



# INSPIRE ADVISORS

## Financial Profile Form

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Client Religious Affiliation: \_\_\_\_\_ Spouse Religious Affiliation: \_\_\_\_\_

1) What are your household's monthly expenses? \_\_\_\_\_

2) What is your annual income? Yours: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

3) Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

a. Previous Employer (if any): \_\_\_\_\_ Length of Employment: \_\_\_\_\_

4) Spouse's Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

a. Previous Employer (if any): \_\_\_\_\_ Length of Employment: \_\_\_\_\_

5) How much cash do you have saved in case of emergency? \$ \_\_\_\_\_

a. Where is it held?      Checking       Savings       CDs       Investments       Sock Drawer

6) Do you currently have any Debt?      Yes      No

a. Do you have a monthly budget?      Yes      No

b. Do you have a plan in place to pay off your debt?      Yes      No

7) Current debts? (Credit cards, student loan, car, motorcycle, 2<sup>nd</sup> mortgage, medical bills, debt in collections, etc.)

A) \_\_\_\_\_ \$ \_\_\_\_\_

B) \_\_\_\_\_ \$ \_\_\_\_\_

C) \_\_\_\_\_ \$ \_\_\_\_\_

D) \_\_\_\_\_ \$ \_\_\_\_\_

8) What is your mortgage balance?      \$ \_\_\_\_\_      Rate: \_\_\_\_\_      Term: \_\_\_\_\_

9) What do you want to accomplish by investing? (ex: retirement, college savings, etc.)

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

10) What investment accounts do you currently have? (IRA, 401k, annuity, pension, 457, 403b, etc.)

	Owner's Name	Account Type	Provider	Balance
A)	_____	_____	_____	\$ _____
B)	_____	_____	_____	\$ _____
C)	_____	_____	_____	\$ _____
D)	_____	_____	_____	\$ _____
E)	_____	_____	_____	\$ _____
F)	_____	_____	_____	\$ _____

G) Do you currently own or have you owned any of the following?

Real Estate:  Annuities:  Stocks:  Bonds:  REITs:  Ag or Mineral:  Mutual Funds:

Options:  Cash Value Insurance:  Commodities:  ETFs:  Other: \_\_\_\_\_

11) Are you receiving any income from your investments?

a. If so, how much? \_\_\_\_\_ Monthly:  Quarterly:  Annual:

12) How much life insurance do you have?

a. Self: \$ \_\_\_\_\_ Term Left/ Permanent: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

b. Spouse: \$ \_\_\_\_\_ Term Left/ Permanent: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

13) Do you currently have specialty insurance?

a. Long Term Care:  Disability:  Chronic Illness:  Other: \_\_\_\_\_

14) Family:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Education Savings: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Education Savings: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Education Savings: \_\_\_\_\_

15) At what age do you anticipate retiring? You: \_\_\_\_\_ Spouse: \_\_\_\_\_

16) Will you be receiving either Social Security or a Pension? If so, at what age do you plan on starting?

a. Client Social Security: \_\_\_\_\_ Age: \_\_\_\_\_ Pension: \_\_\_\_\_ Age: \_\_\_\_\_

b. Spouse Social Security: \_\_\_\_\_ Age: \_\_\_\_\_ Pension: \_\_\_\_\_ Age: \_\_\_\_\_

17) Are you currently obligated to pay or are you receiving alimony or child support?

a. Alimony: \_\_\_\_\_ Pay  Receive  b. Child Support: \_\_\_\_\_ Pay  Receive

18) Are you currently involved in Charitable Giving? Yes No

- 19) When do you anticipate needing to start spending your investment funds?
- Less than 3 years
  - 3-6 years
  - 7-10 years
  - Longer than 10 years
- 20) Which statement explains your greatest concern when selecting an investment?
- Potential for loss
  - Mostly potential for loss, but some concern about potential for gain
  - Mostly potential for gain, but some concern about potential for loss
  - Potential for gain
- 21) If you could improve your chance of higher returns by taking more risk, which of the following choices best reflects what you would do?
- Increase the risk of my investments as much as possible
  - Increase the risk of my investments significantly
  - Increase the risk of my investment moderately, but I would be concerned with the increased chance of losing money
  - I would not change the level of risk of my investments
- 22) Which of these areas would you be concerned with if you found out you had made a direct investment?
- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Pornography       | <input type="checkbox"/> Embryonic Stem Cell | <input type="checkbox"/> Tobacco  |
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> LGBT Activism       | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Abortion          | <input type="checkbox"/> Alcohol             |                                   |

**Notes:**