

Lighthouse Financial Advisors, Inc.
Confidential Preliminary Planning Profile

CLIENT NAME (1): _____ **CLIENT NAME (2):** _____
Home Address: _____ Home Address: _____
City, State, Zip: _____ City, State, Zip: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Fax: (Home / Work) _____ Fax: (Home / Work) _____
E-mail: _____ E-mail: _____
Birth date: _____ Birth date: _____

Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependents.)

Name	Relationship	Date of Birth	Dependent	Resides? (City & State)
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____

EMPLOYMENT AND SALARY INFORMATION

Client Employer (1): _____ Client Employer (2): _____
Title/Job: _____ Title/Job: _____
Annual Salary: _____ Annual Salary: _____

What do you expect to earn on your investments?

3 to 6% _____ 7 to 9% _____ 10 to 12% _____ 13 to 15% _____ Greater than 15% _____

If retirement were one of your goals, at what age would you like to retire or be financially independent?

Client One _____ Client Two _____

TAX AND PLANNING INFORMATION

Who prepares your tax return? Tax returns extension?
 Self Paid Tax Accountant

INSURANCE

Do you currently have life insurance?

Client One \$ _____ Client Two \$ _____

Rate your working relationships with each of the following advisors that apply:

	Dissatisfied	Satisfied	Very Satisfied	Not applicable
Financial Planner	1	2	3	X
Broker One	1	2	3	X
Tax Accountant	1	2	3	X
Accountant (if different)	1	2	3	X
Attorney	1	2	3	X
Insurance Agent (life)	1	2	3	X
Insurance Agent (car/home)	1	2	3	X

ASSETS (Please feel free to attach statements or spreadsheet of assets)

Type of Account	Client 1	Client 2	Joint
Bank Accounts	_____	_____	_____
401K's/403B's	_____	_____	_____
Employer plans	_____	_____	_____
IRA Accounts	_____	_____	_____
Brokerage Accounts	_____	_____	_____
TOTAL	_____	_____	_____

Estimated Value of Home _____ Est. Value of other real estate _____

LIABILITIES

Balance of Mortgage _____ Home Equity Line/Loan _____

Credit Cards	Interest Rate*	Monthly Payment	Current Balance
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

**If not paid in full each month*

Debts (Residence, Auto, Business, School)	Interest Rate	Monthly Payment	Current Balance
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

ESTATE PLANNING

Do you have a Will _____ Power of Attorney _____ Healthcare Directive _____

Please Tell Us

1- What motivated you to seek financial advice? List 3-5 areas of concern.

2- What qualities are you looking for in a Financial Advisor?

3- What do you hope to get out of our meeting today?