



THE FAMILY BUSINESS LEGACY COMPANY, LLC

CLIENT PROFILE

Client & Spouse Name

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I. Document Checklist

PLEASE READ

This questionnaire is used to produce your Personal Financial Plan and/or Business Continuation Plan. It will be necessary for you to supply us copies of the items checked below or noted in the remarks section and get all of these items to your advisor for your next meeting.

Insurance Policies: Life, Disability, Medical, Property and Liability

	Insured	Type	Company	Agent	Date Received
<input type="checkbox"/>		Life			_____
<input type="checkbox"/>					_____
<input type="checkbox"/>		Life			_____
<input type="checkbox"/>		Group Disability			_____
<input type="checkbox"/>		Group Disability			_____
<input type="checkbox"/>		Supplemental Disability			_____
<input type="checkbox"/>		Medical			_____
<input type="checkbox"/>					_____
<input type="checkbox"/>		Homeowners			_____
<input type="checkbox"/>					_____
<input type="checkbox"/>		Liability			_____
<input type="checkbox"/>					_____
<input type="checkbox"/>		Automobile			_____
<input type="checkbox"/>					_____

NOTE: Original policies listed above have been received for review and analysis. They will be returned upon completion of analysis or upon client request.

Personal/Family Documents	Date Received
<input type="checkbox"/> Tax Returns (Prior YR)	_____
<input type="checkbox"/> Wills (client and spouse)	_____
<input type="checkbox"/> Trust Documents (Estate Plan)	_____
<input type="checkbox"/> Power of Attorney/Appointment	_____
<input type="checkbox"/> Marital/Divorce Agreements	_____
<input type="checkbox"/> Guardian Nominations	_____
<input type="checkbox"/> Financial Statements	_____

*****All information provided will be held in the strictest confidence*****

I. Document Checklist (cont)

- Cash Flow Reports _____
- Current Investment Statements (Taxable) _____
- Current Investment Statements (IRA) _____
- Tax Deferred Annuities _____
- Deeds, Mortgages _____
- Patents/Copyrights/Royalties _____
- Employee Benefits Statements _____
- Big Picture Questionnaire _____
- Advisor Contact Info _____
- Social Security Statements _____
- Online Access Info _____
- Client Preferences Checklist _____
- Other _____
- Other _____

*****All information provided will be held in the strictest confidence*****

II. Family Information

	CLIENT	SPOUSE
First Name, MI	_____	_____
Last Name	_____	_____
<u>Personal Information</u>		
Gender	Male / Female	Male / Female
Birth Date	_____	_____
Social Security #	_____	_____
Driver's License #	_____ ST: _____	_____ ST: _____
Driver's License Expiration Date:	_____	_____
Birthplace	City: _____ ST: _____	City: _____ ST: _____
Address	_____	_____
	City: _____ ST: _____	Zip: _____
Wedding Anniversary Date	_____	
Future Wedding Date (if engaged)	_____	
Home Phone	_____	_____
Mobile Phone	_____	_____
Home Email	_____	_____
Work Email	_____	_____
High School	_____	_____
Undergrad	_____	_____
Fraternity/Sorority	_____	_____
Post Grad	_____	_____
<u>Employment Information</u>		
Job Position	_____	_____
Employer	_____	_____
Address	_____	_____
	_____	_____
City	_____	_____
State/Zip	_____	_____
Work Phone	_____	_____
Hire Date	_____	_____
HR Person	_____	_____
HR Phone	_____	_____

II. Family Information (cont)

Children's Names	Parent (please circle one)	Birth Date	Social Security #	Claimed on Tax Returns
1. _____	Client/Spouse/Both	_____	_____	Yes/No/Alternating
2. _____	Client/Spouse/Both	_____	_____	Yes/No/Alternating
3. _____	Client/Spouse/Both	_____	_____	Yes/No/Alternating
4. _____	Client/Spouse/Both	_____	_____	Yes/No/Alternating
5. _____	Client/Spouse/Both	_____	_____	Yes/No/Alternating

III. Client Preferences

Your Shirt Size (S, M, L, XL, etc.):

(1) _____ (2) _____

Favorite Color

(1) _____ (2) _____

Worst color

(1) _____ (2) _____

Which type of wine do you prefer?

(1)	<input type="checkbox"/> Red	(2)	<input type="checkbox"/> Red
	<input type="checkbox"/> White		<input type="checkbox"/> White
	<input type="checkbox"/> No preference		<input type="checkbox"/> No preference
	<input type="checkbox"/> Don't drink wine		<input type="checkbox"/> Don't drink wine

When visiting our office, which do you prefer to drink?

(1)	<input type="checkbox"/> Water	(2)	<input type="checkbox"/> Water
	<input type="checkbox"/> Coffee		<input type="checkbox"/> Coffee
	<input type="checkbox"/> Iced Tea		<input type="checkbox"/> Iced Tea
	<input type="checkbox"/> Hot Tea		<input type="checkbox"/> Hot Tea
	<input type="checkbox"/> Soda		<input type="checkbox"/> Soda

If soda, what is your favorite?

Other: _____

If soda, what is your favorite?

Other: _____

Which type of coffee do you prefer?

(1)	<input type="checkbox"/> Regular	(2)	<input type="checkbox"/> Regular
	<input type="checkbox"/> Decaffeinated		<input type="checkbox"/> Decaffeinated
	<input type="checkbox"/> No Preference		<input type="checkbox"/> No Preference
	<input type="checkbox"/> Don't drink coffee		<input type="checkbox"/> Don't drink coffee

III. Client Preferences (cont)

Which type of chocolate do you prefer?

- | | | |
|-----|---|---|
| (1) | <input type="checkbox"/> Milk Chocolate | <input type="checkbox"/> Milk Chocolate |
| | <input type="checkbox"/> Dark Chocolate | <input type="checkbox"/> Dark Chocolate |
| | <input type="checkbox"/> No Preference | <input type="checkbox"/> No Preference |
| | <input type="checkbox"/> Don't care for chocolate | <input type="checkbox"/> Don't care for chocolate |
| | Other: _____ | Other: _____ |

Do you have any food allergies that we should be aware of?

- (1) _____ (2) _____

What is your favorite.....?

- | | | | |
|-----|--|-----|--|
| (1) | <input type="checkbox"/> Plant | (2) | <input type="checkbox"/> Plant |
| | <input type="checkbox"/> Flowers | | <input type="checkbox"/> Flowers |
| | <input type="checkbox"/> Tree | | <input type="checkbox"/> Tree |
| | <input type="checkbox"/> No Preference | | <input type="checkbox"/> No Preference |

What newspaper do you prefer to read?

- | | | | |
|-----|--|-----|--|
| (1) | <input type="checkbox"/> Indy Star | (2) | <input type="checkbox"/> Indy Star |
| | <input type="checkbox"/> USA Today | | <input type="checkbox"/> USA Today |
| | <input type="checkbox"/> Wall Street Journal | | <input type="checkbox"/> Wall Street Journal |
| | Other: _____ | | Other: _____ |

What is your favorite movie or favorite type of movies?

- (1) _____ (2) _____

What is your favorite TV show?

- (1) _____ (2) _____

What is your favorite snack?

- (1) _____ (2) _____

What is your favorite type of music and/or favorite band?

- (1) _____ (2) _____

Do you play golf?

- (1) _____ (2) _____

III. Client Preferences (cont)

Do you play tennis? (1) _____ (2) _____

Do you enjoy the theater? (1) _____ (2) _____

Do you enjoy the symphony? (1) _____ (2) _____

Do you enjoy visiting museums? (1) _____ (2) _____

If yes, what types or specific ones? _____

Do you watch sports? (1) _____ (2) _____

If yes, which events? _____

Do you or would you enjoy the following adventure trips?

White water rafting? (1) _____ (2) _____

Snow skiing? (1) _____ (2) _____

High ropes course? (1) _____ (2) _____

Caving/spelunking? (1) _____ (2) _____

Racing/Go-carting? (1) _____ (2) _____

What sports do you watch and who are your favorite teams?

(1) _____ (2) _____

(1) _____ (2) _____

Hobbies (other than those listed above):

(1) _____ (2) _____

(1) _____ (2) _____

What is your favorite hometown attraction?

(1) _____ (2) _____

What is your favorite restaurant?

(1) _____ (2) _____

Who is your favorite author?

(1) _____ (2) _____

III. Client Preferences (cont)

What kinds of pets do you have? What are their names?

(1) _____

(2) _____

(1) _____

(2) _____

IV. Client Advisor Checklist

Ltr signed by client	Perm ltr sent to Advsr w/ info request	Advsr Type	<u>Name</u> Company	Address	Phone, Fax, Email
Y/N	Y/N	CPA -Pers.			P: F: E:
Y/N	Y/N	CPA -Bus.			P: F: E:
Y/N	Y/N	Atty -Pers.			P: F: E:
Y/N	Y/N	Atty -Bus.			P: F: E:
Y/N	Y/N	Fncl Advsr			P: F: E:
Y/N	Y/N	Life Ins. Advsr			P: F: E:
Y/N	Y/N	P&C Ins. Advsr -Pers.			P: F: E:
Y/N	Y/N	P&C Ins. Advsr -Bus.			P: F: E:
Y/N	Y/N	EE Benefits Advsr			P: F: E:
Y/N	Y/N	HR Director			P: F: E:
Y/N	Y/N	Banker -Bus.			P: F: E:
Y/N	Y/N	DI Ins. Advsr			P: F: E:
Y/N	Y/N	Invstmt Advsr			P: F: E:

V. Net Worth Report

Personal Assets				Values	Owner*	Notes	
			Primary Residence		CL/SP/JT		
			2 nd Home/Vacation		CL/SP/JT		
Automobile 1	Year	Make	Model		CL/SP/JT		
Automobile 2	Year	Make	Model		CL/SP/JT		
Automobile 3	Year	Make	Model		CL/SP/JT		
			Home Furnishings Estimate		CL/SP/JT		
Other Personal Assets							
			Antiques/Collectibles/ Jewelry		CL/SP/JT		
			Motorcycles/Boats/Snow Mobiles/Jet Ski's		CL/SP/JT		
			Other Personal Assets		CL/SP/JT		
Cash Assets							
<i>Savings/Checking Accounts</i>							
	1)				CL/SP/JT		
	2)				CL/SP/JT		
	3)				CL/SP/JT		
	4)				CL/SP/JT		
	5)				CL/SP/JT		
<i>Money Market Accounts</i>							
	1)				CL/SP/JT		
	2)				CL/SP/JT		
	3)				CL/SP/JT		
	4)				CL/SP/JT		
	5)				CL/SP/JT		
<i>Certificates of Deposit</i>						<i>Maturity Date</i>	<i>Interest Rate</i>
	1)				CL/SP/JT		%
	2)				CL/SP/JT		%
	3)				CL/SP/JT		%
	4)				CL/SP/JT		%
	5)				CL/SP/JT		%
Fixed Assets							
<i>Bonds/Funds, US Government Obligations/Funds, Tax-Free Municipal Bonds/Funds</i>							
	1)				CL/SP/JT		
	2)				CL/SP/JT		
	3)				CL/SP/JT		
	4)				CL/SP/JT		
	5)				CL/SP/JT		

V. Net Worth Report (cont)

Business and Investment Real Estate Assets	Values	Owner*	Notes	
<i>Investment Real Estate/Rental Property</i>				
1) _____	_____	CL/SP/JT		
2) _____	_____	CL/SP/JT		
<i>Business</i>				
1) _____	_____	CL/SP/JT		
2) _____	_____	CL/SP/JT		
<i>Notes Receivable</i>				
1) _____	_____	CL/SP/JT		
2) _____	_____	CL/SP/JT		
Equity Assets				
<i>Stocks/Stock Mutual Funds</i>				
1) _____	_____	CL/SP/JT		
2) _____	_____	CL/SP/JT		
3) _____	_____	CL/SP/JT		
4) _____	_____	CL/SP/JT		
5) _____	_____	CL/SP/JT		
<i>Other Investments/Stock Options/Limited Partnerships</i>				
1) _____	_____	CL/SP/JT		
2) _____	_____	CL/SP/JT		
3) _____	_____	CL/SP/JT		
4) _____	_____	CL/SP/JT		
5) _____	_____	CL/SP/JT		
Education Fund Assets				
<i>Custodial/UTMA/UGMA Accounts</i>				
1) _____	_____	CL/SP/JT/Other		
2) _____	_____	CL/SP/JT/Other		
<i>Educational IRA/Tuition Credit/529 Investment Plans</i>				
1) _____	_____	CL/SP/JT/Other		
2) _____	_____	CL/SP/JT/Other		
<i>Other Investments Earmarked for Education</i>				
1) _____	_____	CL/SP/JT/Other		
2) _____	_____	CL/SP/JT/Other		

* Indicate whether the asset or liability is client, spouse, or jointly held; CL=Client, SP=Spouse, JT=Joint.

V. Net Worth Report (cont)

	Retirement Assets <i>IRA/SEP/Keogh/Roth</i>	Values	Owner*	Notes			
1)	_____	_____	CL/SP				
2)	_____	_____	CL/SP				
3)	_____	_____	CL/SP				
4)	_____	_____	CL/SP				
5)	_____	_____	CL/SP				
<i>Qualified Retirement Plan (i.e. 401k, 403b, TSA)</i>							
1)	_____	_____	CL/SP				
2)	_____	_____	CL/SP				
3)	_____	_____	CL/SP				
4)	_____	_____	CL/SP				
5)	_____	_____	CL/SP				
<i>Annuities</i>							
<i>Death Benefit</i>							
1)	_____	_____	CL/SP/JT		_____		
2)	_____	_____	CL/SP/JT		_____		
3)	_____	_____	CL/SP/JT	_____			
4)	_____	_____	CL/SP/JT	_____			
5)	_____	_____	CL/SP/JT	_____			
Liabilities and Short Term Obligations							
<i>Credit Cards</i>							
	Balances	Owner*	Rate of Interest	Minimum Payments		Consultant Use Only	
				Monthly	Annual	Additional Payments	
						Monthly	Annual
1)	_____	CL/SP/JT	_____	_____	_____	_____	_____
2)	_____	CL/SP/JT	_____	_____	_____	_____	_____
3)	_____	CL/SP/JT	_____	_____	_____	_____	_____
4)	_____	CL/SP/JT	_____	_____	_____	_____	_____
5)	_____	CL/SP/JT	_____	_____	_____	_____	_____
<i>Personal Loans</i>							
1)	_____	CL/SP/JT	_____	_____	_____	_____	_____
2)	_____	CL/SP/JT	_____	_____	_____	_____	_____
3)	_____	CL/SP/JT	_____	_____	_____	_____	_____
<i>Other Short-Term Obligations/Qualified Loans</i>							
1)	_____	CL/SP/JT	_____	_____	_____	_____	_____
2)	_____	CL/SP/JT	_____	_____	_____	_____	_____
3)	_____	CL/SP/JT	_____	_____	_____	_____	_____

* Indicate whether the asset or liability is client, spouse, or jointly held; CL=Client, SP=Spouse, JT=Joint.

V. Net Worth Report (cont)

Long-Term Obligations

Other Long-Term Obligations/Investment Loans/Student Loan

	Balances	Owner*	Rate of Interest	Minimum Payments		Consultant Use Only Additional Payments	
				Monthly	Annual	Monthly	Annual
1) _____	_____	CL/SP/JT	_____	_____	_____	_____	_____
2) _____	_____	CL/SP/JT	_____	_____	_____	_____	_____
3) _____	_____	CL/SP/JT	_____	_____	_____	_____	_____

Business Loans/Rental Property Loans

1) _____	_____	CL/SP/JT	_____	_____	_____	_____	_____
2) _____	_____	CL/SP/JT	_____	_____	_____	_____	_____
3) _____	_____	CL/SP/JT	_____	_____	_____	_____	_____

Primary Mortgage

Original Balance _____ Current Balance _____
 Date of Loan _____ Term of Loan _____
 CL/SP/JT _____

Does your mortgage payment include Homeowner's Insurance? Yes/No _____
 Does your mortgage payment include Property Taxes? Yes/No _____
 Principal & Interest mortgage payment: _____

Additional Mortgage (2nd Home, Vacation, or Home Equity Loan)

Original Balance _____ Current Balance _____
 Date of Loan _____ Term of Loan _____
 CL/SP/JT _____

Auto Loan

Original Balance _____ Current Balance _____
 Date of Loan _____ Term of Loan _____
 CL/SP/JT _____

Auto Loan

Original Balance _____ Current Balance _____
 Date of Loan _____ Term of Loan _____
 CL/SP/JT _____

Total Assests _____
Total Liabilities _____ **Total Liability Payments** _____
Net Worth _____

* Indicate whether the asset or liability is client, spouse, or jointly held; CL=Client, SP=Spouse, JT=Joint.

VI. Cash Flow Report

Income Information	Client	Spouse	<i>Notes</i>
Salary			
Overtime			
Bonus – How much/When			
Social Security Income			
Pension			
IRA Distributions			
Self Employment (Actual)			
Self Employment (Taxable)			
Passive Investment Income			
Net Rental Income			
Interest/Dividend Income			
Child Support/Alimony			
Other Taxable Income			
Other Non-Taxable Income			
Total Income			
Other Employment Information			
Raises – How much/When			
Pay Frequency per year (circle one)	12x, 24x, 26x, 52x	12x, 24x, 26x, 52x	
Contract Expiration			

Pension Benefit Information									
	Owner	Pension Name (STRS, PERS, SERS, CSRS, FERS, Company Plans)	Employee Annual (Mandatory) Contribution	Company Annual Contribution	Single Life Benefit	Joint and Survivor Option Benefit	Age Expected to Receive	Lump Sum Option Benefit	Notes
1)	CL/SP								
2)	CL/SP								
3)	CL/SP								
4)	CL/SP								

VI. Cash Flow Report (cont)

Basic Lifestyle Expenses	Monthly	Annual	Business Paid/Written Off	Notes
Housing				
Rent Expense (Excluding Mortgage Payment)	_____	_____	_____ %	
Home or Condo Maintenance Fees/Security System	_____	_____	_____ %	
Gas/Fuel Oil/Wood/Propane	_____	_____	_____ %	
Electricity	_____	_____	_____ %	
Telephone/Cell Phone	_____	_____	_____ %	
Water/Garbage	_____	_____	_____ %	
Cable/Satellite	_____	_____	_____ %	
Miscellaneous household (Cleaning, Internet, Lawn Care)	_____	_____	_____ %	
Total Housing	_____	_____		
Property Taxes				
Total Real Estate Taxes	_____	_____	_____ %	
Transportation				
Gas and Oil	_____	_____	_____ %	
Repairs and Maintenance	_____	_____	_____ %	
Auto Lease 1	_____	_____	_____ %	
Auto Lease 2	_____	_____	_____ %	
Parking Expenses	_____	_____	_____ %	
License Tags	_____	_____	_____ %	
Total Transportation	_____	_____		
Food				
Total Food/Groceries	_____	_____	_____ %	
Clothing				
Clothing Purchases	_____	_____	_____ %	
Coin Laundry/Dry Cleaning	_____	_____	_____ %	
Total Clothing	_____	_____		
Medical/Dental				
Prescription Drugs	_____	_____	_____ %	
Doctor	_____	_____	_____ %	
Dentist	_____	_____	_____ %	
Optician and Glasses	_____	_____	_____ %	
Total Medical Care	_____	_____		

VI. Cash Flow Report (cont)

	Monthly	Annual	Business Paid/Written Off	Notes	
Basic Lifestyle Expenses (cont)					
Other Basics					
Education (Adult, Children, Other, School Supplies)	_____	_____	_____ %		
Vitamins/Nonprescription Drugs	_____	_____	_____ %		
Haircuts/Beauty Salon	_____	_____	_____ %		
Dependent Care (Daycare)	_____	_____	_____ %		
Child Support/Alimony Payments	_____	_____	_____ %		
Professional Fees (Taxes, Legal, Etc.)	_____	_____	_____ %		
Veterinary	_____	_____	_____ %		
Union Dues	_____	_____	_____ %		
Other Expenses _____	_____	_____	_____ %		
Total Other Basics	_____	_____			
Discretionary Lifestyle Expenses					
Charitable Contributions					
Religious Contributions	_____	_____			
Other Contributions	_____	_____			
Total Charitable Contributions	_____	_____			
Other Discretionary Expenses					
Dining/Entertainment (Dinners/Lunches/Movies/Theater)	_____	_____	_____ %		
Vacation/Travel	_____	_____	_____ %		
Hobbies/Sports/Camping/Tobacco	_____	_____	_____ %		
Gifts (Birthdays/Holidays/Weddings/Christmas)	_____	_____	_____ %		
Home Improvements	_____	_____	_____ %		
Newspapers/Magazines/Books	_____	_____	_____ %		
Lessons (Music/Swimming, Etc.)	_____	_____			
Babysitting	_____	_____			
Miscellaneous	_____	_____			
Total Other Discretionary Expenses	_____	_____			
Insurance					
Life Insurance Premiums:					
Policy 1: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	Insured CL/SP	Death Benefit	
Policy 2: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Policy 3: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Policy 4: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Policy 5: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Policy 6: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Policy 7: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Policy 8: Group Term/Individual Term/Whole Life/Universal/Variable	_____	_____	_____	_____	
Disability Income & Long-Term Care Insurance:					
Policy 1: Group or Individual Disability/Long Term Care	_____	_____	Insured CL/SP	Monthly /Daily Benefit	
Policy 2: Group or Individual Disability/Long Term Care	_____	_____	_____	Elimination Period	
Policy 3: Group or Individual Disability/Long Term Care	_____	_____	_____	_____	
Policy 4: Group or Individual Disability/Long Term Care	_____	_____	_____	Benefit Period	
Total Insurance	_____	_____			

VII. Medical Questionnaire

1. Do either you or your spouse have any health issues to consider in your financial planning? Yes No
2. Do you use tobacco? Yes No
3. Do you currently take prescription medication? Yes No

a. If “yes”, please list below:

4. During the past 10 years, have you been medically advised or treated for any of the following? Yes No
 - a. High blood pressure Yes No
 - b. Heart disorder Yes No
 - c. Circulatory disorder Yes No
 - d. Diabetes Yes No
 - e. Emphysema or Chronic lung Disorder Yes No
 - f. Cancer Yes No
 - g. Stroke Yes No
 - h. Seizures or other neurological disorder Yes No
 - i. Alcohol or drug dependency or abuse Yes No
 - j. Arthritis or Osteoporosis Yes No
 - k. Depression or other psychiatric disorder Yes No
 - l. Breast, Prostate or other genitor-urinary disorder Yes No
 - m. Eye disorder Yes No

If you answered “Yes” to any of the above, please give detail:

Question #	Date From	Date To	Describe Condition/Treatment	Physician or Care Facility