

Financial Profile Form

Your personal data is kept confidential



Step 1: Complete and verify the following information to receive a complete analysis of your current financial standing.

Step 2: Please return completed and signed forms to Allgen before your next appointment.

Step 3: Email: advisors@allgenfinancial.com or Fax: (407) 210-3887 or Mail: 121 S. Orange Ave, Suite 1500, Orlando, FL 32801

1. Basic Personal Information (Please Print)

Full Name		Date of Birth	Email Address
Work Phone Number	Home Phone Number	Mobile Phone Number	Fax Number
Home Address	City	State	Zip Code
Employer		Occupation	Years Employed with Employer
Gross Annual Income	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Best Time to Contact You: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			

2. Spouses/Partner Information

Full Name		Date of Birth	Email Address
Work Phone Number	Home Phone Number	Mobile Phone Number	Fax Number
Home Address	City	State	Zip Code
Employer		Occupation	Years Employed with Employer
Gross Annual Income	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

3. Children/Dependents

Number of Children: 0 1 2 3 4 5 ____

Name	Date of Birth	% of college tuition you would like to contribute
Name	Date of Birth	% of college tuition you would like to contribute
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4. Retirement Information

Are you currently contributing to a retirement plan? Yes No

At what age do you see yourself retiring? _____ Your spouse? _____

If you were to retire today, how much monthly or annual income would you need? \$ _____

How well have you planned for retirement?

Not Well at All Not Too Bad Can't Complain Well Very Well

How important is retirement planning to you right now?

Very Unimportant Somewhat Important Important Pretty Important Very Important

5. Insurance Information – Risk Management

How important is it that you leave your family with the ability to continue living your current lifestyle?

Very Unimportant Somewhat Important Important Pretty Important Very Important

Do you have a disability policy? Yes No

Does your spouse? Yes No

Do you have a long-term care policy? Yes No

Does your spouse? Yes No

Do you believe you have a need for life insurance? Yes No

Do you currently have life insurance? If so, how much?

Life Insurance Policy \$ _____

Life Insurance Policy (spouse) \$ _____

6. Priorities & Other Factors

Please prioritize the following: (1 being the highest priority)

Education Funding 1 2 3 4 5 n/a

Retirement Funding 1 2 3 4 5 n/a

Insurance Coverage 1 2 3 4 5 n/a

Investing (real estate, stocks, etc.) 1 2 3 4 5 n/a

Cash Management (i.e. budgeting) 1 2 3 4 5 n/a

What do you feel is your greatest need in the area of finances? _____

Have you ever worked with a financial advisor? Yes No

If yes, how would you rate that experience? (5 being the best experience) 1 2 3 4 5

What type of investor are you? Conservative Moderate Aggressive

Do you have any short-term savings goals? 2nd Home Another Vehicle Other: _____

Do you expect an inheritance or other income? Yes No Maybe Do you have a will or trust? Yes No

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7. Assets & Liabilities Information

Name	Total Value	Total Liability
Residence	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____
Other Liabilities (credit card, etc.)	\$ _____	\$ _____
Collectibles	\$ _____	\$ _____
Limited Partnership	\$ _____	\$ _____
Business	\$ _____	\$ _____
Cash, Checking	\$ _____	
Savings, CDs, T-Bills	\$ _____	
Bonds / Fixed Income	\$ _____	
Annuities	\$ _____	
Stocks / Mutual Funds	\$ _____	

Retirement Plan	Total Value	Monthly Savings	Company Match
401k	\$ _____	\$ _____	_____ %
IRA	\$ _____	\$ _____	_____ %
Roth IRA	\$ _____	\$ _____	_____ %
Simple IRA	\$ _____	\$ _____	_____ %
Pension	\$ _____	\$ _____	_____ %

Social Security Income (Projected or Actual)	Before Age 62	Before Age 66	Before Age 70
Your Monthly	_____	_____	_____
Your Spouse's Monthly	_____	_____	_____

Additional Thoughts or Comments:

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8. Cash Flow Statement (Optional)

Income:

Monthly

Wages and Bonuses (Take-home pay) \$ _____

Wages and Bonuses (spouse) \$ _____

Investment Income (not reinvested) \$ _____

Miscellaneous Income (i.e. social security, child support, alimony, etc.) \$ _____

Total Income: \$ _____

Expenses:

Giving \$ _____

Savings \$ _____

Debt Repayment (Other than home and car) \$ _____

Mortgage or Rent \$ _____

Homeowners Insurance / Property Taxes \$ _____

Home Repairs/Maintenance/HOA Dues \$ _____

Electricity / Water / Gas / Trash \$ _____

Phone (cell / landline) \$ _____

Car Payment(s) \$ _____

Gas / Car Repair / Maintenance / Oil \$ _____

Car Insurance \$ _____

Food (groceries) \$ _____

Entertainment (going out, restaurant, etc.) \$ _____

Life Insurance / Disability / Long-Term Care Insurance \$ _____

Health Insurance Medical (co-pay, medicine, etc.) \$ _____

Child Care \$ _____

Clothes; Hygiene (hair, nails, personal care, etc.) \$ _____

Miscellaneous Expenses \$ _____

Total Expenses: \$ _____

Net Monthly Cash Flow (Total Income minus Expenses): \$ _____