

WILLOW CREEK

FINANCIAL SERVICES, INC.

A WEALTH MANAGEMENT FIRM

CONFIDENTIAL FINANCIAL PLAN PROFILE

INTRODUCTION

Please complete the following pages to prepare for our next meeting. Your answers to these questions will enable us to better assist you in addressing your financial concerns and questions.

The more complete and accurate information you provide, the better job we can do in preparing a meaningful financial plan for you.

DOCUMENT REQUEST

To enable us to provide the best possible financial planning service, please provide copies (or include adequate details in the following questionnaire) of the following financial documents:

- Last year's tax returns
- Most recent pay stub(s)
- Most recent brokerage statements
- Cost basis information
- Loan statements (or details)
- Pension estimates / details (if applicable)
- Employee benefits statements
- Social Security benefit estimates
- Insurance policies (life, homeowners, auto, disability, etc.)
- Existing wills, trusts and durable powers of attorney
- Any other information that would be helpful in evaluating your financial situation

Sonoma County 707-829-1146 | Fax 707-829-0111

Marin County 415-925-1388

Toll Free 800-696-8096

www.wcfsinc.com

Date: _____

PERSONAL INFORMATION

Name:	Email:	
Date of Birth:	Age:	SS#:
Home Street Address:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Mailing Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	Cell Phone:
Employer:	Occupation:	
Annual Employment Income:	Annual % Increase:	
Employer Address:	How long:	
City:	State:	Zip:
Additional Info:		

Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date married:
Domestic Partner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Widowed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse/Partners' Name:	Email:	
Date of Birth:	Age:	SS#:
Employer:	Occupation:	
Annual Employment Income	Annual % Increase:	
Employer Address:	How long:	
City:	State:	Zip:
Business Phone:	Cell Phone:	

CURRENT ADVISORS

Accountant:	Phone:	Frequency of Contact:
Attorney:	Phone:	Frequency of Contact:
Stock Broker:	Phone:	Frequency of Contact:
Insurance Agent:	Phone:	Frequency of Contact:
Other:	Phone:	Frequency of Contact:

CHILDREN & DEPENDENTS

Name:	Date of Birth:	Age:
SS#:	Relationship:	
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Will you pay for private school prior to college:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Estimated annual cost:	Estimated # of years:	
Will you pay for college: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost:	Estimated # of years:

Name:	Date of Birth:	Age:
SS#:	Relationship:	
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Will you pay for private school prior to college:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Estimated annual cost:	Estimated # of years:	
Will you pay for college: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost:	Estimated # of years:

Name:	Date of Birth:	Age:
SS#:	Relationship:	
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Will you pay for private school prior to college:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Estimated annual cost:	Estimated # of years:	
Will you pay for college: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost:	Estimated # of years:

Name:	Date of Birth:	Age:
SS#:	Relationship:	
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Will you pay for private school prior to college:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Estimated annual cost:	Estimated # of years:	
Will you pay for college: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost:	Estimated # of years:

INSURANCE (PLEASE PROVIDE CURRENT COPIES OF ALL POLICIES)

Life Insurance Insured: _____ **Owner:** _____ Term Whole
Policy amount: _____ Annual premium: _____ **Beneficiary:** _____

Life Insurance Insured: _____ **Owner:** _____ Term Whole
Policy amount: _____ Annual premium: _____ **Beneficiary:** _____

Life Insurance Insured: _____ **Owner:** _____ Term Whole
Policy amount: _____ Annual premium: _____ **Beneficiary:** _____

Disability Insurance for: _____
Monthly Disability Benefit: _____ Annual premium: _____

Disability Insurance for: _____
Monthly Disability Benefit: _____ Annual premium: _____

Auto Insurance for: _____ Liability coverage limits: _____
Deductible: _____ Annual premium: _____

Auto Insurance for: _____ Liability coverage limits: _____
Deductible: _____ Annual premium: _____

Homeowners Insurance coverage limits: _____
Deductible: _____ Annual premium: _____
Earthquake Insurance: Yes No Annual premium: _____
Flood Insurance: Yes No Annual premium: _____

Umbrella Liability coverage limit: _____ Annual premium: _____

Health Insurance details: _____
Deductible: _____ Annual premium: _____

Long-term Care details: _____ Annual premium: _____
Daily benefit: _____ Number of years: _____

Are there types of your insurance coverage you feel should be increased or decreased? Briefly Explain. _____

ESTATE PLANNING

Client	Spouse/Partner	
_____	_____	I have a will in place – dated _____
_____	_____	I have a revocable living trust – dated _____
_____	_____	I have a durable power of attorney for healthcare – dated _____
_____	_____	I have a durable power of attorney for finance – dated _____
_____	_____	I expect to receive an inheritance – please state from whom, approximate amounts, and any other information that might be helpful _____ _____ _____
_____	_____	I have a donor advised fund – where? _____ _____
_____	_____	I plan to establish (or continue) a gifting program – please describe _____ _____ _____

CURRENT INCOME

If you currently receive income other than from your employment, please complete:

Annual Amount: _____ Source: _____
How long do you expect this income last: _____

Annual Amount: _____ Source: _____
How long do you expect this income last: _____

Annual Amount: _____ Source: _____
How long will this income last: _____

Which of the following best describes your attitude toward your current income needs?

- I need more current income
- My present income is adequate for my needs
- My present income exceeds my needs and I can save for future financial goals
- My income is variable from year to year

CURRENT OBJECTIVES

Please list and provide details for any major expenses you foresee such as home remodel, relocation, extensive travel, career change, child's wedding, etc.

Objectives	When Needed	Dollars Needed	Current Savings
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

How often do you typically purchase a new car? _____

How much do you typically spend on a new car? _____

Notes and comments: _____

RETIREMENT INCOME (PLEASE PROVIDE PENSION AND SOCIAL SECURITY INCOME STATEMENTS)

Will you be receiving a pension at retirement? No Yes Amount _____

Pension #1: COLA* before retirement No Yes Amount: %
 COLA* after retirement No Yes Amount: %

Pension #2: COLA* before retirement No Yes Amount: %
 COLA* after retirement No Yes Amount: %

Will your spouse be receiving a pension at retirement? No Yes Amount _____

Pension #1: COLA* before retirement No Yes Amount: %
 COLA* after retirement No Yes Amount: %

Pension #2: COLA* before retirement No Yes Amount: %
 COLA* after retirement No Yes Amount: %

If you are eligible to receive Social Security benefits, what is your estimated annual benefit at full retirement age _____ If you take your benefits early _____

Spouse/significant other benefit at full retirement _____ early retirement _____

*COLA = Cost of Living Adjustment

RETIREMENT OBJECTIVES

_____ Age you want to retire or be financially independent
_____ Age you think you will be able to retire
_____ Age your spouse / significant other plans to retire
_____ Age your spouse / significant other thinks they will be able to retire

- Yes No *I'm counting the days until I can retire*
 Yes No *I expect my retirement to be very different from what my parents experienced*
 Yes No *I don't want to retire "cold turkey"*
 Yes No *I worry about not having enough money when I retire*
 Yes No *I wonder what I am going to do with my time when I retire*
 Yes No *I worry that Social Security will not be available when I retire*
 Yes No *I haven't thought much about what I want to do when I retire*
 Yes No *I like being productive and would like to continue working after I retire*
 Yes No *I'm worried that my health will fail when I retire*
 Yes No *I have a clear vision of how I will invest my time and energy when I retire from my current position*

Please let us know of any special plans you have for retirement: _____

What do you most look forward to in retirement? _____

What does your spouse / significant other most look forward to in retirement? _____

What most concerns you about retirement: _____

What most concerns your spouse / significant other about retirement: _____

Do you foresee the need to provide care for a parent or child during retirement? If so, please explain _____

INVESTMENTS

Which best describes your current investment income objectives:

- Receive all investment portfolio income
- Receive some income and reinvest the remainder
- Reinvest all investment portfolio income

Which best describes your tolerance for risk:

- I can tolerate infrequent, very moderate losses in my portfolio
- I can tolerate 2 to 3 quarters of negative returns during a difficult market
- I can tolerate a year of negative returns for more long-term growth potential
- I can tolerate 2 to 3 years of negative returns in exchange for the potential of high long-term returns

Since the “great depression” the longest time period investors had to wait for their portfolio to return to its earlier value has been: 4 years for stocks and 2 years for bonds. If my portfolio has the potential of a long-term return that meets my goals, I am prepared to live with a time recovery of:

- Less than one year
- Between one and two years
- Between two and three years
- Over three years

How do you rate your tolerance for risk? Please check one:

Client	Spouse/Partner	
_____	_____	I am very conservative and am more interested in holding on to what I have than in taking risks, even if doing so may make my money grow
_____	_____	I am fairly conservative but am willing to accept some risk in return for potential growth
_____	_____	I can accept a fair amount of risk in exchange for the possibility of having my money grow substantially
_____	_____	I am willing to risk losing some or all of my money if I’m convinced that the investment has a chance of paying off big

Several Investment Portfolios are presented below. Please check the one that most nearly approximates your preference for the level of risk and the associated performance goal for your portfolio.

Select Risk Level	Overall Risk Level	Expected Average Annual Rate of Return	Expected Annual Range of returns
<input type="checkbox"/>	Very Low Risk	5.00%	-5.00% to + 12.00%
<input type="checkbox"/>	Low Risk	6.50%	- 11.00% to + 23.00%
<input type="checkbox"/>	Moderate Risk	7.50%	- 14.00% to + 28.00%
<input type="checkbox"/>	High Risk	8.50%	- 20.00% to + 35.00%

Are there any particular investments for which you have either a preference or an objection? If so, please explain: _____

Please rank in order your primary financial concerns:

1. _____
2. _____
3. _____
4. _____
5. _____

Is there anything else we should know to help plan your financial future? _____

Please list any additional questions or concerns you have: _____

PERSONAL ASSETS AND LIABILITIES

Residence

Current value:	Cost basis:	Owner:
Date purchased:	Do you plan to sell this home:	
Sq. Footage:		
Mortgage balance:	Monthly payment:	Int. Rate:
Will your mortgage interest rate adjust?	If so, when?	Loan duration (yrs):

2nd home

Current value:	Cost basis*:	Owner:
Date purchased:	Do you plan to sell this home:	
Mortgage balance:	Monthly payment:	Int. Rate:
Will your mortgage interest rate adjust?	If so, when?	Loan duration (yrs):
Rental Income details (if any):		Sq. Footage:

*Cost basis is the purchase price plus any improvements to the home

Please list the value of your cash reserve including the following accounts:

Savings	Owner:
Savings	Owner:
Checking	Owner:
Checking	Owner:
Money Market	Owner:

Please list the estimated value of your personal assets including:

Automobiles	Owner:
Boats	Owner:
RV's	Owner:
Jewelry	Owner:
Artwork	Owner:
Furniture/Antiques	Owner:
Other	Owner:
Other	Owner:

Do you have any plans to sell any of the above listed personal assets in the future? If so, please provide details: _____

Please provide details on any of the following debts you have (*if debt is not paid off monthly*):

Credit card balance:	Rate:	Mo. Pmt:	Owner:
Credit card balance:	Rate:	Mo. Pmt:	Owner:
Auto loan balance:	Rate:	Mo. Pmt:	Owner:
Auto loan balance:	Rate:	Mo. Pmt:	Owner:
Student loan balance:	Rate:	Mo. Pmt:	Owner:
Student loan balance:	Rate:	Mo. Pmt:	Owner:
Student loan balance:	Rate:	Mo. Pmt:	Owner:
Other:	Rate:	Mo. Pmt:	Owner:
Other:	Rate:	Mo. Pmt:	Owner:

INVESTMENT ASSETS AND LIABILITIES (PLEASE PROVIDE ACCOUNT STATEMENTS)

Investment Real Estate	Location:	
Current value:	Cost basis:	
Date purchased:		
Mortgage balance:	Monthly payment:	Int. Rate:
Rental Income:	Property taxes:	
Insurance:	Other expenses:	
Do you plan to sell this property: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when:		

Investment Real Estate	Location:	
Current value:	Cost basis*:	
Date purchased:		
Mortgage balance:	Monthly payment:	Int. Rate:
Rental Income:	Property taxes:	
Insurance:	Other expenses:	
Do you plan to sell this property: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when:		

Brokerage Account	
Current Value:	Cost basis*:
Owner / Details:	

Brokerage Account	
Current Value:	Cost basis*:
Owner / Details:	

Brokerage Account

Current Value: _____ Cost basis*: _____
 Owner / Details: _____

Business Interest

Current Value: _____ Cost basis*: _____
 Owner / Details: _____

Partnership

Current Value: _____ Cost basis*: _____
 Owner / Details: _____

** If inherited – value at date of inheritance*

** If a gift – donor’s basis*

RETIREMENT ASSETS (PLEASE PROVIDE ACCOUNT STATEMENTS)

INVESTMENT ACCOUNT’S:

Type of account: 401(k) 403(b) IRA PSP
 MPP Other

Owner: _____ Account Balance: _____ Beneficiary: _____
 Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP
 MPP Other

Owner: _____ Account Balance: _____ Beneficiary: _____
 Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP
 MPP Other

Owner: _____ Account Balance: _____ Beneficiary: _____
 Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP
 MPP Other

Owner: _____ Account Balance: _____ Beneficiary: _____
 Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP
 MPP Other

Owner: _____ Account Balance: _____ Beneficiary: _____
Annual Contributions: _____ Employer Contributions: _____

Stock Options: Yes No Company: _____

of shares: _____ Type: _____ Owner: _____

Vesting / Other Details: _____

Other Retirement Asset Details: _____

CASH FLOW

INCOME	MONTHLY	ANNUAL	RETIREMENT
Salary (gross)			
Salary (gross)			
Self-Employment Income			
Self-Employment Income			
Bonus			
Bonus			
Social Security			
Social Security			
Pension			
Pension			
Rental Income			
Net Business Income			
Other (alimony, child support, etc.)			
TOTAL INCOME			

EXPENSES	MONTHLY	ANNUAL	RETIREMENT
TRANSPORTATION			
Gas / Oil			
Repairs			
DMV / AAA			
Parking Tolls			
Other			
UTILITIES			
Gas / Electric			
Water			
Garbage			
Telephone			
Cell Phone			
Computer / Internet			
Cable TV / Dish / Tivo			
Other			
Other			

EXPENSES (CONTINUED)	MONTHLY	ANNUAL	RETIREMENT
ITEMIZED DEDUCTIONS			
Property Taxes			
Medical Expenses			
Charitable Contributions			
Miscellaneous Itemized Deductions			
Alimony			
Other			
FOOD & HOUSEHOLD			
Rent / Lease payment (not mortgage)			
Home Furnishings			
Property Improvements			
Household Maintenance			
Domestic Help			
Gardening			
Groceries			
Eating Out			
Household Supplies			
Other			
DISCRETIONARY			
Gifts / Birthdays			
Clothing			
Personal Care			
Entertainment			
Hobbies			
Vacations			
Membership / Dues			
Pet Expenses			
Books / Subscriptions			
Postage			
Photos			
Cash Withdrawals / ATM			
Miscellaneous			
Other			
Other			

EXPENSES (CONTINUED)	MONTHLY	ANNUAL	RETIREMENT
CHILD EXPENSES			
Baby-sit / Daycare			
School			
Special Events / Camp			
Child Support Payments			
Other			
Other			
INSURANCE			
Life Insurance Premiums			
Medical Insurance Premiums			
Auto Insurance Premiums			
Homeowners Insurance Premiums			
Umbrella Liability Insurance			
Disability Insurance			
Long-Term Care Insurance			
Other Insurance			
DEBT			
Mortgage Payment			
Mortgage Payment			
Auto Loan Payment			
Boat or RV Payment			
Credit Card Payment (debt only)			
Student Loan Payment			
Personal Loan payments			
Bank Loan payments			
Other			
Other			
Other			
Other			
TOTAL EXPENSES			