



WEALTH
MANAGEMENT

Financial Profile Questionnaire

This comprehensive, personal financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future. At PSE Wealth Management, our goal is to help you make the right decisions for your financial future. The information you provide in this questionnaire will assist us in making sound recommendations with confidence.

BASIC INFORMATION:

Your Name	Nickname	Age	Birth date (mm/dd/yyyy)
Spouse's Name	Nickname	Age	Birth date (mm/dd/yyyy)
Residence Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Fax	E-mail Address
How did you hear about PSE Wealth			

DEPENDENTS:

Relationship	Age
Relationship	Age
Relationship	Age
Relationship	Age

OCCUPATION:

Your Job Title	Employer (last, if retired)	# of Years	Retirement Date
Spouse's Job Title	Employer (last, if retired)	# of Years	Retirement Date

FAMILY ASSETS:

PERSONAL	Owner*	Purpose**	Current Value
Primary residence			\$
Vacation home/second residence			\$
Automobile(s)			\$
Other personal assets			\$
Other personal assets			\$
Total personal assets			\$
LIQUID AND INVESTMENT			
Cash			\$
Fixed			
Bonds and bond mutual funds			\$
Bonds and bond mutual funds			\$
Equity			
Stocks and stock mutual funds			\$
Stocks and stock mutual funds			\$
Other investment assets			\$
Total liquid and investment assets			\$
RETIREMENT			
	Owner*	Purpose**	Current Value
IRA			\$
IRA			\$
Qualified retirement plan (e.g., 401(k))			\$
Qualified retirement plan (e.g., 401(k))			\$
Annuities			\$
Other retirement assets			\$
Total retirement assets			\$
TOTAL ASSETS			\$
(add personal assets, liquid and investment assets, and retirement assets)			

* Indicate whether the asset is owned by you, a second person, or jointly.

** Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal, or retirement.

FAMILY LIABILITIES:

	Debtor***	Current balance	Original balance	Origination date
Mortgage on first residence		\$	\$	/ /
Mortgage on second residence		\$	\$	/ /
Charge accounts and credit cards		\$	\$	/ /
Other liabilities		\$	\$	/ /
TOTAL LIABILITIES		\$		

*** Indicate whether the debtor of the liability is you, a second person, or both.

FAMILY INCOME:

ANNUAL INCOME	Primary	Secondary
Employment (wages, salaries, bonuses)	\$ _____	\$ _____
Self-employment/business income	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Other government benefits	\$ _____	\$ _____
Taxable investment income	\$ _____	\$ _____
Nontaxable investment income	\$ _____	\$ _____
Pensions (if currently receiving)	\$ _____	\$ _____
Other income – taxable _____	\$ _____	\$ _____
Other income – nontaxable _____	\$ _____	\$ _____
Total annual income	\$ _____	\$ _____
COMBINED TOTAL ANNUAL INCOME		\$ _____

FAMILY EXPENSES:

Fixed _____

Variable _____

TOTAL _____

GENERAL:

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, moving, etc.) ☐ Yes ☐ No ☐ Uncertain
If so, what changes are you expecting? _____

Are you comfortable with your current cash flow? ☐ Yes ☐ No ☐ Uncertain

Do you anticipate any significant changes in your cash flow? ☐ Yes ☐ No ☐ Uncertain

Do you anticipate any major expenditures in the near future? ☐ Yes ☐ No ☐ Uncertain
If so, what expenditures are you expecting? _____

PROTECTION:

Do you have any current health problems? ☐ Yes ☐ No ☐ Uncertain

Do you have adequate medical coverage? ☐ Yes ☐ No ☐ Uncertain

Do you have disability coverage? ☐ Yes ☐ No ☐ Uncertain

Do you have personal liability coverage?
Amount? _____ ☐ Yes ☐ No ☐ Uncertain

Do you have enough life insurance?
Amount? _____ ☐ Yes ☐ No ☐ Uncertain

Do you have an emergency fund (money set aside in savings)? ☐ Yes ☐ No ☐ Uncertain

ESTATE PLANNING:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------------|
| Do you have updated/adequate wills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you established any trusts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Will you be receiving a significant inheritance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you adequately considered estate taxes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you provided adequate estate liquidity for your heirs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Is proper titling a concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Do you have long-term health care coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |

QUESTIONS:

Please list any questions you may have: _____

GOALS:

What are your major objectives for your investments?

- | | |
|--|---|
| <input type="checkbox"/> Current and future income | <input type="checkbox"/> Keeping ahead of inflation |
| <input type="checkbox"/> Preserving capital | <input type="checkbox"/> Increasing returns |
| <input type="checkbox"/> Building wealth for heirs | |

Investment Goals	Low Priority					High Priority				
Return should exceed inflation rate	1	2	3	4	5	6	7	8	9	10
Principal should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax-free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10

INVESTOR EXPERIENCE & HISTORY:

How much investing experience do you have (in years)? Stocks _____ Mutual Funds _____

Bonds _____ Variable Annuities _____ REIT's _____ Options _____

I expect to start drawing income from this investment:

- | | |
|--|--|
| <input type="checkbox"/> Not for at least 20 years | <input type="checkbox"/> Not now, but within 5 years |
| <input type="checkbox"/> In 10 to 20 years | <input type="checkbox"/> Immediately |
| <input type="checkbox"/> In 5 to 10 years | |