

Personal Financial Information Holistic Financial Planning is all about reviewing and planning an individual's financial affairs, taking into consideration how they interconnect with their short-, medium- and long-term goals, dreams and aspirations both personally and financially. In retirement, your main assets will be your home; other real estate; cash value of your life insurance; social security and pension plan benefits; cash in the bank and personal investments. These assets will help offset your main liability... your living expenses.

Our goal is to help you **not outlive your Retirement Assets** and provide for the people you care about the most.

(If you are not sure about a question, please leave it blank)

Name: _____ Date of Birth: ____ / ____ / ____ Smoker: Y ____ / N ____

Spouse / Partner: _____ Date of Birth: ____ / ____ / ____ Smoker: Y ____ / N ____

Children / Dependents: _____ Date of Birth: ____ / ____ / ____

_____ Date of Birth: ____ / ____ / ____

Home Address: _____ City: _____

Home Phone: _____ Cell: _____

Occupation: _____ Employer: _____

E-Mail: _____

Spouse / Partner: Cell: _____ E-Mail _____

Spouse/ Partner Occupation: _____ Employer: _____

<u>Feelings / Concerns / Goals</u> - Please check applicable space	<u>Yes</u>	<u>No</u>
Providing education funds for children, grandchildren, family member	_____	_____
Retirement Planning with Guaranteed Lifetime income for me and Spouse / Partner	_____	_____
Where and how to rollover my 401K / 403B / Pension Plan / IRA	_____	_____
Insurance for my Spouse / Partner / Children / Grandchildren	_____	_____
Mortgage payoff, in the event of my, Spouse/Partner's death	_____	_____
Consumer debt payoff in the event of my, Spouse/Partner's death	_____	_____
Guarantee mortgage / tax / rent payments for spouse / partner in event of my death	_____	_____
Are you or will you be caring for a Child, Parent or Relative	_____	_____
Have you agreed to be a guardian for anyone's children?	_____	_____
I would like to save more money and pay less tax	_____	_____

Financial Information

Gross Annual Income from all sources: \$ _____

Total Monthly Expenses: \$ _____

My Gross Income: \$ _____ Spouse / Partner Income: \$ _____

Social Security Income: \$ _____ Spouse / Partner: \$ _____

Liabilities: Credit Cards \$ _____ Auto Payment / Lease \$ _____ Personal Debt / Loans \$ _____

Own _____ Rent _____ Rent/Mortgage Payment: \$ _____ Mortgage Balance: \$ _____

Interest Rate: _____ % Years Left: _____ 2nd Mortgage / Home Equity Loan: \$ _____

Annual Property taxes \$ _____ Condo / Association Fees \$ _____

Home Value: \$ _____ Income Property Rental Income: \$ _____

Are you interested in a New or Refinancing an existing mortgage? Yes _____ No _____

Total Life Insurance: You \$ _____ Spouse / Partner: \$ _____ Children: \$ _____

Saving Account: \$ _____ Checking: \$ _____ CD's \$ _____

Money Market Account: \$ _____ Stocks / Bonds / Mutual Funds: \$ _____

Annuities: \$ _____ Educational Plans: 529 / UGMA / Trust: \$ _____

Rental Property: \$ _____ Second Home: \$ _____ Business: \$ _____

Do you own Cryptocurrency? Yes _____ No _____ Total Value of All Cryptocurrencies: \$ _____

Potential Changes

Are you planning additions to your family? Yes _____ No _____ If yes, when? _____

Are any major debts, loans, or purchases planned in the next 3 years? Yes _____ No _____ Type: _____

Are job changes planned in the future? Yes _____ No _____ When? _____

Are you planning to start or purchase or expand a business? Yes _____ No _____ Type? _____

Do You or Spouse / Partner Own or are a Member of a Family Business? Yes _____ No _____

Are you planning to inherit assets? Yes _____ No _____ If yes, estimated amount \$ _____

Retirement Information:

Do you / spouse have or participate in an: IRA / Roth IRA? Type: _____ Amount: \$ _____

\$ 401(k) \$ _____ 403(b) \$ _____ Other \$ _____

What age do you plan to retire? _____ Spouse / Partner _____ Do you plan to relocate? Yes _____ No _____

Have you checked the Social Security Site for your estimated payment amount? (www.ssa.gov) Yes ____ No ____

Which statement(s) most effectively sums up your view on Certainty of Retirement Income? You Spouse/Partner

I **AM** concerned about market volatility and its detrimental effect on my retirement assets _____

I am **NOT** concerned about market volatility and its detrimental effect on my retirement assets _____

I am **SOMEWHAT** concerned about growth but I'm more concerned about **safety of principal** _____

I am okay with a **PORTION** of my retirement assets at risk as an inflation hedge _____

I want my retirement assets to provide a **Guaranteed Lifetime Income** for me & Spouse/Partner _____

In retirement, what are you most concerned about? Check all that apply

_____ Outliving my / our Money _____ Maintaining Current Lifestyle through retirement

_____ Need for Assisted Living or Nursing Home Care _____ Leaving money for children / grandchildren

_____ Flexibility / Liquidity of my money _____ Have enough funds for fun, dining out and travel

What would you **ideally** like to accomplish between now and your future years? (Bucket List?)

Estate Planning

Do you, spouse/partner have a: Will _____ Durable Power of Attorney _____ Living Will _____

Health Care Proxy? Yes: _____ No: _____ If yes, date completed: _____

Letter of Instruction – Have you ever discussed the items below with your Power of Attorney, Executor, Family Member, Friend, or someone you have confidence in to assist with or handle your affairs if you become incapacitated or die.

Preference of: Burial or Cremation Funeral Viewing or Memorial Service
Where do you want to be laid to rest? Do you want any of your organs donated?
Location of: Will, Durable Power, Living Will List of people who you owe or owe you money
Investments / Life Insurance Policies (Personal & Work) Passwords / Logins - Online Account Access
List of Savings / Checking Accounts / CD's Safe Deposit Box / Person who has key
Charitable donations – What charities and amounts Titles to Home / Vehicles Burial Plot Deed

Yes _____ No _____ If yes, who? _____

Are you a U.S. Citizen: Y _____ / N _____ Spouse: Y _____ / N _____

If no, indicate Residency Status: Resident Alien: _____ Non-Resident Alien: _____ Country _____

Are You, Spouse/Partner a Veteran? Yes _____ No _____

Professional Advisors:

Attorney: _____

Telephone Number: _____

Accountant: _____

Telephone Number: _____

Financial Advisor: _____

Insurance Agent: _____

Stockbroker: _____

Medical Information

Are you, spouse/partner covered by?

Private/Group Medical Insurance _____ Medicare _____ Supplement / Advantage Plan _____ Medicaid _____

Do you have Long Term Care Coverage? Yes _____ No _____ Spouse / Partner? Yes _____ No _____

Do you own Disability Income Insurance? Yes _____ No _____ Spouse/Partner? Yes _____ No _____

Do You Have Long Term Disability at Work? Yes _____ No _____ Spouse/Partner? Yes _____ No _____

Have you ever been rated or declined for Life / Disability or Long-Term Care Insurance? Yes _____ No _____

Spouse / Partner? Yes _____ No _____

Auto / Homeowners / Umbrella / Renters

Auto Insurance Carrier _____ Policy Date _____

Homeowners / Renters Carrier _____ Policy Date _____

Umbrella Carrier _____ Policy Date _____

What are Your Expectations of us working together?

I am interested in discussing:

- My current life insurance to be certain the amount and all beneficiary designations and provisions are up to date
- Life Insurance with Living Benefits (Chronic / Critical / Accelerated Death Benefit)
- Guaranteed Issue Life Insurance
- Social Security Planning – Best time to start
- Best Pension Option to select when I retire
- How to accumulate more money for Retirement, Emergency Funds, and Income Planning
- Review my assets and provide information / suggestions so I do not outlive my money
- Best Pension Option to select when I retire
- Provide legacy funds for family, charity, or organization
- How to establish a budget
- How to establish an IRA, Roth IRA, 401(k), 457, SEP or Personal Pension Plan
- Benefits for myself and employees / Key Person / Buy Sell / Executive Bonus
- Other Specify: _____

X _____
Signature **Date Signed**

Best weekday and time to meet _____ / _____

Referred by:

Please complete and return via E-Mail or Fax to:

lsobin@sobinfinancial.com Or Fax: 973-359-1252

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*Securities and advisory services offered through Packerland Brokerage Services, Inc. An unaffiliated entity, Member FINRA & SIPC

Please have the following items available when we meet for your financial evaluation

- Annuity Statements Brokerage Statements
- Social Security Statement Life Insurance Policies and Statements
- Retirement Account Statements Mutual Fund Statements
- Auto / Homeowners / Umbrella Insurance Policies

“I take the issue of privacy very seriously, and want to assure you that I will protect your security, privacy and confidentiality regarding any information that you share with me”

I will work with your CPA and Attorney, or if you prefer a Professional Referral to a:

Mortgage Broker (For a New or Refinance) / CPA / Attorney / Real Estate / Health Insurance / Medicare Plans / Investment services
Property Casualty (Auto / Homeowners / Umbrella / Renters / Business Liability / Workers Compensation)

Group Meetings / Presentations

Regarding Financial Planning, Insurance, Retirement, Social Security and Final Expense Planning

“God Bless Our Troops and Their Families”