



HARRIS
FINANCIAL
ADVISORS
INCORPORATED

Confidential Financial Profile

**Note, please be sure to download this form to your desktop and open in Adobe Reader prior to filling out your information below.*

Confidential Financial Profile

Date _____

Referred By _____

1. Client Profile

Name _____ Date of Birth _____ U.S. Citizen Yes No

Home Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Number of Dependents _____ Ages _____

Employer/Occupation _____ Job Title _____

Business Address _____ Business Phone # _____

Email Address _____ Suitable for confidential messages? Yes No

2. Spouse Profile

Name _____ Date of Birth _____ U.S. Citizen Yes No

Employer/Occupation _____ Job Title _____

Business Address _____

Business # _____ Cell # _____

Email Address _____ Suitable for confidential messages? Yes No

3. Retirement Planning & Advisors

Do you have a: **Will** Yes No **Living Trust** Yes No **Irrevocable Trust** Yes No

Accountant's Name _____ Attorney's Name _____

Your Anticipated Retirement Age _____ Spouse's Anticipated Retirement Age _____

4. Financial Objectives & Concerns

What is your most important long-term financial goal? _____

What is your most current financial goal? _____

Are you satisfied with the rate you've been accumulating _____

What do you consider to be a satisfactory return on investment capital before taxes? _____% (Annual Rate)

Do you have a brokerage relationship? Yes No Name of Firm _____

When you make a major financial decision, with whom do you consult? _____

Do you have any immediate financial concerns on which you would like us to provide advice or assistance? _____

What dollar amount could you comfortably invest each month for wealth accumulation? \$ _____

As an investor, where would you place yourself on the following scale? (Check a number)

1 2 3 4 5 6 7 8 9 10

Risk Tolerance: **Low**
Minimize losses and fluctuation
as much as possible

Risk Tolerance: **Moderate**
A balanced investment mix with
some fluctuation and growth

Risk Tolerance: **High**
Maximum accumulation of assets
regardless of risk fluctuation

Most Investments fluctuate over the short-term. If a \$10,000 stock investment you made for ten years lost value in the first year, at what point would you sell and move to a more stable investment, rather than wait for a turn around?

(check one) \$9,500 \$9,000 \$8,500 \$8,000 less than \$8,000 I would not sell



5. Income, Expenses & Taxes

Your Annual Salary	\$ _____	Expenses - Annual	\$ _____
Spouse's Annual Salary	\$ _____	(excluding Federal & State Tax)	
Additional Business Income	\$ _____	Taxes - Federal & State	\$ _____
Investment Income	\$ _____	Income After Expenses & Taxes	\$ _____
Other _____	\$ _____		
Other _____	\$ _____		
Other _____	\$ _____		
Total Income	\$ _____		

		Monthly	@ Age	COLA %
Social Security	Yours	\$ _____	_____	
Social Security	Spouse	\$ _____	_____	
Pension	Yours	\$ _____	_____	____%
Pension	Spouse	\$ _____	_____	____%

6. Assets & Liabilities

Assets

Bank Accts. (Ck, Sav, MMkt)	\$ _____
Certificates of Deposit	\$ _____
Brokerage Account #1	\$ _____
Brokerage Account #2	\$ _____
Brokerage Account #3	\$ _____
Annuities	\$ _____
IRA: Owner _____	\$ _____
IRA: Owner _____	\$ _____
401k: Owner _____	\$ _____
401k: Owner _____	\$ _____
Real Estate: Residence.....	\$ _____
Real Estate: Investment	\$ _____
Child Account #1 _____	\$ _____
Child Account #2 _____	\$ _____
Other Asset _____	\$ _____
Other Asset _____	\$ _____
Total Assets	\$ _____

Liabilities

Residence:	
Mortgage Balance	\$ _____
Home Equity Line Balance...	\$ _____
Investment Real Estate:	
Mortgage Balance	\$ _____
2nd Mortgage Balance.....	\$ _____
Auto Loans	\$ _____
Auto Loans	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Liabilities	\$ _____

7. Insurance

Life Insurance

<u>Insured</u>	<u>Beneficiary</u>	<u>Death Benefit / Cash Value</u>	<u>Type (Term, Univ, Whole)</u>
_____	_____	\$ _____ / \$ _____	_____
_____	_____	\$ _____ / \$ _____	_____
_____	_____	\$ _____ / \$ _____	_____
_____	_____	\$ _____ / \$ _____	_____

Other Insurance

	<u>Long-Term Disability</u>	<u>Medical</u>	<u>Medicare Supplement</u>	<u>Long-Term Care</u>
Client:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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A REGISTERED INVESTMENT ADVISOR

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