

BLK Financial Advisors, LLC
Investment Management and Financial Planning



Registered Investment Advisor

Glendale, Arizona 85308
602-430-4417
623-271-8188(Fax)

Date Completed: _____

	Name	Age	Life Expectancy	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -
				/ /	- -

Home Address		Home Phone	() -
		Home Fax #	() -
Email			

	Client 1	Client 2
OCCUPATION	# of Years	# of Years
Business Name		
Business Address		
Business Phone	() -	
Fax Number	() -	
Email		
Retirement Age		

Miscellaneous Information:

Marriage Date	/ /	
Referral Source		
# of Years in Current Home		
Client 1: US Citizen	Yes	No
Client 2: US Citizen	Yes	No

Insurance Agent	
Investment Advisor	
CPA	
Attorney	
Other Advisor	

CURRENT ANNUAL INCOME

	Client 1	Increase rate/yr	Client 2	Increase rate/yr
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends / Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other -non investment				
Total Gross Income				

* List any current annuity and/or pension income. If pension income, please provide survivorship benefits and %'s below.

RESIDENCE- COMPLETE ONLY IF PLANNING TO SELL

ASSET	Res.#1	Res.#2
Current Residence Market Value		
Original Cost+Improvements		
Client Age at Sale		
Sales Costs (% of sale price)		
Cost of Replacement Home		
New Mortgage (% of replacement home price)		
Interest Rate on New Mort. Loan		
Number of Years for New Loan		

RISK TOLERANCE & INVESTMENT PROFILE - INITIAL QUESTIONS

	Not at all /None		Moderately important/Moderate				Very important/A lot			
	1	2	3	4	5	6	7	8	9	10
1. How important is capital preservation?	1	2	3	4	5	6	7	8	9	10
2. How important is capital growth?	1	2	3	4	5	6	7	8	9	10
3. How important is low volatility?	1	2	3	4	5	6	7	8	9	10
4. How important is inflation protection?	1	2	3	4	5	6	7	8	9	10
5. How important is current cash flow?	1	2	3	4	5	6	7	8	9	10
6. How much risk to achieve a higher return?	1	2	3	4	5	6	7	8	9	10
7. Describe your investment style/philosophy _____										
8. Desired total return rate % on your portfolio? _____ Projected inflation rate % you are comfortable with? _____										

CURRENT INSURANCE COVERAGES

LIFE INS. CO.	Type Term/Perm	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	Present Loan Balance	Smoker Y/N

DISABILITY INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

Do you carry Business Overhead Expense Insurance (Y/N)?

HEALTH INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

LONG TERM CARE	Insured	Daily benefit	Inflation Rider Y/N	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period(yrs)	At home Benefit %

AUTO INS. CO.	Insured	Liability Limit I.e.100/300	Deductible	Uninsured Limit 100/300	Towing	Stacking*	Umbrella Policy
#1					Yes	No	No
#2					Yes	No	No
Other					Yes	No	No

Do you have umbrella liability insurance? Yes / No **Amt. Coverage** _____ Premium _____

Do you have a termite bond? Yes / No If yes, company _____ Premium _____

Home Ins. Company _____

Deductible \$ _____ Liability Limit \$ _____

Replacement Value Yes / No _____

* Stacking - combing the uninsured motorist limits for two related insureds in one policy

ASSETS

	\$	*Type
Checking		
Savings		
Money Market		
CDs (1) Mat. Date		
(2) Mat. Date		
Mutual Funds		
Bonds		
Stocks		
REITs		
Mortgage/Note Receivable		
Annuities		
Life Insurance Cash Value		
Limited Partnerships		
IRA - Client 1	/	
Company/Client Contributions Annual		
IRA - Client 2	/	
Company/Client Contributions Annual		
Retirement Plan Client 1		
Vested Amount		
Retirement Plan Client 2		
Vested Amount		
Investment Property		

Personal Residence(s)	
Personal Property	
Auto 1	
Auto 2	
Furniture	
Jewelry/Art	
Other	
TOTAL ASSETS	

LIABILITIES

1st Mortgage (Int.Rate____)	
Date of Origin____ Term____	
Monthly Pmt. (Prin.+Int. only)	
2nd Mortgage (Int.Rate____)	
Date of Origin____ Term____	
Monthly Pmt. (Prin.+Int. only)	
Home Equity Line	
Int. Rate _____	
Credit Cards	
Notes Payable	
Automobile Loans	
Investment Loans	
Margin Account Balance	
Future Obligations	
Other	
TOTAL LIABILITIES	

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

*T=Taxable F=Tax Free D=Tax Deferred E=Equity Q=Qualified

ESTATE PLANNING DETAILS

	Client 1		Client 2	
	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
Health Care Powers				
To Whom Delegated				
Living Will				
Living Trust				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? Yes / No

Are beneficiary designations consistent with latest estate planning documents? Yes / No

Life Insurance Trust			

Life Ins ownership changed to Trust? Yes / No

Is your attorney the same for all documents? Yes / No

Where are your original estate planning documents stored? _____

TAX DATA

Tax Filing Status: (Check one) Single: _____ Joint: _____ Head of Household: _____

OTHER TAX CONSIDERATIONS

Self employment medical ins premiums (Total Amt/Increase Rate) \$ _____ _____ %
 Alimony - Payable to Age: _____ Amount/Increase Rate \$ _____ _____ %

*Name/Date - Please use which ever one may apply

EDUCATION GOALS

Name of Individual (Current Grade)	Dates in Private School K-12	Est. Total Expenses/Yr	Dates in College	Annual Estimated Tuition/Books/Room & Board/Car, ect.

RETIREMENT GOALS

	Ideal	Acceptable	
Target Retirement Age	Client 1 #1	#2	
	Client 2 #1	#2	

How much do you save & invest annually for retirement? Client 1 \$_____ 401k/403b _____ other accounts, CD's
 Client 2 _____ 401k/403b _____ other accounts, CD's

Cash from other sources that will be used to fund goals ie. (inheritance, sale of property) List approx. year and amount.

If not listed in current income, are you eligible for Soc. Security? Client 1 Y N \$ _____ / mon. Client 2 Y N \$ _____ /mon.

Do you expect your living expenses to stay the same, increase, or decrease during retirement? _____

Do you expect to spend more on travel & entertainment for a certain period? Annual Amt. _____ # Yrs. _____

When do you expect to buy your next vehicle? Year _____ Cost _____ Next Vehicle: Year _____ Cost _____

OTHER CLIENT GOALS AND COMMENTS

Rank goals below using 1-10,
1-4 = wish, 5-7 = want, & 8-10 = need.

Immediate goals in next 12 months(i.e. major expenditures; house, car, education, wedding, real estate...)

Goals or major expenditures in the next 3-5 years, list year and ranking

Long term goals: List major goals with projected year and ranking

PLEASE READ AND SIGN BELOW

I realize that Financial Planning recommendations depend largely on accurate information provided by the client. By my signature below I acknowledge the completeness and accuracy of the data provided in these data forms and the Data Gathering process.

Client 1 _____
Date

Client 2 _____
Date

Additional Documentation

Please check what is applicable:

- Previous Year Tax Return (Personal)
- Previous Year Tax Return (Corporate)
- Recent Paycheck Stub
- Bank Statements (Savings/Checking)
- Stock Options
- Brokerage Statements (401k, IRA's, Mutual Funds, Etc.)
- Social Security Statements
- Annuity Information
- Wills, Trusts, Estate Documents
- Employee Benefits Summary
- Life & Disability Insurance Information
- Auto/Home Coverages
- Other: _____