



**Security Financial Advisors, Inc.**  
 Helping You Build Your Financial Future

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The information gathered on this form is confidential and will be used by Security Financial Advisors, Inc. to develop your financial plan. The information you provide will be the basis of the inputs used to build your plan. As such, accuracy of the data is important to developing a meaningful plan.

## CONFIDENTIAL CLIENT PROFILE

	<u>NAME</u>		<u>DOB</u>		<u>AGE</u>		<u>Social Security #</u>
Client:							
Spouse:							
Child:							
Child:							
Child:							
Residence Address:					Phone:		
City:	State:			ZipCode:			
Client Occupation:			Employer:				
Employer Address:	City:	State:	Zipcode:	Phone:	( ) -		
Spouse Occupation:			Employer:				
Employer Address:	City:	State:	Zipcode:	Phone:	( ) -		

## PERSONAL CONCERNS PROFILE

1. What is your estimate of the current inflation rate?  %, and of the long-term rate? %
  
2. What is your estimate of your average After Tax Rate of Return on current investments?
  
3. How much of a risk taker are you?  
 Very Low  Low  Moderate  High  Very High
  
4. In your opinion, what's the best & worst investment you have made and why?
  
5. What are the two most important areas where you would like our help?
  
6. Could you describe your long term financial goals?

## PRIORITY CONCERNS ASSESSMENT – Mark appropriate box with an X

CONCERN	VERY LOW 1 - 2	LOW 3 - 4	MOD 5	HIGH 6 - 7	VERY HI 8 - 9
<b>INFLATION:</b> How concerned are you that your current or future investments will not keep pace with inflation?					
<b>TAX ADVANTAGE:</b> How concerned are you with seeking tax strategies beyond the conventional methods now being used?					
<b>SAFETY:</b> How concerned are you with safety of principal? (Low score indicates willingness to take risks; high score indicates risk aversion)					
<b>LIQUIDITY:</b> How concerned are you that you can access your investments immediately and liquidate if necessary?					
<b>CURRENT INCOME:</b> How concerned are you with getting current income from your investments?					
<b>FAMILY BENEFIT:</b> How concerned are you with designing an investment program that requires minimal management?					

## FINANCIAL INVENTORY

### FIXED ASSETS:

TYPE	MARKET VALUE	LIABILITIES	COMMENTS
Cash/checking accounts	\$	\$	
Savings / Cert. of Deposit	\$	\$	
Govt. Bonds / T-Bills	\$	\$	
Annuities - fixed	\$	\$	
Other fixed assets	\$	\$	
<b>TOTAL FIXED ASSETS</b>	<b>\$</b>	<b>\$</b>	

### VARIABLE ASSETS:

TYPE	MARKET VALUE	LIABILITIES	COMMENTS
Residence	\$	\$	
<b>Non Qualified Investments</b>	\$	\$	
Annuities – Variable	\$	\$	
Real Property / Rentals	\$	\$	
<b>Roth IRA's</b>	\$	\$	
Trad / Rollover IRA's	\$	\$	
401(k) or 403(b);s	\$	\$	
Other variable assets	\$	\$	
<b>TOTAL VARIABLE ASSETS</b>	<b>\$</b>	<b>\$</b>	

### PERSONAL ASSETS:

Autos, Boats, Rec. Vehicles	\$	\$	
Personal Property	\$	\$	

### MONTHLY INCOME:

SOURCE	CLIENT	SPOUSE	TAXABLE	NON-TAX	COMMENTS
Salary	\$	\$	\$	\$	
Self-employment	\$	\$	\$	\$	
Interest/dividends	\$	\$	\$	\$	
Pension/alimony/Soc. Sec.	\$	\$	\$	\$	
Other income or bonuses	\$	\$	\$	\$	

### DEBTS AND LIABILITIES:

SOURCE	BALANCE	MO.PMT	%INT RATE	COMMENTS
Residence	\$	\$	%	
Auto Loans	\$	\$	%	
Credit Cards	\$	\$	%	
Other debt	\$	\$	%	

**RISK MANAGEMENT:**

INSURANCE	PERSON COVERED	\$ COVERAGE	ANNUAL COST	CASH VALUE	COMMENTS/POLICY DETAILS (Ins Co, Whole Life, Term, Variable, Work-benefit or personal, when last reviewed, etc)
Life Ins		\$	\$	\$	
Life Ins.		\$	\$	\$	
Disability		\$	\$	\$	
Long Term Care		\$	\$	\$	
Homeowners		\$	\$	\$	

**BUDGET AND LIVING EXPENSES – list as EITHER monthly or annual expenses**

	Paid Monthly	Paid Annually	COMMENTS
<b>Mortgage or Rent</b>	\$	\$	
<b>Utilities</b>	\$	\$	
<b>Property Taxes</b>	\$	\$	
<b>Maintenance</b>	\$	\$	
<b>HOUSING SUBTOTAL:</b>	\$	\$	
<b>Auto Insurance</b>	\$	\$	
<b>Auto Maintenance</b> (Gas, Tolls, License & Registration fees)	\$	\$	
<b>Auto Property Tax</b>	\$	\$	
<b>Food/ Beverage/Household</b> Grocery/Liquor store/WalMart/Target	\$	\$	
<b>Clothing</b>	\$	\$	
<b>Furnishings</b>	\$	\$	
<b>Personal Care / Cash</b>	\$	\$	
<b>Medical / Dental / Drugs</b>	\$	\$	
<b>Insurance Premiums</b>	\$	\$	
<b>Education/Self-improvement</b> <b>Activity Fees</b> (enrollment, books, hobbies, gym or health club fees)	\$	\$	
<b>Debt repayment (exclude auto)</b>	\$	\$	
<b>Entertainment</b> (Movies, dining-out, etc.)	\$	\$	
<b>Vacations, holidays, gifts</b>	\$	\$	
<b>Charitable Contributions</b>	\$	\$	
<b>Miscellaneous expense</b> (pet care, kids activity fees, etc)	\$	\$	
<b>TOTAL LIVING EXPENSES:</b>	\$	\$	

## GOALS & OBJECTIVES

### COLLEGE EDUCATION FUNDING:

1. If you can estimate, in dollars or percent, how much of each child's per year college expenses would you like to provide or N/A? \$ or % of expense
2. What current assets could be designated for college funding or N/A?

### RETIREMENT, LONGEVITY PLANNING, & FAMILY HEALTH

1. At what age do you intend to begin drawing retirement funds?  Client  Spouse
2. Based on your family's longevity, how many years of retirement do you anticipate?  Client  Spouse
3. How likely, (% chance), do you think Social Security benefits will be available to you at retirement?
4. To incorporate Social Security Benefits into your retirement planning, we ask for a copy of your Social Security Benefits statement. Do you have a recent statement you can send/email us? Yes/No?  Client  Spouse
5. **If NO to #4**, please go to the SS Admin website to get it: <http://www.ssa.gov/myaccount/>
6. Based on living expenses and desired lifestyle, in today's dollars, how much of your **current monthly household income** would you want to have available at retirement? \$
7. If living today, please give their ages, if deceased, please state at what age your relatives died and cause of death: *(for example, Age & Car accident, Heart attack, Type of Cancer, Complications of Type I or Type II Diabetes, etc)*

	Client's Family	Spouse's Family
<b>Paternal Grandfather</b>		
<b>Paternal Grandmother</b>		
<b>Maternal Grandfather</b>		
<b>Maternal Grandmother</b>		
<b>Father</b>		
<b>Mother</b>		
<b>Siblings</b>		

8. Based on your family's health history, how important is it to you to incorporate Long-Term Care into your retirement-needs plan?

**DISABILITY AND FAMILY NEEDS MANAGEMENT:**

- 1. How much monthly income would your family need if you were sick or hurt and not being paid? \$
- 2. What financial resources could be liquidated in the event of a disability?
- 3. In the event of premature death, what expenses would you like to be paid for out of life insurance proceeds?

	<b>Client's death</b>	<b>Spouse's death</b>
<b>Home mortgage</b>	\$	\$
<b>Final expenses</b>	\$	\$
<b>Casualty claims</b>	\$	\$
<b>College funding</b>	\$	\$
<b>Estate settlement</b>	\$	\$

- 4. In addition to the above, how much monthly income would you like the family to have, and for how long?
- 5. Do you expect an inheritance or any other financial windfall in the next 5-10 years?

**GENERAL MANAGEMENT:**

- 6. Do you have a Will?  A Trust?  A Power of Attorney?
- 7. Do you have a personal attorney?
- 8. Do you have a personal tax advisor?

**ADDITIONAL CONSIDERATIONS, CONCERNS, AND NOTES**