

Dowley and Company, Inc. Financial Profile

The first step in developing a sound financial life plan is to have a clear idea of where you stand today. You can start by collecting the financial information outlined in this profile. It will give you a record of your assets, liabilities, income and and expenses. It may be helpful to have your checkbook register at hand to determine household expenses.

You		Spouse		Children	
Name		Name		Name	
SS#	DOB	SS#	DOB	SS#	DOB
Occupation		Occupation		Name	
Bus. name		Bus. name		SS#	DOB
Phone		Phone		Name	
Home Address				SS#	DOB
City	State	Zip	Phone		
Cell Phone		Cell Phone			

Determining your net worth

Assets and liabilities

Assets

	Owner*	Purpose	Current value
Personal			
Primary residence	_____		_____
Vacation home/second residence	_____		_____
Automobile(s)	_____		_____
Other personal assets _____	_____		_____
Other personal assets _____	_____		_____
Total personal assets			_____

Liquid & Investment Assets

Cash

Cash/checking account(s)	_____		_____
Money market account(s)	_____		_____
CD, credit union, other accounts	_____		_____

Fixed

Bonds and bond mutual funds	_____		_____
US government obligations/funds	_____		_____
Net cash surrender value in life insurance plans	_____		_____
Tax-free municipal bonds/funds	_____		_____

Equity

Stocks and stock mutual funds	_____		_____
Stock options	_____		_____
Limited partnerships	_____		_____
Other investment assets _____	_____		_____

Total liquid and investment assets

*Indicate whether the asset is owned by the client, second person or jointly.

Christopher L. Dowley RLP
CFS, CLU, ChFC

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Assets (continued)

	Owner*	Purpose**	Current value
Business and investment real estate			
Investment real estate			
Business(es)			
Total business and investment real estate			

Retirement

IRA			
IRA			
self-employed retirement plans			
self-employed retirement plans			
Qualified retirement plan(e.g.,401(k)			
Qualified retirement plan(e.g.,401(k)			
Annuities			
Other retirement assets _____			
Total retirement assets			

Total Assets

(add personal assets, liquid and investment assets
business and investment real estate, and retirement assets)

*Indicate whether the asset is owned by the client, second person or jointly.
**Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal or retirement.

Liabilities

	Debtor***	Current balance	Original balance	interest rate (fixed or variable)	Origination date (date refinanced)
Personal					
Mortgage on first residence		\$	\$		
Mortgage on second residence					
Mortgage on other residences					
Auto loans					
Bank loans					
Charge accounts and credit cards					
Investment real estate loans					
Business loans					
Other liabilities					

Total Liabilities

***Indicate whether the debtor of the liability
is the client, second person, or both.

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Insurance protection

Disability income insurance policies (short and long -term)

	Policy 1	Policy 2	Policy 3	Policy 4
Company Name	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Annual premium	\$ _____	\$ _____	\$ _____	\$ _____
Annual benefits	\$ _____	\$ _____	\$ _____	\$ _____
Waiting period	_____	_____	_____	_____
Benefit period	_____	_____	_____	_____

Life insurance policies

	Policy 1	Policy 2	Policy 3
Company name	_____	_____	_____
Type	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Primary beneficiary	_____	_____	_____
Current death benefit	\$ _____	\$ _____	\$ _____
Cash surrender value	\$ _____	\$ _____	\$ _____
Outstanding loan value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____
Annual benefit available at disability (includes waiver of premium)	\$ _____	\$ _____	\$ _____

	Policy 4	Policy 5	Policy 6
Company name	_____	_____	_____
Type	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Primary beneficiary	_____	_____	_____
Current death benefit	\$ _____	\$ _____	\$ _____
Cash surrender value	\$ _____	\$ _____	\$ _____
Outstanding loan value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____
Annual benefit available at disability (includes waiver of premium)	\$ _____	\$ _____	\$ _____

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Date:				Annual Change
Annual Income				
Wage/Salaries ()	-	-		-
Wage/Salaries ()				-
Pension benefits ()				-
Pension benefits ()				-
Social Security ()				-
Social Security ()				-
Other Income (bonuses/commissions)()				-
Other Income (bonuses/commissions)()				-
Total Income:	-	-		-
Annual Expenses				
Household				
Real estate taxes				-
Rent				-
Telephone/other utilities				-
Homeowner's insurance premiums				-
Mortgage payments (p + i + pmi)				-
Other Household	-	-		-
Total household:	-	-		-
Food/clothing/transportation				
Food	-	-		-
Clothing/laundry/dry cleaning				-
Auto maintenance (gas, oil, etc.)				-
Auto insurance				-
Auto loan payments				-
Other transportation				-
Total food/clothing/transportation	-	-		-
Other committed expenses				
Adult/other education				-
Personal care				-
Medical/dental care/prescriptions				-
Dependent care/child daycare				-
Other loan payments				-
Charge account payments				-
Life insurance premiums				-
Disability income insurance premiums				-
Medical insurance premiums				-
Other insurance premiums ()				-
Other committed expenses				-
Total the committed expenses	-	-		-

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				Annual Change
Savings and Investment				
Pension contribution				-
Contributions to IRA's ()				-
Contributions to IRA's ()				-
Contributions to qualified plans ()				-
Contributions to qualified plans ()				-
Systematic additions to investments				-
Total savings and investments	-	-		-
Discretionary expenses				
Entertaining/dining				-
Recreation/travel/hobbies				-
Charitable contributions-cash				-
Gifts				-
Home improvements				-
Miscellaneous purchases				-
Other discretionary expenses				-
Total discretionary expenses	-	-		-
Income taxes				
Federal tax withholding ()	-	-		-
Federal tax withholding ()				-
State tax withholding ()				-
State tax withholding ()	-	-		-
FICA (6.2% up to \$106,800)(2010)()				-
FICA (6.2% up to \$106,800)(2010)()				-
Medicare (1.45% of gross)()				-
Medicare (1.45% of gross)()				-
Total income taxes	-	-		-
Total Expenses:	-	-		-
Annual Income:	-	-		-
Annual Discretionary Income:	-	-		-

Dowley and Company, Inc.

Financial profile

How would you rate your satisfaction in each of the following areas of your life (circle)?

High satisfaction

Low satisfaction

Your Career(s)?

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Your relationship(s)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

You health status?

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Are there major health issues that need to be considered while planning your future?

In general, how willing are you to risk the loss of or decrease in your original principal for the opportunity to achieve a higher rate of return?(circle one)

Highly stable 1 -- 2 -- 3 -- 4 -- 5 -- 6 -- 7 -- 8 -- 9 -- 10 Aggressive

Checklist

Review this checklist of items that you should bring when you meet with us.

- | | |
|--|--|
| <input type="checkbox"/> Completed copy of "Your Financial Profile" | <input type="checkbox"/> All information on present investments such as stocks, bonds, mutual funds, CD's, etc. (ie, maturity dates & yields.)
(Please include statements) |
| <input type="checkbox"/> Latest paycheck stubs and bank statements | |
| <input type="checkbox"/> Most recent federal and state income tax returns | <input type="checkbox"/> Latest employee benefit manual/statements and retirement plan statement |
| <input type="checkbox"/> Insurance policies (including life, disability income, nursing home) | <input type="checkbox"/> Estate Planning documents (Latest wills, powers of attorney, health care proxies, and trusts) |
| <input type="checkbox"/> All pertinent information regarding mortgages/loan (i.e., original balance, interest rate and term) | <input type="checkbox"/> Information on unique financial events or situations such as a major purchase, debt refinancing, expected inheritance, etc. |