



FINANCIAL LIFE CHECKUP

	Client	Spouse
Full Legal Name	_____	_____
Nick Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	_____	_____
City, State, Zip	_____	_____
Home Phone	(____) _____	(____) _____
Work Phone	(____) _____	(____) _____
Cell Phone	(____) _____	(____) _____
Fax	(____) _____	(____) _____
Best Time/Method to Contact	_____	_____
Date of Birth	____/____/____	____/____/____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Date of Marriage	____/____/____	____/____/____
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employer	_____	_____
Occupation	_____	_____
Years with Employer	_____	_____
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
Tax Filing Status	_____	_____
State of Residence	_____	_____

All information contained in this check-up will help us get to know each other and make our first meeting more productive. If we choose not to work together, you will find this document to be helpful with whomever you choose to work with. This check-up in no way constitutes any advice on behalf of Portnoff Financial LLC. I hope you find this to be valuable and I look forward to meeting with you.

What is/are your reason(s) for seeking the services of a financial planner/advisor? _____

Who do you typically consult when making financial decisions? Do they have any qualifications? If so what are they? _____

What is the single biggest challenge facing you today? _____

What is your definition of enough money? _____

What is your definition of more than enough money? _____

Do you prefer to do most things yourself, or would you rather delegate certain chores to others so that you can spend more time doing the things you want to do? _____

Do you plan to delegate Investment Management Responsibility? If not, under what circumstances would you consider delegation? _____

What do you expect a financial planner can do for you? _____

How will you define planning success? _____

Are you currently or have you ever been involved in a lawsuit? _____

The statements below will help you to think about and assess how satisfied you are with the many aspects of your financial life. Please rate on a scale of five (1 = not satisfied, 5 = very satisfied).

I am satisfied ...

Client	Spouse
_____	_____ ...with my ability to meet financial obligations.
_____	_____ ...with the income potential my current job or career provides me.
_____	_____ ...with my spending habits
_____	_____ ...with the level of debt I carry.
_____	_____ ...with the “extras” that I am able to buy for myself and/or loved ones.
_____	_____ ...with the level and quality of insurance protection I currently have.
_____	_____ ...with the amount of money I save and invest on a regular basis.
_____	_____ ...with my current investment choices.
_____	_____ ...that I am on track to build a sufficient retirement nest egg.
_____	_____ ...with the level of employee benefits I receive.
_____	_____ ...with my style of personal bookkeeping and financial records management.
_____	_____ ...with my plans for my children’s education.
_____	_____ ...with my estate plan.
_____	_____ ...with my level of charitable giving.
_____	_____ ...with the level of personal financial education I have attained.
_____	_____ ...with how I respond emotionally to my personal financial issues.
_____	_____ ...with my ability to communicate about my financial matters.
_____	_____ ...with the feelings I have about my money life.
_____	_____ ...that financial issues do not cause stress or strain in my relationships.
_____	_____ ...with the working relationships I have with my financial service providers (i.e., Insurance Agent, Banker, Financial Planner, broker, and accountant).
_____	_____ Total
_____	_____ Index (Divide your total by 20)

Your responses to these questions should help you identify the areas of your financial life that you would like to improve. These questions can be revisited over time to see if you are increasing your satisfaction in these areas. Net worth is not the only measure of financial success, and wealth does not always increase satisfaction. You can use your index to measure and track your overall satisfaction with these financial areas over time. You can use your index as a progress indicator of financial success as well as your net worth.

Personal Planning Profile

Check the boxes that reflect the planning that you already do.

Client Spouse

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I monitor my spending habits against a written budget |
| <input type="checkbox"/> | <input type="checkbox"/> | I compare my fixed and variable expenses to my income often |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a strategy for paying off any debt I have |
| <input type="checkbox"/> | <input type="checkbox"/> | I update my net worth and progress toward my goals yearly |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an updated inventory of all home and personal property |
| <input type="checkbox"/> | <input type="checkbox"/> | I participate in some type of tax-favored retirement plan |
| <input type="checkbox"/> | <input type="checkbox"/> | I save/invest on a weekly or monthly basis |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an appropriate emergency fund |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the impact inflation has on my savings |
| <input type="checkbox"/> | <input type="checkbox"/> | I select and manage my own investments |
| <input type="checkbox"/> | <input type="checkbox"/> | My portfolio was selected by a broker/financial salesperson |
| <input type="checkbox"/> | <input type="checkbox"/> | I compare my investments to a predefined benchmark |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a written Investment Policy Statement |
| <input type="checkbox"/> | <input type="checkbox"/> | My portfolio reflects my time horizon and capacity/tolerance for risk |
| <input type="checkbox"/> | <input type="checkbox"/> | My portfolio is diversified by an optimized asset allocation |
| <input type="checkbox"/> | <input type="checkbox"/> | My total portfolio is managed in a tax-efficient manner |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the downside risk potential of my portfolio |
| <input type="checkbox"/> | <input type="checkbox"/> | I rebalance my portfolio at least once per year |
| <input type="checkbox"/> | <input type="checkbox"/> | I have reviewed my employee benefits package recently |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how much my nest egg should be prior to retirement |
| <input type="checkbox"/> | <input type="checkbox"/> | I know for how long my assets will last in retirement |
| <input type="checkbox"/> | <input type="checkbox"/> | I review and fully understand my social security statement |
| <input type="checkbox"/> | <input type="checkbox"/> | I know the future cost of sending my children to college |
| <input type="checkbox"/> | <input type="checkbox"/> | My income is protected in the event I am disabled |
| <input type="checkbox"/> | <input type="checkbox"/> | I am fully covered for health care including long-term care |
| <input type="checkbox"/> | <input type="checkbox"/> | My insurance policies were reviewed in the last 2 years |
| <input type="checkbox"/> | <input type="checkbox"/> | I have calculated my life insurance needs in the past 2 years |
| <input type="checkbox"/> | <input type="checkbox"/> | I have strategies in place to reduce potential estate taxes |
| <input type="checkbox"/> | <input type="checkbox"/> | My estate plan is designed to avoid probate |
| <input type="checkbox"/> | <input type="checkbox"/> | I have calculated the size of my potential taxable estate |
| <input type="checkbox"/> | <input type="checkbox"/> | My will is current & consistent with my distribution wishes |
| <input type="checkbox"/> | <input type="checkbox"/> | My executor is familiar with my estate plan |
| <input type="checkbox"/> | <input type="checkbox"/> | A guardian has been appointed for my minor children |
| <input type="checkbox"/> | <input type="checkbox"/> | I have health care directives and HIPAA authorizations |
| <input type="checkbox"/> | <input type="checkbox"/> | I have durable powers of attorney for healthcare & finance |
| <input type="checkbox"/> | <input type="checkbox"/> | My estate beneficiaries are current on all accounts |

Financial Information

Cash Assets: Checking, Savings, CD's, Money Market, Savings Bonds, and any other cash type accounts.

Account Type	Account Location	Amount

Growth Assets: Funds, Brokerage Accounts, Retirement (IRA, 401k, etc.), insurance cash value, annuities, etc.

Account Type	Account Location	Amount

Debt: Mortgage, Auto(s), Home Equity Loan/Line of Credit, Credit Cards, Student Loans, etc.

Account Type	Account Location	Amount

Real Estate: Primary residence, vacation home(s), Rental Property, etc.

Account Type	Account Location	Amount

Check the following insurance types you currently have.

<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Life
<input type="checkbox"/> Homeowner's/Renter's	<input type="checkbox"/> Auto	<input type="checkbox"/> Umbrella Liability
<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Professional liability
<input type="checkbox"/> Vision	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>