



Kays Financial Advisory Corporation

Date _____

CONFIDENTIAL FINANCIAL PROFILE

(Please fill this form out prior to your appointment. This is a very comprehensive questionnaire but may not include all of the information needed to fully assess your situation. If you are not sure about some of the information, or if it does not apply to you, leave it blank. However, the more we know about your unique situation, the better job we can do for you. Print clearly. It is okay to approximate the amounts. Attach additional sheets if needed. **PLEASE BRING IN ALL THE RELEVANT DOCUMENTS LISTED ON THE "REQUIRED DOCUMENTS LIST"**)

Personal Information

Client Name _____ Citizenship _____

Nickname _____ Date of Birth _____ Social Security Number _____

Number of Marriages _____ Health Issues _____

Client Cell _____ Personal E-Mail _____

Spouse Name _____ Citizenship _____

Nickname _____ Date of Birth _____ Social Security Number _____

Number of Marriages _____ Health Issues _____

Spouse Cell _____ Personal E-Mail _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone _____ Home FAX _____

Date When Married _____

Your Occupation and Business

Company Name _____ Occupation _____

Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business FAX _____ Business E-mail _____

Years with Company _____

Spouse's Occupation and Business

Company Name _____ Occupation _____

Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business FAX _____ Business E-mail _____

Years with Company _____

Children/Dependents

Name _____	Date of Birth _____	Social Security # _____
Address/City & State _____		Occupation _____
Gender (M/F): _____	Dependent (Y/N): _____	Adopted (Y/N): _____ Citizenship _____
Married (Y/N): _____	Child By Prior Marriage (Y/N): _____	Special Circumstances _____

Name _____	Date of Birth _____	Social Security # _____
Address/City & State _____		Occupation _____
Gender (M/F): _____	Dependent (Y/N): _____	Adopted (Y/N): _____ Citizenship _____
Married (Y/N): _____	Child By Prior Marriage (Y/N): _____	Special Circumstances _____

Name _____	Date of Birth _____	Social Security # _____
Address/City & State _____		Occupation _____
Gender (M/F): _____	Dependent (Y/N): _____	Adopted (Y/N): _____ Citizenship _____
Married (Y/N): _____	Child By Prior Marriage (Y/N): _____	Special Circumstances _____

Name _____	Date of Birth _____	Social Security # _____
Address/City & State _____		Occupation _____
Gender (M/F): _____	Dependent (Y/N): _____	Adopted (Y/N): _____ Citizenship _____
Married (Y/N): _____	Child By Prior Marriage (Y/N): _____	Special Circumstances _____

Should we plan for college expenses? If so, have you already set money aside for this purpose and what type of savings vehicle(s) are you using (i.e. 529 plans, mutual fund, trust, stocks, bonds, retirement accounts, etc.)?

Child's Name	# Years	Cost Per Year	College Begin Year	Amount Currently Saved	Vehicle
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Grandchildren

Child _____ Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Child _____ Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Child _____ Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Child _____ Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Grandchild Name _____ Gender _____ DOB _____

Other Dependents

Are You Providing Support To Anyone Else?

Name(s) _____

Military Service

Are You or Your Spouse Entitled to Veteran's Benefits? Yes _____ No _____

Explain _____

Current Advisors

Tax Preparer _____	Phone _____
Email _____	
Attorney _____	Phone _____
Email _____	
Area of Expertise _____	
Attorney _____	Phone _____
Email _____	
Area of Expertise _____	
Insurance Agent _____	Phone _____
Email _____	
Area of Expertise _____	
Insurance Agent _____	Phone _____
Email _____	
Area of Expertise _____	
Other Advisor _____	Phone _____
Email _____	
Area of Expertise _____	
Other Advisor _____	Phone _____
Email _____	
Area of Expertise _____	

Current Annual Income

Type	Client	Spouse
Salary		
Bonus		
Commissions		
Self Employment Income		
Interest (Taxable)		
Interest (Non-taxable)		
Dividends (Individual Securities and Mutual Funds)		
Real Estate Rentals		
Annuities		
Pension		
Joint & Survivor (if Yes, give % split)		
COLA (Yes or No)		
Child Support		
Alimony		
Social Security		
What age did you begin benefits?		
Gifts		
Trust Income		
Disability Income		
Other _____		
Other _____		
Total Annual Income		+ _____ = _____

Projected Retirement Income

Type	Client	Spouse	
Salary	_____	_____	
Bonus	_____	_____	
Commissions	_____	_____	
Self Employment Income	_____	_____	
Interest (Taxable)	_____	_____	
Interest (Non-taxable)	_____	_____	
Dividends (Individual Securities and Mutual Funds)	_____	_____	
Real Estate Rentals	_____	_____	
Annuities	_____	_____	
Pension	_____	_____	
Joint & Survivor (if Yes, give % split)	_____	_____	
COLA (Yes or No)	_____	_____	
Child Support	_____	_____	
Alimony	_____	_____	
Social Security (Full Retirement Age Amount)	_____	_____	
Gifts	_____	_____	
Trust Income	_____	_____	
Disability Income	_____	_____	
Other _____	_____	_____	
Other _____	_____	_____	
Total Annual Income	_____	_____	+ _____ = _____

Expenses

	<u>Currently</u>	<u>In Retirement</u>
Federal Income Tax	_____	_____
State and Local Income Tax	_____	_____
Federal and State Payroll Tax	_____	_____
Property Taxes	_____	_____
Other Taxes	_____	_____
Total Tax Payments	_____	_____
<hr/>		
Life Insurance Premiums	_____	_____
Health Insurance Premiums	_____	_____
Disability Insurance Premiums	_____	_____
Homeowner's Insurance Premiums	_____	_____
Auto Insurance Premiums	_____	_____
Liability Insurance Premiums	_____	_____
Other Insurance Premiums	_____	_____
Total Insurance Premiums	_____	_____
<hr/>		
Credit Card Payments	_____	_____
Auto Loan Payments	_____	_____
Mortgage Payments	_____	_____
Other Debt Payments	_____	_____
Total Debt Payments	_____	_____
<hr/>		
Utilities, Cable, and Phones	_____	_____
Gas, Oil, and Auto Maintenance	_____	_____
Home Repairs and Maintenance	_____	_____
Food	_____	_____
Clothing/Personal Care	_____	_____
Entertainment and Vacation	_____	_____
Uninsured Medical Costs	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Other Living Expenses	_____	_____
Total Living Expenses	_____	_____

Liquid Assets

*C = Client S = Spouse J = Joint

<u>Institution</u>	<u>Type</u> (Checking, Savings, T-bills, MMFs, CDs)	<u>Ownership*</u>	<u>Balance</u>	<u>Annual Contributions</u>

Stocks, Bonds, Mutual Funds (Taxable/Non-Qualified)

<u>Institution</u>	<u>Type</u> (Stocks, Bonds, Mutual Funds, ETFs, Annuity, Gold/Precious Metals)	<u>Ownership*</u>	<u>Balance</u>	<u>Annual Contributions</u>

Real Estate

	<u>Cost Basis</u>	<u>Current Value</u>	<u>Purchase Date</u>	<u>Net Rental Income</u>
--	-------------------	----------------------	----------------------	--------------------------

Principal Residence				
Physical Address				

Vacation Home				
Physical Address				

Rental				
Physical Address				

Other				
Physical Address				

Other				
Physical Address				

Limited Partnerships

<u>Type</u>	<u>Cost</u>	<u>Current Value</u>	<u>Purchase Date</u>	<u>Annual Passive Inc/Loss</u>
Real Estate				
Oil & Gas				
Equipment Leasing				
Other				
Other				

Liabilities

Credit Card(s)

Card Name	Balance	Ownership*	Minimum Pmt	Interest Rate

Other Liabilities

	Creditor Name	Original Loan	Balance	C/S/J	1st Payment Date	Term	Interest Rate
Mortgage							
2nd Mtg / HELOC							
Bank Notes							
Auto #1							
Auto #2							
Auto #3							
Notes to Others							
Taxes Payable							
Life Ins Loan							
Other							
Other							

*C = Client S = Spouse J = Joint

Life Insurance

Do you smoke? Yes _____ No _____ Have you smoked? Yes _____ No _____ If so, when did you quit? _____

Spouse smoke? Yes _____ No _____ Spouse smoked? Yes _____ No _____ If so, when did you quit? _____

Have Either You or Your Spouse Ever Been Denied Coverage? _____

Life Insurance in Force

	<u>Insurer</u>	<u>Type</u>	<u>Insured</u>	<u>Owner</u>	<u>Face Value</u>
Policy Number 1:	_____	_____	_____	_____	_____
Beneficiaries	_____				
Policy Number 2:	_____	_____	_____	_____	_____
Beneficiaries	_____				
Policy Number 3:	_____	_____	_____	_____	_____
Beneficiaries	_____				
Policy Number 4:	_____	_____	_____	_____	_____
Beneficiaries	_____				
Policy Number 5:	_____	_____	_____	_____	_____
Beneficiaries	_____				
Policy Number 6:	_____	_____	_____	_____	_____
Beneficiaries	_____				
Policy Number 7:	_____	_____	_____	_____	_____
Beneficiaries	_____				

In the event of a premature death of yourself or your spouse, what income in today's dollars would be needed monthly to provide for your survivors?

Pre-tax / Post-tax (circle one)

Client Dies _____ Spouse Dies _____

General Insurance
(Answer "Yes" or "No")

Medical (Provider): _____ Annual Premium _____ Deductible _____
Co-Pay: Primary _____ Specialist _____ Emergency _____
Out-of-Pocket Maximums: Annual Amount _____ Lifetime Amount _____

Disability (Provider): _____ Insured: _____ Annual Premium _____ Paid by? _____
Pick Two: _____ Elimination Period _____ Taxable (Y/N): _____
Benefit/month: _____ Max Annual Benefit: _____ COLA: _____ %: _____ Own occ? _____

Disability (Provider): _____ Insured: _____ Annual Premium _____ Paid by? _____
Pick Two: _____ Elimination Period _____ Taxable (Y/N): _____
Benefit/month: _____ Max Annual Benefit: _____ COLA: _____ %: _____ Own occ? _____

Disability (Provider): _____ Insured: _____ Annual Premium _____ Paid by? _____
Pick Two: _____ Elimination Period _____ Taxable (Y/N): _____
Benefit/month: _____ Max Annual Benefit: _____ COLA: _____ %: _____ Own occ? _____

Disability (Provider): _____ Insured: _____ Annual Premium _____ Paid by? _____
Pick Two: _____ Elimination Period _____ Taxable (Y/N): _____
Benefit/month: _____ Max Annual Benefit: _____ COLA: _____ %: _____ Own occ? _____

Umbrella (Provider): _____ Annual Premium _____ Coverage _____
Underlying Liability Required: Auto _____ Homeowners _____

Professional Liability (Provider): _____ Annual Premium _____ Coverage _____

LTC (Provider): _____ Insured: _____ Annual Premium _____ Taxable (Y/N): _____
Benefit/day: _____ Max Annual Benefit: _____ Elimination Period _____ COLA: _____ %: _____

LTC (Provider): _____ Insured: _____ Annual Premium _____ Taxable (Y/N): _____
Benefit/day: _____ Max Annual Benefit: _____ Elimination Period _____ COLA: _____ %: _____

When was the last time you had your homeowners and auto insurance reviewed? _____

Are you concerned about long term care or nursing home expenses? Yes _____ No _____

Estate Planning

Do you have a current will? Yes _____ No _____ Living Trust? Yes _____ No _____ Date last reviewed? _____

If you have a will, is it a tax planning will? Yes _____ No _____

Does anyone in your family expect to receive any major inheritances? If so, who and how much? _____

Are you currently gifting any assets to anyone? If so, to whom and how much? _____

Are you considering a charitable gift? Yes _____ No _____ To whom and how much? _____

Would you consider a charitable gift? Yes _____ No _____

Are you familiar with charitable remainder/lead trusts? Yes _____ No _____

Financial Objectives

What has prompted you to seek financial advice? _____

Any Other Goals Not Mentioned? State level of importance _____