

YOUR FINANCIAL PROFILE

CONFIDENTIAL

Client _____

Date _____

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CAP PARTNERS

To achieve your goals, we will...

Discover

We'll talk about where you are now and where you want to be. We'll develop a partnership that best fits your needs.

Consult

We'll discuss your progress toward your goals, changes in your situation and opportunities that may be right for you.

Act

We'll make decisions based on sound recommendations and we'll take action to move you toward your financial objectives.

Together, we'll plan for your financial future.

Checklist of what to bring:

Please bring the checked items when you meet with your financial advisor.

- Completed Financial Profile worksheets.
- Latest paycheck stubs and bank statements.
- All pertinent information regarding present investments such as stocks, bonds, mutual funds, certificates, annuities, etc. (i.e., maturity dates, yields, copies of investment statements).
- Latest employee benefit statements and booklets.
- Insurance policies or summary of coverage statements for: life, disability, automobile, home, major medical, nursing home, rental property, umbrella, etc.
- All pertinent information regarding mortgages or loans (i.e., original balance, current balance, interest rate, term, etc.), including credit card balances.
- Income tax returns (past three years for business owners).
- Copies of legal documents (i.e., wills, trusts, prenuptial agreements, divorce decrees, etc.).
- Information on unique financial events or situations (i.e., major purchase, debt refinancing, expected inheritance, etc.).
- If applicable, business financial statements and tax returns for last two years, articles of incorporation, buy/sell agreement, and group benefit employee package.
- All pertinent information regarding assets owned by dependent children or parents that will be used to meet goals.
- Pension plans, 401(k), and other qualified plans. Social Security benefit statement.

Your Personal Information

Personal Information

	Client 1	Client 2
Name (first and last)	_____	_____
Preferred name (nickname)	_____	_____
Home address	_____	_____
	_____	_____
Home phone	_____	_____
Birth date	_____	_____
Social Security number	_____	_____

Employer Information

	Client 1	Client 2
Employment Status	_____	_____
Occupation (If retired, previous)	_____	_____
Employer name	_____	_____
Employer address	_____	_____
	_____	_____
Business phone	_____	_____

Family Members

Include children as well as other persons who rely on you for their support.

Name	Relationship to Client	Social Security No.	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Assets

Please bring any supporting documents or statements relating to your assets.

Personal Assets

Examples include: residence, vacation home, cabin/cottage, automobiles, recreation vehicles, personal property and/or belongings, home furnishings, collectibles and antiques.

Description	Owner*	Current Value	Purpose**
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Cash Assets

Examples include: cash, checking account, savings account, money market accounts, credit union accounts, and certificates of deposit.

Description	Owner*	Current Value	Purpose**
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Rental/Business Assets

Examples include: rental real estate, sole proprietorship, C corporation, S corporation, general partnership, and limited liability company.

Description	Owner*	Current Value	Purpose**
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

*Indicate whether the asset is owned by Client 1, Client 2, or jointly.

**If there is a purpose for the asset, indicate whether it is for cash reserves, education, an accumulation goal, or retirement.

Your Assets (Continued)

Fixed/Equity Assets

Examples include: bonds, stocks, options (stock), contract for deed, commodities, mutual funds, limited partnerships, investment real estate, annuities, and notes receivable.

Description	Owner*	Current Value	Purpose**
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Retirement Assets

Examples include: IRA, 401(k), profit sharing plan, TSA/TSCA/403(b), qualified plans, non-qualified plans, employee savings plan, deferred compensation plan.

Description	Owner*	Current Value	Purpose**
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

*Indicate whether the asset is owned by Client 1, Client 2, or jointly.

**If there is a purpose for the asset, indicate whether it is for cash reserves, education, an accumulation goal, or retirement.

Your Liabilities

Liabilities, Loans, Leases

Examples include: auto loan, charge account, credit cards, home equity loan, investment loan, installment loan, line of credit, mortgage, revolving credit, student loan, and other types of loans.

Description	Liability 1	Liability 2	Liability 3
Debtor/lessor*	_____	_____	_____
Interest rate %	_____	_____	_____
Payment (principal + interest)	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____
Balance/residual value	\$ _____	\$ _____	\$ _____
OR			
Original balance	\$ _____	\$ _____	\$ _____
Origination date	_____	_____	_____
Original term in months	_____	_____	_____

Description	Liability 4	Liability 5	Liability 6
Debtor/lessor*	_____	_____	_____
Interest rate %	_____	_____	_____
Payment (principal + interest)	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____
Balance/residual value	\$ _____	\$ _____	\$ _____
OR			
Original balance	\$ _____	\$ _____	\$ _____
Origination date	_____	_____	_____
Original term in months	_____	_____	_____

*Indicate whether the debtor of the liability is Client 1, Client 2, or both.

Your Liabilities (Continued)

Liabilities, Loans, Leases

Examples include: auto loan, charge account, credit cards, home equity loan, investment loan, installment loan, line of credit, mortgage, revolving credit, student loan, and other types of loans.

Description	Liability 7	Liability 8	Liability 9
Debtor/lessor*	_____	_____	_____
Interest rate %	_____	_____	_____
Payment (principal + interest)	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____
Balance/residual value	\$ _____	\$ _____	\$ _____
OR			
Original balance	\$ _____	\$ _____	\$ _____
Origination date	_____	_____	_____
Original term in months	_____	_____	_____

Description	Liability 10	Liability 11	Liability 12
Debtor/lessor*	_____	_____	_____
Interest rate %	_____	_____	_____
Payment (principal + interest)	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____
Balance/residual value	\$ _____	\$ _____	\$ _____
OR			
Original balance	\$ _____	\$ _____	\$ _____
Origination date	_____	_____	_____
Original term in months	_____	_____	_____

**Indicate whether the debtor of the liability is Client 1, Client 2, or both.*

Your Policies

Please bring your policies or summary statements, if available. Also, bring your latest employee benefits statements and booklets.

Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Universal life, variable life, whole life, term life?	_____	_____	_____	_____
Insurance company name	_____	_____	_____	_____
Death benefit	_____	_____	_____	_____
Person insured	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Cash value	\$ _____	\$ _____	\$ _____	\$ _____
Premium amount	\$ _____	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____	_____

Disability Income Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Group or individual	_____	_____	_____	_____
Insurance company name	_____	_____	_____	_____
Person insured	_____	_____	_____	_____
Wait period (days)	_____	_____	_____	_____
Benefit period (years)	_____	_____	_____	_____
Disability benefit	\$ _____	\$ _____	\$ _____	\$ _____
Benefit frequency	_____	_____	_____	_____
Premium amount	\$ _____	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____	_____

Your Policies (Continued)

Please bring your policies or summary statements, if available.

Long-Term Care Policies

	Policy 1	Policy 2	Policy 3	Policy 4
Insurance company name	_____	_____	_____	_____
Person insured	_____	_____	_____	_____
Wait period (days)	_____	_____	_____	_____
Benefit period (years)	_____	_____	_____	_____
Long-term care benefit	\$ _____	\$ _____	\$ _____	\$ _____
Benefit frequency	_____	_____	_____	_____
Premium amount	\$ _____	\$ _____	\$ _____	\$ _____
Payment frequency	_____	_____	_____	_____

Your Income

Please bring any supporting documents or statements relating to your income sources.

Earned Income

Bring paystub, W2, 1099

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Salary/wages (gross)	\$ _____	_____	\$ _____	_____
Bonus (gross)	\$ _____	_____	\$ _____	_____
Self-employment	\$ _____	_____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	_____

Investment Income

Bring income tax return

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Taxable interest/dividends	\$ _____	_____	\$ _____	_____
Tax-exempt interest/dividends	\$ _____	_____	\$ _____	_____
Rental real estate	\$ _____	_____	\$ _____	_____
Passive income	\$ _____	_____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	_____

Current Retirement Income

Only if currently receiving

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Pension	\$ _____	_____	\$ _____	_____
Annuity distribution	\$ _____	_____	\$ _____	_____
IRA distribution	\$ _____	_____	\$ _____	_____
Social Security benefit	\$ _____	_____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	_____

Other Income

Examples include: alimony, child support, and trust income.

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Other _____	\$ _____	_____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	_____

Your Expenses

Please bring any supporting documents or statements relating to your expenses.

Income Taxes

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Federal income tax withholding and/or estimated payments	\$ _____	_____	\$ _____	_____
State and local income tax withholding and/or estimated payments	\$ _____	_____	\$ _____	_____
FICA (Social Security) tax withholding	\$ _____	_____	\$ _____	_____

Retirement Plan Contributions

Examples include: IRA, 401(k), profit sharing, 403(b), and other qualified plans.

Description	Contribution amount	Frequency	Employer contribution
Client 1 _____	\$ _____	_____	_____% or \$ _____
_____	\$ _____	_____	_____% or \$ _____
_____	\$ _____	_____	_____% or \$ _____
Client 2 _____	\$ _____	_____	_____% or \$ _____
_____	\$ _____	_____	_____% or \$ _____
_____	\$ _____	_____	_____% or \$ _____

Systematic Savings Contributions

Examples include: payroll deductions, monthly bank authorizations, and regular investment savings.

Description	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

Your Expenses (Continued)

Discretionary Expenses

	Amount	Frequency
Cable TV	\$ _____	_____
Dining	\$ _____	_____
Dues	\$ _____	_____
Entertainment	\$ _____	_____
Gifts to charities	\$ _____	_____
Gifts to family and others	\$ _____	_____
Hobbies	\$ _____	_____
Recreation	\$ _____	_____
Subscriptions (newspapers, on-line, etc.)	\$ _____	_____
Travel	\$ _____	_____
Other (pets, allowances, kids sports, etc.)	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Committed Expenses

	Amount	Frequency
Housing:		
Rent	\$ _____	_____
Home/rent insurance premium	\$ _____	_____
Real estate taxes	\$ _____	_____
Utilities (electric, fuel, water, etc.)	\$ _____	_____
Other (lawn, etc.) _____	\$ _____	_____
Food, clothing, transportation:		
Food/groceries	\$ _____	_____
Clothing	\$ _____	_____
Auto insurance premium(s)	\$ _____	_____
Auto maintenance (oil, fuel, tune-ups)	\$ _____	_____
Vehicle tax	\$ _____	_____
Other (tolls, bus, taxi) _____	\$ _____	_____

Your Expenses (Continued)

Committed Expenses

Loan Payments:	Amount	Frequency
Mortgage	\$ _____	_____
Auto	\$ _____	_____
Student	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____
Other committed expenses:		
Alimony	\$ _____	_____
Bank charges	\$ _____	_____
Charge account/credit card payments	\$ _____	_____
Child support	\$ _____	_____
Dependent care	\$ _____	_____
Education costs	\$ _____	_____
Home improvements/repairs	\$ _____	_____
Medical costs	\$ _____	_____
Prescription drugs	\$ _____	_____
Personal care (hair, dry cleaning, etc.)	\$ _____	_____
Premiums (medical insurance)	\$ _____	_____
Premiums (umbrella insurance)	\$ _____	_____
Premiums (other)	\$ _____	_____
Telephone (Long distance, cell, etc.)	\$ _____	_____
Unreimbursed employee expenses	\$ _____	_____
Other _____	\$ _____	_____
_____	\$ _____	_____

- Frequency Options:
- Annually (1x)
 - Semiannually (2x)
 - Quarterly (4x)
 - Bimonthly (6x)
 - Monthly (12x)
 - Semimonthly (24x)
 - Bi weekly (26x)
 - Weekly (52x)