



PROFILE

By learning everything we can about your financial picture before we meet, we can prepare and spend more of your time planning.

PART 1: THE BASICS

CLIENT 1

Full Name

Pronouns

Preferred Name?

Primary Email Address

Alternate Email

Primary Phone

Alternate Phone

Date of Birth

CLIENT 2

Full Name

Pronouns

Preferred Name?

Email Address

Alternate Email

Primary Phone

Alternate Phone

Date of Birth

Relationship to Client 1



PART 1: THE BASICS



RESIDENTIAL



MAILING



ADDRESS

Street

Apt/Unit

City

State

Zip

Street

Apt/Unit

City

State

Zip



FAMILY

*Children
and other
dependents*

Name

Relationship

Date of Birth

Resides

Name

Relationship

Date of Birth

Resides

Name

Relationship

Date of Birth

Resides

Name

Relationship

Date of Birth

Resides

Name

Relationship

Date of Birth

Resides



PART 1: THE BASICS



WORK

CLIENT 1

_____ Employer	_____ Title/Position	_____ Years With Employer	
_____ Anticipated Employment Changes		_____ Planned Retirement Age	
_____ Salary	_____ Bonus/commissions	_____ Self-Employment Income	_____ Total

CLIENT 2

_____ Employer	_____ Title/Position	_____ Years With Employer	
_____ Anticipated Employment Changes		_____ Planned Retirement Age	
_____ Salary	_____ Bonus/commissions	_____ Self-Employment Income	_____ Total

HOW DID YOU HEAR ABOUT SALTBOX?

Friend or family member

Internet Search

Another Advisor

NAPFA

If you were referred, tell us who to thank!



PART 2: ASSETS



BANK ACCOUNTS

Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:

CERTIFICATES OF DEPOSIT (CDS)

Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:

RETIREMENT + BROKERAGE ACCOUNTS, ANNUITIES

Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:
Bank:	Type:	Owner:	Balance:



PART 2: ASSETS

> PERSONAL PROPERTY

REAL ESTATE

MAIN RESIDENCE

City

State

Estimated Value

OTHER PROPERTIES

City

State

Estimated Value

City

State

Estimated Value

VEHICLES

Make + Model

Estimated Value

Make + Model

Estimated Value

OTHER

Description

Estimated Value

Description

Estimated Value



PART 3: RETIREMENT

> ACCOUNTS + SAVINGS

CLIENT 1

- 401(k) / 403(b)
- Roth 401(k) / 403(b)

Contribution type:

- \$
- %

Monthly Contribution

- Traditional IRA
- Roth IRA

Contribution Frequency:

- Monthly
- Annually

Contribution

- SEP IRA
- SIMPLE IRA
- Solo 401(k)

Contribution Frequency:

- Monthly
- Annually

Contribution

CLIENT 2

- 401(k) / 403(b)
- Roth 401(k) / 403(b)

Contribution type:

- \$
- %

Monthly Contribution

- Traditional IRA
- Roth IRA

Contribution Frequency:

- Monthly
- Annually

Contribution

- SEP IRA
- SIMPLE IRA
- Solo 401(k)

Contribution Frequency:

- Monthly
- Annually

Contribution



PART 3: RETIREMENT

>DEFINED BENEFIT PENSION PLAN

CLIENT 1

Age When Benefit Starts: _____ Expected Annual Benefit: _____

Percentage Of Benefit Available To Surviving Spouse: _____

CLIENT 2

Age When Benefit Starts: _____ Expected Annual Benefit: _____

Percentage Of Benefit Available To Surviving Spouse: _____

>SOCIAL SECURITY

CLIENT 1

Age When Payments Start: _____ Expected Annual Benefit: _____

CLIENT 2

Age When Payments Start: _____ Expected Annual Benefit: _____

You're doing great!

Be sure to hit Save if you need a break



PART 4: DEBTS

LOANS, MORTGAGES, AND VEHICLES

	Balance Owed:	Loan Term Remaining:	Monthly Payment:	Interest Rate:
STUDENT LOANS				
HOUSING				
VEHICLES				
MISC				

Have you received a copy of your credit report within the last 12 months? Yes No



CREDIT CARDS

	Balance Owed:	Pay in Full?		Monthly Payment:	Interest Rate:
1		<input type="checkbox"/> Yes	If No →		
2		<input type="checkbox"/> Yes			
3		<input type="checkbox"/> Yes			
4		<input type="checkbox"/> Yes			
5		<input type="checkbox"/> Yes			



PART 5: INSURANCE

CLIENT 1

HEALTH

Premium: _____

Covers Client 2

Uninsured

DISABILITY

Premium: _____

Uninsured

LONG TERM CARE

Premium: _____

Uninsured

AUTO 1

Premium: _____

Covers Client 2

Uninsured

AUTO 2

Premium: _____

Covers Client 2

Uninsured

HOMEOWNERS/
RENTERS

Premium: _____

Uninsured

UMBRELLA
LIABILITY

Premium: _____

Coverage Amount: _____

Uninsured

PROFESSIONAL
LIABILITY

Premium: _____

Coverage Amount: _____

Uninsured

LIFE (1)

Premium: _____

Death Benefit: _____

Cash Value: _____

LIFE (2)

Premium: _____

Death Benefit: _____

Cash Value: _____

LIFE (3)

Premium: _____

Death Benefit: _____

Cash Value: _____



PART 5: INSURANCE

CLIENT 2

HEALTH

Premium: _____

Covered through Client 1

Uninsured

DISABILITY

Premium: _____

Uninsured

LONG TERM CARE

Premium: _____

Uninsured

AUTO 1

Premium: _____

Covered through Client 1

Uninsured

AUTO 2

Premium: _____

Covered through Client 1

Uninsured

HOMEOWNERS/ RENTERS

Premium: _____

Uninsured

UMBRELLA LIABILITY

Premium: _____

Coverage Amount: _____

Uninsured

PROFESSIONAL LIABILITY

Premium: _____

Coverage Amount: _____

Uninsured

LIFE (1)

Premium: _____

Death Benefit: _____

Cash Value: _____

LIFE (2)

Premium: _____

Death Benefit: _____

Cash Value: _____

LIFE (3)

Premium: _____

Death Benefit: _____

Cash Value: _____



PART 6: TAXES + ESTATE PLANNING

My tax return is prepared by _____
Name of preparer

Do you have any of these documents? Please check the box if so.

Will _____
Date Drafted

Power of Attorney _____
Date Drafted

Living Trusts _____
Date Drafted

Living Will _____
Date Drafted

Describe the quality of your working relationship with each of the following professionals:

FINANCIAL PLANNER

BROKER

ACCOUNTANT

TAX PREPARER

ATTORNEY

INSURANCE AGENT



PART 7: ABOUT YOU

Do you identify with these belief statements?

	CLIENT 1	CLIENT 2
I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I am comfortable with investments that promise slow, long-term appreciation and growth.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I don't brood over bad investment decisions I have made.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I feel comfortable with aggressive growth investments.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I do not like surprises.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I am optimistic about my financial future.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I am a risk taker.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I make investment decisions quickly and comfortably.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I like predictability and routine in my daily life.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I need to focus my investment efforts on reserve funds and insurance rather than growth.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I prefer predictable, steady returns on my investments, even if the return is low.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes



PART 7: ABOUT YOU

What are your financial concerns and how would you like our work together to help? What are you hoping to get out of our planning sessions?

Thank You!

The information in this profile will help us understand your full situation, and give you the most personalized guidance we can.

Please save this document and rename it with your name. You can return it to us via ShareFile or Dropbox in advance of our first session.