SINGER
FINANCIAL GROUP
Sound Advice | Secure Future

"Minimize fees & expenses, control taxes, outpace inflation,
grow your money safely, and manage risk exposure."

Protected Growth Planning Profile

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It's the essential first step in Protected Growth Planning.

Please bring the following documents

1. Last year's tax return
2. All brokerage firm statements
3. All life insurance & annuity policies
4. All IRA & retirement statements

FAMILY INFORMATION:

Name ___________________________________DOB_______________Age_____yrs

Spouse__________________________________DOB_______________Age______yrs

Address____

City_______________________________State_________Zip_____________________

Hm Ph_____________________ (cell)__________________Wk____________________

Email____

Social Security #_______________________SS# Spouse_________________________

Children	Age	State of Residence

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http://singerfinancialgroup.com phone: 317-852-9153 fax: 317-852-9505 email: bsinger@singerfinancialgroup.com

1. Personal Questions

		Yes	No
1.	Do you have a Financial Advisor? (No stockbrokers, please) If yes, who? ____________________	___	___
2.	Do you have a living trust?	___	___
3.	Do you have a will?	___	___
4.	Do you have income from real estate?	___	___
5.	Do you have an attorney?	___	___
6.	Do you have an accountant?	___	___
7.	Do you expect to care for a child or parent?	___	___
8.	Do you expect an inheritance?	___	___
9.	Any problems with previous stockbrokers?	___	___
10.	Do you have long term care protection?	___	___

2. Financial Planning Objectives

Rank the following according to your level of concern.
(Please circle the most appropriate number)

	Not Concerned									Very Concerned
Planning for Children Grandchildren	1	2	3	4	5	6	7	8	9	10
Reducing Income Taxes	1	2	3	4	5	6	7	8	9	10
Increasing Retirement Income	1	2	3	4	5	6	7	8	9	10
Estate Planning	1	2	3	4	5	6	7	8	9	10
Tax-Free Retirement Alternatives	1	2	3	4	5	6	7	8	9	10
Maximum Risk Free Growth	1	2	3	4	5	6	7	8	9	10
Home Equity Management	1	2	3	4	5	6	7	8	9	10

3. Current Income

You	$_____________
Spouse	$ _____________
_________________________	$ _____________
_________________________	$ _____________

4. Real Estate

Estimated Value of Home	$__________
Remaining Mortgage	$__________
Equity in Home (market value less mortgage)	$__________
Remaining Mortgage	$__________
Total Value of Real Estate	$__________

5. Sources of Monthly Retirement Income

SOCIAL SECURITY

You	$__________
Spouse	$__________

PENSION

You	$__________
Spouse	$__________

6. Bank and Credit Union Inventory

(Checking, Savings, Money Market Accounts)

	Name of Institution	Average Balance
1.	_________________	______________
2.	_________________	______________
3.	_________________	______________
4.	_________________	______________

7. Current Stockbrokers

(Please check any brokerage firm that you have any account with)

___	Merrill Lynch	___	Paine Webber
___	A.G. Edwards	___	Prudential
___	Raymond James	___	Other
___	Charles Schwab	___	Other
___	Smith Barney	___	Other

4. Individual Stocks & Bonds (Please include EE Bonds, but not mutual funds or IRA's here)

(Also, please bring all statements)

Number Of Shares	Name of Company	Original Investment	Market Value	Ownership	Date Acquired
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________

5. Mutual Funds/Limited Partnerships

Number Of Shares	Name of Company	Original Investment	Market Value	Ownership	Date Acquired
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________
________	____________________	$_______________	$_____________	__________	_____________

6. CD's

Name of Bank	Rate of Return	Amt. Invested	Maturity Date
________________________	_________________	_______________	_______________
________________________	_________________	_______________	_______________
________________________	_________________	_______________	_______________
________________________	_________________	_______________	_______________
________________________	_________________	_______________	_______________

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7. IRA & Other Retirement Account Information

(Please bring in latest reports/statements)

Name Where Account is (Banks, Brokers, Employer)	Type (401K, IRA, 403b, TSA)	Approximate Value

8. Present Life Insurance

(Please bring in latest reports/statements)

Company	Type	Face Amount	Cash Value	Annual Premium	Who is Insured	Who is Beneficiary

9. Annuities

(Please bring in latest reports/statements)

Company	Original Investment	Date Purchased

NOTES: (to be filled at meeting)

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