Client Financial Evaluation

360 PROFESSIONAL ALLIANCE

Rapacki + Co.

Small Firm. Big Difference.

Individual Information

Name____

Address____

City________________________________ State__________ Zip ______________

Primary Phone ________________________ Primary Email________________________

Occupation____

Family Status

Single: ❑ Yes ❑ No ❑ Other________________ Married:❑ Yes ❑ No ❑ Separated ❑ Divorced

Spouse's Name____

Spouse's Occupation____

Number of Children ____________ Age(s) ________________________

Number of Grandchildren ________ Age(s) ________________________

Financial Planning

Do you feel your current financial plan could be improved? ❑ Yes ❑ No

If yes, what are your concerns? ____

____

Do you have a financial advisor who meets with you on a regular basis? ❑ Yes ❑ No

If yes, what do you like about what your advisor does for you?________________________

____

Is there anything they do that you dislike? ________________________________

____

Education / College Planning

Is college funding for children or grandchildren important to you? ❑ Yes ❑ No

Do you have pre-college children living at home? ❑ Yes ❑ No

Do you need an education savings vehicle? ❑ Yes ❑ No

Client Financial Information

Financial Information

What is your household annual income? $______________________________

Do you have:

Taxable Interest?	❑ Yes ❑ No	Tax-Exempt Interest?	❑ Yes ❑ No
Dividend Income?	❑ Yes ❑ No	Business Income?	❑ Yes ❑ No
Capital Gains/Losses?	❑ Yes ❑ No	IRA Distributions?	❑ Yes ❑ No
Pensions and Annuities?	❑ Yes ❑ No	Retirement Plan from work?	❑ Yes ❑ No
IRA Deduction	❑ Yes ❑ No	Other______________________	

Insurance General Information

Do you have:

Life Insurance?	❑ Yes ❑ No	Long-Term Disability?	❑ Yes ❑ No
Long-Term Care?	❑ Yes ❑ No	Health Insurance?	❑ Yes ❑ No
Personal Liability Coverage?	❑ Yes ❑ No	An emergency fund?	❑ Yes ❑ No
Non-deductible interest paid?	❑ Yes ❑ No	Other____________________	

Life Insurance

How much life insurance do you own? ______________________________

How much is term? ____________ How much is permanent?________________

What companies did you purchase the policies from?______________________

____

____

When was the last time you reviewed or updated your life insurance?______________

____

Long Term Care/Disability

Are you concerned about losing assets in the event of a long term nursing home stay or disability? ❑ Yes ❑ No

Do you have any protection plans in place for such events? ❑ Yes ❑ No

Health

Is your health insurance plan through your employer? ❑ Yes ❑ No

Do you have a say in what insurance plan your company maintains? ❑ Yes ❑ No

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Retirement Planning

When do you want to retire? ____

Have you determined how much money you will need during retirement? ❑ Yes ❑ No

Do you have family relatives who may depend on you financially? ❑ Yes ❑ No

Are you ahead of schedule for your retirement goals? ❑ Yes ❑ No

Where will your income come from at retirement? ❑ Yes ❑ No

Do you regularly update your retirement plan? ❑ Yes ❑ No

Do you have any individual retirement accounts? ❑ Yes ❑ No

Do your have a retirement account with your employer? ❑ Yes ❑ No

Do you know who handles the plan within the company? ❑ Yes ❑ No

Do you have anyone advising you on your corporate retirement account? ❑ Yes ❑ No

Do you maintain any retirement accounts from former employers? ❑ Yes ❑ No

Estate Planning

Do you have a Will? ❑ Yes ❑ No

Do you have a Trust? ❑ Yes ❑ No

Have you done any estate planning? ❑ Yes ❑ No

Do you have family relatives who may depend on you financially? ❑ Yes ❑ No

When was the last time your legal documents (wills, trusts, etc.) were updated? ____________

____

Is this a concern for you? ❑ Yes ❑ No

Comments____

____

Importance Scale

On a scale from 1 to 5 (**1 being NOT IMPORTANT and 5 being VERY IMPORTANT**), how would you rate the following financial areas: (Circle the number that applies)

Family Protection	1	2	3	4	5
Wealth Accumulation	1	2	3	4	5
College Funding	1	2	3	4	5
Retirement	1	2	3	4	5
Estate Planning	1	2	3	4	5

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Notes