

BERNO FINANCIAL MANAGEMENT, INC.
 COMPREHENSIVE PERSONAL FINANCIAL PLANNING PROCESS
 DATA GATHERING

Personal Data & Family Information

Client's Name: _____
 Age: ___ Birthdate: ___/___/___ Social Security Number: ___-___-___
 Home Address: _____
 City: _____ State: _____ Zip _____ - _____
 Home Telephone #: (____) _____ - _____
 Cellular Telephone #: (____) _____ - _____
 Home E-Mail Address: _____
 Referred by: _____

CoClient's Name: _____
 Age: ___ Birthdate: ___/___/___ Social Security Number: ___-___-___
 Home E-Mail (if different from above): _____
 Cellular Telephone #: (____) _____ - _____

If Married, Wedding Anniversary Date: ___/___/___

Family Health History:

List if Mother & Father are living, date or year of birth and current health status.

If Deceased, list age at death and cause of death.

Client: _____

Co-Client: _____

Please indicate any inheritance or parental support needs you may foresee:

<u>Minor Children</u> (Under age 18)				*School
Name	Date of Birth	Social Security #	School Name	Grade
_____	___/___/___	___/___/___	_____	___
_____	___/___/___	___/___/___	_____	___
_____	___/___/___	___/___/___	_____	___
_____	___/___/___	___/___/___	_____	___
_____	___/___/___	___/___/___	_____	___

* If preschool, list the year to enter first grade

<u>Adult Children</u>		Marital	# of	City & State
Name	Date of Birth	Status	Children	of Residence
_____	___/___/___	_____	_____	_____
_____	___/___/___	_____	_____	_____
_____	___/___/___	_____	_____	_____
_____	___/___/___	_____	_____	_____
_____	___/___/___	_____	_____	_____

Please indicate if this is a second marriage for either client or co-client, if any children are from a previous marriage, if any children are adopted or have special circumstances, if any children have pre-deceased you, or any other important family issues:

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Employer Information

You may attach a business card(s) to provide most of this data.

If retired, fill in only underlined information.

Client:

Employer Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____ - _____

Office Telephone #: (_____) _____ - _____ Extension: _____

FAX #: (_____) _____ - _____

Office E-Mail: _____

Profession: _____

Date of Hire or Service Date for Benefit Plans: _____

Co-Client:

Employer Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____ - _____

Office Telephone #: (_____) _____ - _____ Extension: _____

FAX #: (_____) _____ - _____

Office E-Mail: _____

Profession: _____

Date of Hire or Service Date for Benefit Plans: _____

Professional Advisor History & Service Expectations

Do you currently have a personal financial planner or investment advisor?

Yes ___ No ___ Sort of/partially/maybe ___

Have you used a personal financial planner or investment advisor in the past?

Yes ___ No ___ Sort of/partially/maybe ___

If you have used a personal financial planner or investment advisor in the past, why are you considering a change? Were there specific issues you were dissatisfied with?

Whether or not you have used a personal financial planner or investment advisor in the past, what are the most important characteristics you are seeking or what are the most important things we can do to meet your expectations?

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Personal Financial Assessment: Client and Co-Client each complete separately.

Client Name: _____ Date: _____

How would you describe your “financial peace of mind” with your...

	Low		Moderate		High	
	1	2	3	4	5	N/A
1. current over-all financial position					_____	
2. current residence					_____	
3. job security					_____	
4. career/job					_____	
5. availability and utilization of employee benefit plans					_____	
6. employment income growth/promotion potential					_____	
7. current employment income (if employed)					_____	
8. ability to meet your daily living expenses					_____	
9. amount and type of debt					_____	
10. spouse’s spending habits, if married					_____	
11. children’s spending habits, (depending on their age(s))					_____	
12. amount you save and invest on a regular basis					_____	
13. amount of cash reserves or emergency fund					_____	
14. coverage amount, quality and cost of home/auto/liability insurance					_____	
15. coverage amount, quality and cost of disability insurance					_____	
16. coverage amount, quality and cost of life insurance					_____	
17. coverage amount, quality and cost of long-term care insurance					_____	
18. coverage amount, quality and cost of health insurance					_____	
19. coverage amount, quality and cost of business insurance					_____	
20. strategies to minimize income taxes					_____	
21. plan for management of your financial affairs in case of incapacity					_____	
22. plan for transfer of your assets at your death					_____	
23. strategies to minimize estate taxes					_____	
24. understanding and knowledge of investment markets					_____	
25. suitability of current investments					_____	
26. assessment and understanding of personal risk tolerance					_____	
27. amount of and strategy for charitable giving					_____	
28. amount of time you have to manage personal finances					_____	
29. amount of interest you have in managing personal finances					_____	
30. ability and willingness to communicate openly about my finances					_____	
31. quality of relationships with current professional financial advisors					_____	
32. identification and prioritization of personal financial goals					_____	
33. ability to provide financial help to adult children, parents or siblings					_____	
34. degree to which you have articulated a personal financial philosophy					_____	
35. discipline you have to set and achieve goals (New Year’s Resolutions)					_____	
36. confidence level in making major personal financial decisions					_____	
37. personal financial record-keeping					_____	
38. level of financial knowledge and understanding					_____	
39. response to difficult or negative financial events					_____	
40. financial peace of mind					_____	

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Co-Client Name _____ Date: _____

How would you describe your “financial peace of mind” with your...

	Low		Moderate		High	
	1	2	3	4	5	N/A
1. current over-all financial position					_____	
2. current residence					_____	
3. job security					_____	
4. career/job					_____	
5. availability and utilization of employee benefit plans					_____	
6. employment income growth/promotion potential					_____	
7. current employment income (if employed)					_____	
8. ability to meet your daily living expenses					_____	
9. amount and type of debt					_____	
10. spouse’s spending habits, if married					_____	
11. children’s spending habits, (depending on their age(s))					_____	
12. amount you save and invest on a regular basis					_____	
13. amount of cash reserves or emergency fund					_____	
14. coverage amount, quality and cost of home/auto/liability insurance					_____	
15. coverage amount, quality and cost of disability insurance					_____	
16. coverage amount, quality and cost of life insurance					_____	
17. coverage amount, quality and cost of long-term care insurance					_____	
18. coverage amount, quality and cost of health insurance					_____	
19. coverage amount, quality and cost of business insurance					_____	
20. strategies to minimize income taxes					_____	
21. plan for management of your financial affairs in case of incapacity					_____	
22. plan for transfer of your assets at your death					_____	
23. strategies to minimize estate taxes					_____	
24. understanding and knowledge of investment markets					_____	
25. suitability of current investments					_____	
26. assessment and understanding of personal risk tolerance					_____	
27. amount of and strategy for charitable giving					_____	
28. amount of time you have to manage personal finances					_____	
29. amount of interest you have in managing personal finances					_____	
30. ability and willingness to communicate openly about my finances					_____	
31. quality of relationships with current professional financial advisors					_____	
32. identification and prioritization of personal financial goals					_____	
33. ability to provide financial help to adult children, parents or siblings					_____	
34. degree to which you have articulated a personal financial philosophy					_____	
35. discipline you have to set and achieve goals (New Year’s Resolutions)					_____	
36. confidence level in making major personal financial decisions					_____	
37. personal financial record-keeping					_____	
38. level of financial knowledge and understanding					_____	
39. response to difficult or negative financial events					_____	
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Basic Summary of Income, Cash Flow and Assets

Insurance, Income Tax & Estate Planning Information will be requested later. Approximate or rounded numbers are just fine. Detailed information will be requested in Part III.

Annual Income:

<u>Client</u>	<u>Co-Client</u>	
\$ _____	\$ _____	Base Salary
\$ _____	\$ _____	Commissions, Bonus or Incentive Compensation
\$ _____	\$ _____	Social Security
\$ _____	\$ _____	Pension or Annuity
\$ _____	\$ _____	Other Income (Consulting, Trust, etc.)
\$ _____	\$ _____	Totals

Cash Flow: Savings or Investment Withdrawals

Annual Savings:

\$ _____ Contribution to retirement plans or % of Income: _____% Client _____% Co-Client

\$ _____ Contributions to Savings/Investments in addition to retirement plans

Investment Withdrawals:

\$ _____ Annual retirement plan or investment withdrawals if retired or expenses in excess of employment income

Assets: You may bring account statements to our first meeting

\$ _____ Total Checking, Savings, Money market or CD's balances

\$ _____ Employer Retirement Plans; 401(k), 403(b), Profit Sharing Plans, etc.

\$ _____ IRAs

\$ _____ Children's Custodian Accounts or 529 College Savings Plans

\$ _____ Investment Accts. other than Retirement Plans, Children's Custodian Accts. or 529 Plans

\$ _____ Employer Stock Option Grants

\$ _____ Non-Qualified or Deferred Compensation Plans

\$ _____ Totals

\$ _____ Home Estimated Market Value; Principal Residence only

\$ _____ Mortgage Balance