

# Your Financial Profile

**To make our meeting as productive as possible, please complete this form to the best of your ability. Let us know if you have any questions or concerns.**

Client Name: John Doe Age: 35

Co-Client Name: Jane Doe Age: 32 Today’s Date: 25/03/2025

|  |  |  |  |
| --- | --- | --- | --- |
| **WHAT TO BRING TO YOUR MEETING?** |  | | |
| 1. Investment statements: 401(k), 403(b), brokerage, IRA, pension |
| 1. Bank statements: checking, savings, CDs 2. Recent pay stub |
| **YOUR RETIREMENT GOAL** | Client |  | Co-Client |
| When do you plan to retire? (age or date) | 65 |  | 63 |
| Social Security Benefit (include expected start date) | Jan 2055 |  | Feb 2053 |
| Pension Benefit (include expected start date) | Jan 2055 |  | Feb 2053 |
| Other Expected Income (rental, part-time work, etc.) | $1,500 |  |  |
| Estimated Annual Retirement Expense ($ or % of current salary) | $30,000 |  | $28,500 |
| **YOUR OTHER MAJOR GOALS** |  |  |  |
| *Examples – fund education, buy a home, buy a business, travel, etc.* |  |  |  |
| GOAL | COST |  | WHEN |
| 1 Buy a vacation home | 300,000 |  | 2032 |
| 2 |  |  |  |
| 3 | $ |  |  |
| 4 | $ |  |  |

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## YOUR ASSETS AND LIABILITIES

MY ASSETS: Current Value Annual Contributions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 401(k), 403(b), 457 | |  | |  |
| Traditional, SEP and SIMPLE IRAs | |  | |  |
| Roth IRA, Roth 401(k) | |  | |  |
| Brokerage/non-qualified accounts | |  | |  |
| Cash/bank accounts | | $150,000 | |  |
| Annuities | |  | |  |
| 529 Plans | |  | |  |
| Home | | $250,000 | |  |
| Other Real Estate | |  | |  |
| Business | |  | |  |
| Other (e.g. car, boat, art, etc.) | |  | |  |
| MY LIABILITIES: | Balance | | Interest Rate | Monthly Payment |
| Mortgage(s) | $180,000 | | 10 | $1,200 |
| Credit Card(s) | $2,500 | | 5 | $200 |
| Other loans  *(car, education, etc.)* | $20,000 | | 8 | $400 |

## YOUR CURRENT ANNUAL INCOME

Client Name Source (employment, bonus, rental) Amount (before taxes)

## YOUR PROTECTION PLAN

ESTATE DOCUMENTS:

INSURANCE COVERAGE: Benefit Premium

Will

Health-care proxy Power of Attorney Trust(s)

 no

* yes  no
* yes
* yes  no  no
* yes

Life Insurance - client Life Insurance - co-client Disability Income - client Disability Income - co-client Long-term care - client

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