>T</b>-Trust.</p> <p>*** <b>Insurance</b>: Enter <b>L</b> for Life Insurance, or <b>D</b> for Disability Insurance on this property. If both enter <b>LD</b>.</p> <p>Notes:</p>									

REAL ESTATE									
Section Two: Mortgage information for properties listed above									
	Original Amount	Payment Amount	Current Balance	Original Date	Monthly Payment	Term Years	Interest Rate	Type*	
A.									
B.									
C.									
<p>* <b>Type</b>: Enter <b>A</b> for Adjustable, or <b>F</b> for fixed.</p> <p>Notes:</p>									

➡ List policies or attach statements.

**LIFE INSURANCE**

Company Name	Insured *	Type **	Owner *	Death Benefit	Cash Value	Rate of Return	Premium	Mode ***	Loan Amount	Loan Rate	Beneficiary*

\* **Insured, Owner, and Beneficiary:** Enter the abbreviation that applies to the **life insurance policy**: **A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

\*\* **Type:** Enter the abbreviation that applies to the **type of insurance**: **GT**-Group Term, **T**-Term, **W**-Whole Life, **U**-Universal, **V**-Variable, **VU**-Variable Universal.

\*\*\* Enter an abbreviation for the **premium payment mode**: **A**-Annual, **S**-Semi-annual, **Q**-Quarterly, or **M**-Monthly.

**Notes:**

**OTHER INSURANCE**

Type	Owner*	Premium	Mode **	Benefit	Annual Increase	Waiting Period	Max. Benefit Period
Disability .....							
Disability .....							
Long-Term Care .....							
Long-Term Care .....							
Other .....							
Other .....							
Auto Insurance .....							
Auto Insurance .....							
Home Owners .....							
Medical Insurance .....							

\* **Owner:** Enter the abbreviation that applies to the **insurance policy**: **A**-Client A, **B**-Client B

\*\* Enter an abbreviation for the **premium payment mode**: **A**-Annual, **S**-Semi-annual, **Q**-Quarterly, or **M**-Monthly.

**Notes:**

**GOALS**

Name/Description	Amount Needed	Frequency*	First Payment	Number of Payments	Amount Saved

\* Enter an abbreviation for the **payment frequency**: **L**-Lump sum, **A**-Annual.

**Notes:**



## ESTATE PLANNING

➡ Provide any information which will help in determining your estate taxes and life insurance needs

Estate Planning Information	Client A	Client B	Joint
Simple Will .....			
Durable Power of Attorney .....			
Lifetime Gifts .....			
Value of Personal Property .....			
Estimated Final Expenses .....			

**Desired Monthly, After-Tax Survivor Income** . To use current budget information, check here.

If you have varying survivor income objectives based upon family circumstances, enter details here:

Beginning Year	How Long	Explanation*	Amount

\* Enter any additional information which may help in determining appropriate survivor income needs including person's name, specific ages, or events (include year).

**Notes:**

## ESTATE DISTRIBUTION

### Desired Estate Distribution

What provisions have you made for distributing your estate?

<i>Enter Values in the following fields as either Dollar Amounts or Percentages</i>	Client A	Client B
Spouse .....		
Qualified Terminable Interest Property (QTIP or QDOT) .....		
Credit Shelter or Bypass Trust .....		
Generation Skipping Trust .....		

Does your will make any direct bequests?

To Family Members .....	
To Other (non-family) .....	
To Charity .....	

Does your will make any additional bequests at the last death?

<i>Enter Values in the following fields as Dollar Amounts</i>	Last Death
To Non-family (other) .....	
To Charity .....	

**Notes:**

➡ Use this space to provide us with additional information or comments.