



## Personal Financial Data Form

This information will be kept strictly confidential.

We may prepare an analysis for you based on the information you provide. This analysis might provide the basis for making recommendations for specific investments and financial planning strategies that you should consider to help you meet your family's needs and achieve your goals.

Please review the checklist below to determine which documents you should provide to your advisor.

### Checklist

- 1 Full Month of Paycheck Stubs (for each worker)
- Social Security Statement(s)
- Investment / Banking Statements
- Most Recent Federal Income Tax Return
- Life and Disability Insurance Policies
- Latest Employee Benefit Manual and Retirement Plan Statements
- Declaration Pages of any Auto and Homeowners Insurance Policies
- Latest Wills and Trust Documents
- Mortgage Information
- Information on unique financial events or situations such as a major purchase, debt refinancing, expected inheritance, etc.

### **CONFIDENTIAL INFORMATION**

Prepared as a service by: Sparks Financial Services  
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*Securities and advisory services offered through Commonwealth Financial Network, member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered through Sparks Financial Services or CES Insurance Agency.*

## Personal Data

Date

FIRST NAME	M.I.	LAST NAME	Age	Sex	Birth Date	Social Security No.	Use Tobacco
<b>Client A</b>							Yes / No
<b>Client B</b>							Yes / No

### Home Address:

Street			
City	State	Zip	Home Phone

### Children and Dependents:

First Name	M.I.	Age	Sex	Birth Date	Parent *	College Funding **	Age to Start	Total Yrs. In School	Current Cost/Year	Amount Already Saved
						Yes / No				
						Yes / No				
						Yes / No				
						Yes / No				
						Yes / No				

\* Indicate Client **A**, Client **B** or **Both**. If you plan to have children, please write "Planned" in the name space and indicate the approx. future birth date.  
 \*\* If you anticipate paying for education costs, choose Yes. If you do not specify a cost for education in today's dollars, we will use the cost of the University of Washington for four years.

## Professional Information

Client A			Client B		
Occupation	Self Employed Yes / No		Occupation	Self Employed Yes / No	
Employer	How Long		Employer	How Long	
Business Phone	Retired Yes / No		Business Phone	Retired Yes / No	
E-Mail Address			E-Mail Address		

### Professional Advisors:

Accountant	Telephone
Attorney	Telephone
Financial Advisor	Telephone

## Planning Assumptions

<b>Average Annual Inflation Rate</b> Over the last 25 years, inflation has averaged about 4.8%. This has been an uncharacteristic period in U.S. history, with inflation over the last 15 years averaging about 3.5%. For planning purposes, unless you indicate otherwise to the right, we will base our calculations on a 4.8% annual rate.	<b>%</b>	
<b>Monthly Gross Income Desired At Retirement, After-tax, In Today's Dollars:</b> Assuming both clients are retired. We can help you determine this number as part of the financial planning process if you like.	<b>\$</b>	
<b>Retirement Considerations</b>	<b>Client A</b>	<b>Client B</b>
Planned Retirement Age		
Do you want us to figure Social Security as part of your retirement benefits?	Yes / No Reduced Rate? _____ %	Yes / No Reduced Rate? _____ %
Are you part of the Federal Employees Retirement Plan?	Yes / No	Yes / No
Are you a participant in the Railroad Retirement Plan?	Yes / No	Yes / No
Life expectancy? Leave blank if you would like us to calculate based on the Commissioner's Standard Mortality Tables.		

## Cash Reserves Detail

Investment Type: CK = Checking Account; MI = Money Market Interest Account; MM = Money Market Mutual Fund; PS = Passbook Savings; TB = U.S. Treasury Bills				
Name of Institution	Owner A, B, Both	Investment Type	\$ Current Balance	Interest Rate

## Investment Detail

Life Insurance Cash Values should be listed here. Death benefits should be listed in Life Insurance section.

Account Type:				Investment Type:					
<b>QP</b> = Qualified Retirement Plan (IRA, SEP, TSA, 401(k), Profit Sh.) <b>NQ</b> = Non-Qualified (taxable) Investment <b>FA</b> = Fixed Annuity <b>VA</b> = Variable Annuity <b>CV</b> = Cash Value of Life Insurance				<b>CD</b> = Certificate of Deposit <b>GB</b> = Government Bonds <b>MB</b> = Municipal Bonds <b>CB</b> = Corporate Bonds <b>FB</b> = Foreign Bonds <b>T</b> = Tangible Assets		<b>LCS</b> = Large Cap Stocks (Stock Funds) <b>SCS</b> = Small Cap Stocks (Stock Funds) <b>INT</b> = International Stocks (Stock Funds) <b>VC</b> = Venture Capital <b>LP</b> = Limited Partnership <b>RE</b> = Real Estate Mutual Funds			
Name	Acct. Type	Inv. Type	Owner A, B, Both	Current Value	Annual Return	# of Shares	Maturity Date	Purchase Price	Date of Purchase

## Real Estate Portfolio Detail

Real Estate Type:					Mortgage Number:					
<b>PR</b> = Primary Residence <b>SR</b> = Second Residence <b>R</b> = Recreation Property <b>I</b> = Investment Property					<b>F</b> = First <b>S</b> = Second					
Type	Owner A/B Both	Market Value	Annual Property Tax	Mortgage Number	Original Mortgage Amount	Date of Mortgage	Term (Years)	Mortgage Balance	Monthly Payment (P&I)*	Interest Rate

\*P&I = Principal and Interest only.

## Money Owed You

Original Amount	Owner A, B, Both	Original Date	Original Term	Interest	Current Balance	Monthly Payment

## Employer Pension Benefits \*

Are you eligible to participate in an employer-sponsored *pension* plan? Yes / No

	Expected Monthly Benefits	Year Benefits Begin	Year Benefits End	COLA (if any)	Monthly Survivor Benefit
Client A				%	
Client A				%	
Client B				%	
Client B				%	

\* Your employer can help you determine this information. **401(k) information** should be listed in **the Investment Detail** section on page 2.

## Personal Property

	Description	Value
Automobile 1		
Automobile 2		
Automobile 3		
	Furniture / Personal Property / Antiques / Jewelry	
	Other	

## Liabilities

Do not include real estate loans in this Section. All real estate loans should be entered in the Real Estate Portfolio Detail above.

	Original Date	Original Amount	Original Term	Balance	Interest Rate	Minimum Payment	Current Payment
Auto Loan 1							
Auto Loan 2							
Recreational Vehicle							
Student Loan							
Credit Card							
Credit Card							
Credit Card							
Credit Card							
Line of Credit							
Line of Credit							
Other							
Other							

## Income Detail

Present Income	Client A	Client B		Client A	Client B
Salary / Wages and Bonus			Rent, Royalty, or Partnership Income		
Net Income from Self-Employment			Social Security Benefits		
Taxable Interest Income			IRA Distributions		
Tax-Exempt Interest Income			Pension or Annuity Income		
Dividends			Other Income		
Capital Gains			<b>Total Present Income</b>	\$	\$

Describe any anticipated major changes in your income in the next two years \_\_\_\_\_

## Monthly Cash Flow

Input either *Annual* or *Monthly*.

LIABILITIES	Annual	Monthly	SAVINGS AND INVESTMENTS	Annual	Monthly
Rent or Mortgage Payment (Prin. & Int. only)			Retirement Plan Contributions (Client A)		
Vacation Home Mortgage Payment			Retirement Plan Contributions (Client B)		
Automobile Loan(s)			Other Committed Savings _____		
Personal Loans /Student Debt/ Charge Accts			<b>HOUSEHOLD EXPENSES</b>		
Child Support / Alimony			Religious / Charitable Contributions		
Other _____			Groceries		
<b>TAXES</b>			Dining Out		
Real Estate Taxes (Home)			Clothing, Dry Cleaning		
Real Estate Taxes (Other)			Doctor / Dentist		
Federal Income Taxes			Prescription Drugs		
FICA & Medicare (Client A)			Veterinarian & Pet Care		
FICA & Medicare (Client B)			Education Expenses, Books, Magazines		
<b>INSURANCE</b>			Gifts (Holidays, Birthdays, Anniversaries, etc.)		
Auto Insurance			Personal Care		
Home Owners Insurance			Electricity, Natural Gas, Other Fuel		
Health / Medical Insurance			Telephone (including Cell), Cable, Internet		
Life Insurance			Water / Sewer / Trash		
Disability Income Insurance			Professional Fees		
Long Term Care Insurance			Recreation, Entertainment, Hobbies		
Other _____			Vacation & Travel		
<b>TRANSPORTATION</b>			Allowance		
Gas & Oil			Child Care		
Maintenance & Repairs			Home Maintenance & Repair		
License, Registration			Home Furnishings, Electronics, Security System		
Parking, Tolls			Union Dues, HOA Dues, Other		
Other _____			<b>TOTAL MONTHLY CASH FLOW:</b>		

## Income Tax Data

Include a copy of your most recent income tax return. If self-employed, include last 2 years returns.

<b>Filing Status:</b> Check One	<input type="checkbox"/> Married / Joint	<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Married / Separate
# of Personal Exemptions		<b>DEDUCTIONS:</b> Taxes (Real Estate, Etc.)		\$
# of Deductions for Over 65, Blind, Etc.		Interest (Mortgage, Investment)		\$
Pre-Tax Payroll Deductions (401(k) / 403(b))	\$	Charitable Contributions		\$
AMT Adjustments & Preference Items	\$	Medical Expenses (7.5% Limitation)		\$
Deductible IRA, Keogh & SEP Contributions	\$	Business / Misc. (2% Limitation)		\$
<b>Tax Credits:</b> \$ _____ Describe: _____ (Child Care, Low Income Housing, Etc.)				

## Present Life Insurance

Type: **T** = Term, **UL** = Universal Life, **VL** = Variable Life, **VUL** = Variable Universal Life, **W** = Whole Life

Insurance Company Name	Type	Insured A, B, Child	Beneficiary A, B, Other	\$ Death Benefit	\$ Cash Value	\$ Policy Loans	Loan % Rate	\$ Annual Premium
	Group Term	Client A						(if any)
	Group Term	Client B						(if any)

When you return your Financial Data Form, enclose your Life, Disability, and Long-Term Care policies, and any other insurance policies you would like your advisor to review. Because of the wide disparity in insurance options and benefits, it is very difficult to accurately analyze insurance programs without the actual policy.

## Other Insurance

Existing Coverage	Insurance Company Name	Monthly Benefits	% COLA If Any	Waiting Period	Max. Benefit Period	\$ Annual Premium
Group Disability Insurance, Client A						
Group Disability Insurance, Client B						
Personal Disability Insurance, Client A						
Personal Disability Insurance, Client B						
Long-Term Care Insurance, Client A						
Long-Term Care Insurance, Client B						

## Estate Planning

Estate Planning Strategies That You Use (check all that apply)

	Client A	Date Last Reviewed	Client B	Date Last Reviewed
Simple Will	<input type="checkbox"/>		<input type="checkbox"/>	
Credit Shelter Trust	<input type="checkbox"/>		<input type="checkbox"/>	
Durable Power of Attorney	<input type="checkbox"/>		<input type="checkbox"/>	
Directive to Physician	<input type="checkbox"/>		<input type="checkbox"/>	
Buy-Sell Agreement	<input type="checkbox"/>		<input type="checkbox"/>	
Q-Tip Trust	<input type="checkbox"/>		<input type="checkbox"/>	
Charitable Trust	<input type="checkbox"/>		<input type="checkbox"/>	
Irrevocable Life Insurance Trust	<input type="checkbox"/>		<input type="checkbox"/>	
Revocable Living Trust	<input type="checkbox"/>		<input type="checkbox"/>	
Family Partnership	<input type="checkbox"/>		<input type="checkbox"/>	
Annual Gifting	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>		<input type="checkbox"/>	

If you checked "Other", please explain: