

1 About You

Full Name	<input type="text"/>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Street Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
Phone Numbers	Mobile <input type="text"/>	Work <input type="text"/>	Home <input type="text"/>
Email Address	<input type="text"/>		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Prior Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you married to your ex-spouse at least 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed		
Employer Name	<input type="text"/>		
Employer Address	<input type="text"/>		
Occupation	<input type="text"/>		
Gross Income / Salary	\$ <input type="text"/> per year	Bonus / Commission	\$ <input type="text"/> per year
FICO Score	<input type="text"/>		
Desired Retirement Age	<input type="text"/>		

2 About Your Spouse or Partner

Full Name	<input type="text"/>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Street Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
Phone Numbers	Mobile <input type="text"/>	Work <input type="text"/>	Home <input type="text"/>
Email Address	<input type="text"/>		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Prior Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you married to your ex-spouse at least 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed		
Employer Name	<input type="text"/>		
Employer Address	<input type="text"/>		
Occupation	<input type="text"/>		
Gross Income / Salary	\$ <input type="text"/> per year	Bonus / Commission	\$ <input type="text"/> per year
FICO Score	<input type="text"/>		
Desired Retirement Age	<input type="text"/>		



Do you and your spouse / partner have any children? If so, please list their name(s) and date(s) of birth below:

First Name	Middle Name	Last Name	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

What is the most important thing to you about money?

What are your top two life goals – monetary and/or otherwise?

What is your earliest memory of money when you were a child – what do you recall most vividly?

What concerns you most when it comes to taking care of yourself and your family – what causes you to feel most vulnerable?

Are you planning or expecting any changes in your lives – changing jobs, looking after a parent, etc?

Is there anything else that you feel we should know as we build your Wellspring Financial Guide?

5 Current & Future Housing



Please list the housing details for you and your spouse / partner's current primary residence below:

If You Currently Own Your Home	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Home Value	\$ _____
Current Mortgage Balance	\$ _____
Time to Payoff Mortgage	_____ months
Mortgage Payment	\$ _____ per month
Payment Includes Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Includes Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Interest Rate	_____ %
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____


If You Currently Rent Your Home	
Rent Payment	\$ _____ per month
Renter's Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

 Please list the housing details for you and your spouse / partner's future primary residence below:

If You Plan To Buy a New Home	
Estimated Purchase Date	___/___/___
Desired State of Residence	_____
Estimated Purchase Price	\$ _____
Mortgage Amount	\$ _____
Down Payment	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Closing Costs	\$ _____
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

If Plan to Rent a New Home	
Estimated Move Date	___/___/___
Desired State of Residence	_____
Rent Payment	\$ _____ per month
Renter's Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

6 Retirement Savings

 Do you or your spouse / partner have IRA, 401(k) or other retirement savings accounts? If so, please list the details below:

Your Retirement Savings	
Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Your Spouse / Partner's Retirement Savings	
Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

7 Taxable Savings Accounts

Do you or your spouse / partner have any savings accounts funded from after-tax dollars? If so, please list the details below:

Your Savings Accounts	
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year

Your Spouse / Partner's Savings Accounts	
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year

8 Investment Property

Do you or your spouse / partner own any rental, vacation or investment property? If so, please list the details below:

Your Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

Your Spouse / Partner's Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

Your Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

Your Spouse / Partner's Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

9 529 College Savings Plans



Do you or your spouse / partner have any 529 College Savings Plans for your children? If so, please list the details below:

Your Child's Name	Current Balance	Annual Savings	Year Savings Began	Year College Begins
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

10 Loans & Credit Cards



Do you or your spouse / partner currently have any debt? Examples include credit cards, student loans, auto loans, private personal loans, lines of credit, etc. If so, please list the details below:

Name	Bank or Creditor	Type of Loan	Balance	Interest Rate	Monthly Payment
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____

11 Projected Education Costs

Do you expect any education expenses for you, your spouse / partner or your children? If so, please list the details below:

Name	Annual Cost	Start Year	End Year	Type of Education
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

12 Major Financial Goals & Expenses

Do you have any major goals or expenses? Examples include a weddings, vacations, home purchases, business start-up costs, caring for parents or siblings, alimony, child support, etc. If so, please enter the details of your planned expenses below:

Name	Description of Expense	Annual Cost	Start Year	End Year
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

13 Other Income

Do you or your spouse / partner have any other current or expected sources of income? Examples include monetary gifts, inheritance, alimony, child support, etc. If so, please list the details of your income below:

Name	Source of Income	Annual Income	Start Year	End Year
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

14 Beneficiary IRA Accounts

Do you or your spouse / partner have a Beneficiary IRA account which requires you to take an annual distribution? If so, please list the details of your account(s) below:

Name	Current Balance	Start Year	End Year	Last Year's Distribution
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$

15 Pensions

Will you or your spouse / partner receive any ongoing pension benefit payments during retirement? This differs from social security benefit payments, which are listed separately in the next section. If so, please list the details below:

Name	Annual Pension	Adjusted for Inflation	From SS Covered Employment	Percent to Beneficiary	Age Pension Starts
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	

16 Social Security

Please visit www.ssa.gov/myaccount to get your estimated Social Security payment at full retirement age (FRA). First, you'll need to create an account and verify your identity. If possible, please request your Past Social Security Covered Earnings as well. Please print and attach a copy of your Social Security Statement and list the details below:

Name	SS Estimate at 62	SS Estimate at FRA	SS Estimate at 70
	\$ per month	\$ per month	\$ per month
	\$ per month	\$ per month	\$ per month

17 Life Insurance & Annuities

Do you or your spouse / partner have life insurance or annuity products – either purchased directly or provided by your employer? If so, please list the details of each life insurance policy below:

Policyholder	Type of Policy	Face Value	Cash Value	Expiration Date
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /

Your Full Name:

Date:

Your responses to the following 5 questions will help suggest an appropriate investment mix and a rate of return to use in creating your financial plan. Please note, this information serves only as a guideline – it is not a recommendation.

1

When do you expect to retire or begin making withdrawals from your investment?

1 – 3 years

4 – 7 years

8 – 12 years

13 – 20 years

20 years or more

2

How long will you need this money to last once you retire or begin making withdrawals?

3 – 5 years

6 – 9 years

10 – 19 years

20 – 30 years

30 years or more

3

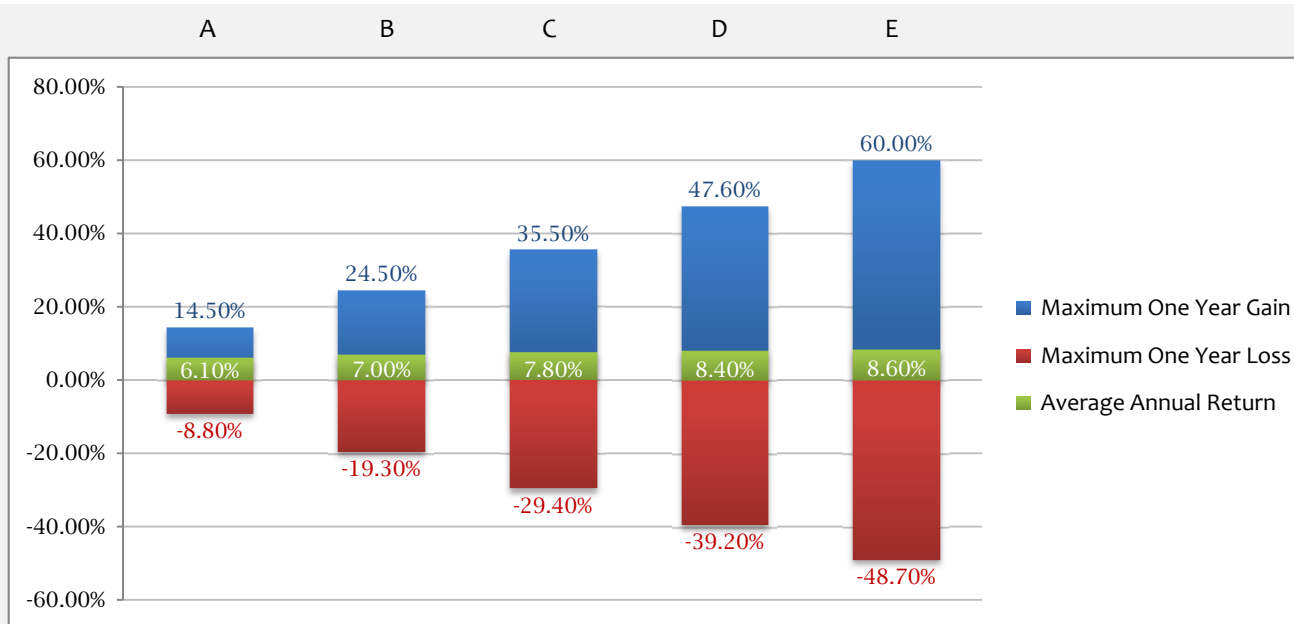
Which of the following objectives is more important to you?

Wealth preservation – I want to minimize losses

Lessen the impact of inflation – I want to try keeping up with the rising prices

4

Which of these 5 portfolios best indicate the level of market fluctuation you are willing to accept?



This graph shows the maximum one year gain, the maximum one year loss and the average annual long term returns of 5 hypothetical portfolios (option A being the least risky and option E being the riskiest). Riskier investment portfolios usually have higher long term returns – however, they also have potentially higher annual losses than less risky investments. Hence, riskier investments show greater market fluctuations.

I want to protect my wealth from loss.

I am willing to accept very low returns in an attempt to protect my wealth. I want a very low risk profile and I am not concerned about growing my wealth.

I want to maintain my wealth and try to lessen the impact of inflation.

I am willing to accept low returns to protect my wealth, but I also want to lessen the impact of inflation from eroding the purchasing power of my wealth in the future.

I want to grow my portfolio without taking on too much risk.

I want a balanced portfolio with stable long-term growth. I am willing to accept some risk in an attempt to meet these objectives.

I am a growth oriented investor who wants to accumulate wealth.

I still want a balanced portfolio, but I am willing to accept riskier growth investments. I am prepared to accept some potential losses and market fluctuations to try growing my wealth.

I want to focus solely on building long-term wealth.

I want to focus solely on maximizing wealth growth. I am willing to take high risk and accept significant potential losses to try achieving high long-term growth.