Next FP
Next Financial Partners

Confidential Personal Financial Planning Guide

Date:_____

Please bring the following documents as supplements:

Last Year's Tax Return	*Social Security Statement*	*Bank & Credit Union Statements*
Brokerage Account Statement	*List of Monthly Expenses*	*Life Insurance policies (Including*
IRA/Retirement Account Statements	*Will & Trust Documents*	*Beneficiary Information)*

Please feel free to fill out as much information prior to the meeting and bring any additional information that you would like to discuss to the meeting with you.
Fax to (864) 551-2968, email to: helpdesk@nextfp.net or directly mail to:
Next Financial Partners, 303 W Stone Ave, Greenville, SC 29609

Section I: Client Information

CLIENT NAME _____
First Middle Last Designation/Suffix

Preferred Name _____ Social Security # _____ Date of Birth _____
Nickname Tax ID # mm/dd/yyyy

Home Address _____
Street City State zipcode

Email Address (please print) _____

Phone Number: Home_____ Cell Phone _____
(select one:) *Home* *Work*

__ Driver's License __ Passport __ Resident Alien Card __ Military ID Card __ Other Government Issued Photo ID

Identification Number _____ State Issued _____

Country Issued _____ Date Issued _____ Expiration Date _____
mm/dd/yyyy mm/dd/yyyy

SPOUSE NAME _____
First Middle Last Designation/Suffix

Preferred Name _____ Social Security # _____ Date of Birth _____
Nickname Tax ID # mm/dd/yyyy

Spouse Email Address (please print) _____

Phone Number: Home_____ Cell Phone _____
(select one:) *Home* *Work*

__ Driver's License __ Passport __ Resident Alien Card __ Military ID Card __ Other Government Issued Photo ID

Identification Number _____ State Issued _____

Country Issued _____ Date Issued _____ Expiration Date _____
mm/dd/yyyy mm/dd/yyyy

Marital Status S M W D # of Dependents _____ *(circle:)* U.S. Citizen Resident Alien
Client Employer_____ Occupation _____ # of Years _____

Employer Address _____
Street Number *Street*

_____
City *State* *Zip Code*

Spouse Employer_____ Occupation _____ # of Years _____

Employer Address _____
Street Number *Street*

_____
City *State* *Zip Code*

Section II: Family Member Information/ Beneficiary

Children

Name _____ Date of Birth _____ Social Security # _____
Full Name mm/dd/yyyy Tax ID #

Address _____
Street Number Street City State Zip Code

Name _____ Date of Birth _____ Social Security # _____
Full Name mm/dd/yyyy Tax ID #

Address _____
Street Number Street City State Zip Code

Name _____ Date of Birth _____ Social Security # _____
Full Name mm/dd/yyyy Tax ID #

Address _____
Street Number Street City State Zip Code

Section III: Income and Objectives

Income (Current and Retirement)

Income Sources	Amount Per Year	Amount Per Month	Average Annual Bonus
Employment – Client			
Employment - Spouse/Joint Client			
Social Security – Client			NA
Social Security - Spouse/Joint Client			NA
Pension Plan – Client			NA
Pension Plan - Spouse/Joint Client			NA
401K – Client			NA
401K - Spouse/Joint Client			NA
Real Estate			NA
Alimony/Child Support			NA
Other Income _____			NA

Financial Planning Objectives

Please rank the following according to your level of concern.
(Circle the appropriate number with "1" being of **least concern** to "5" being of **greatest concern**)

1. Planning for children or grandchildren	1	2	3	4	5
2. Reducing Taxes	1	2	3	4	5
3. Increasing Income	1	2	3	4	5
4. Estate Planning	1	2	3	4	5
5. Legacy Planning	1	2	3	4	5
6. Charitable Gifting	1	2	3	4	5
7. Caring for a loved one Physically or Financially	1	2	3	4	5
8. Investment Risk	1	2	3	4	5
9. Liquidity of Assets	1	2	3	4	5
10. Retirement Planning	1	2	3	4	5
11. Long Term Care Protection	1	2	3	4	5
12. Health Insurance	1	2	3	4	5
13. College Savings	1	2	3	4	5
14. Real Estate Questions and Planning	1	2	3	4	5

Do you have any of the following? Please CIRCLE all that apply

Living Trust　　Long-Term Care Insurance　　Will

Attorney　　Financial Advisor　　Stock Broker　　Accountant

Have you had any problems with previous stock brokers or financial advisers? Yes No If "Yes," please explain.

____

____

Section IV: Assets and Liabilities

Mortgages and Loans

Type	Description (i.e. House/Auto Type	Name of Creditor	Original Loan Value	Remaining Loan Amount	Years Remaining on the Loan	Interest Rate	Monthly Payment
☐ Property/Home ☐ Auto ☐ Home equity ☐ Other______			$	$		____% ☐ Fixed ☐ APR	$
☐ Property/Home ☐ Auto ☐ Home equity ☐ Other______			$	$		____% ☐ Fixed ☐ APR	$
☐ Property/Home ☐ Auto ☐ Home equity ☐ Other______			$	$		____% ☐ Fixed ☐ APR	$
☐ Property/Home ☐ Auto ☐ Home equity ☐ Other______			$	$		____% ☐ Fixed ☐ APR	$
☐ Property/Home ☐ Auto ☐ Home equity ☐ Other______			$	$		____% ☐ Fixed ☐ APR	$

Auto/Boat

Make	Model	Market Value	Purchase Date	Original Cost	Insured?
		$		$	Yes No
		$		$	Yes No
		$		$	Yes No

Primary Home, Properties, Other Real Estate

Description	Market Value	Purchase Date	Original Cost	Insured?
	$		$	Yes No
	$		$	Yes No
	$		$	Yes No

Jewelry, Collectibles (Coins, Stamps, Etc.), and Miscellaneous

Description	Market Value	Purchase Date	Original Cost	Insured?
	$		$	Yes No
	$		$	Yes No
	$		$	Yes No

Credit/Charge Card Debt

Name of Creditor	Amount Due	Interest Rate	Monthly Payment
		_____% ☐ Fixed ☐ APR	$
		_____% ☐ Fixed ☐ APR	$
		_____% ☐ Fixed ☐ APR	$

Taxes and Insurance (Property)

Name of Creditor	Amount Due	Interest Rate	Monthly Payment
		_____% ☐ Fixed ☐ APR	$
		_____% ☐ Fixed ☐ APR	$
		_____% ☐ Fixed ☐ APR	$

Other Liabilities

Name of Creditor	Amount Due	Interest Rate	Monthly Payment
		_____% ☐ Fixed ☐ APR	$
		_____% ☐ Fixed ☐ APR	$
		_____% ☐ Fixed ☐ APR	$

Balance in Banks, Savings & Loans & Credit Unions (<u>Non</u>-IRA/Retirement)

(i.e., Checking, Savings, Money Market)

Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
			%	$
			%	$
			%	$
			%	$
			%	$
			%	$

IRA Accounts and Other Retirement Accounts

(Please bring in your latest statements)

Account Type and Location (i.e., Bank, Broker, Employer, etc.)	Type (401k, IRA, TSA, etc.)	Approximate Market Value
		$
		$
		$
		$
		$
		$
		$

Mutual Funds and/or Brokerage Accounts

(Please bring in your latest statements)

Name of Brokerage Firm/Mutual Fund	Approximate Market Value
	$
	$
	$
	$

Stocks and Bonds

(Where you hold certificates yourself)

Name of Stock/Bond	# of Shares	Approximate Market Value
		$
		$
		$
		$

Annuities

(Please bring in your latest statements)

Company	Annuitant/Owner	Interest Rate	Approximate Value	Date Purchased
		%	$	
		%	$	
		%	$	
		%	$	

Life Insurance

(Please bring in policies and latest statements)

Company	Name of Insured	Type of Insurance (Whole life, term)	Approximate Death Benefit	Loan Against
			$	$
			$	$
			$	$
			$	$

Expenses

Housing	**Monthly**	**Yearly**	**Household**	**Monthly**	**Yearly**
Mortgage/Condo fees	$	$	Groceries	$	$
Taxes/Insurance	$	$	Clothing/Personal Care	$	$
Electric/Gas/Water	$	$	Medical/Dental/Prescriptions	$	$
Phone/Cable/Internet	$	$	Pet(s)	$	$
Maintenance	$	$	Entertainment	$	$
Other _____	$	$	Gifts	$	$
Other _____	$	$	Travel/Vacation	$	$
			Charitable Contributions	$	$
Transportation	**Monthly**	**Yearly**	Other _____	$	$
Loan/Lease(s)	$	$	Other _____	$	$
Gas/Maintenance	$	$			
Insurance/Plates	$	$	**Miscellaneous**	**Monthly**	**Yearly**
			Child Support/Alimony	$	$
Medical/Dental/Vision	**Monthly**	**Yearly**	CPA/Advisor/Professional	$	$
Premium	$	$	Other _____	$	$
Co-pays	$	$	Other _____	$	$
Prescriptions	$	$			
Other _____	$	$			
Other _____	$	$			

Future Major Purchases (Cars, vacations, 2nd home, remodel, wedding, etc)

Description	**Start Year**	**# of Years**	**Amount Needed**
			$
			$
			$
			$

OBJECTIVES AND GOALS

Investment Experience (# of years)

Options _____ Margin _____ REIT _____

Mutual Funds _____ Bonds _____ Partnerships _____ BDC _____

Time Horizon (Expected time prior to satisfying income needs from

☐ 1-3 years ☐ 3-5 years ☐ 5-10 years ☐ More than 10 years

Are you able to save money each month? ☐ Yes ☐ No

Do you expect a significant change in your income during the next two years?

_____

_____

How might your spending in retirement change (travel, downsize, health care)?

_____

_____

What is the number one thing you would like our firm to assist you with?

_____

_____

Additional questions, comments, and/or additional family/beneficiary information

_____

_____

_____

_____

Instructions to Print Social Security Reports

1) **Log onto www.ssa.gov**
2) Click on Create an Account
3) Click on Create an Account
4) Click on Create an Account (New Users)
5) Check the box "I agree to the terms of service"
6) Click next
7) Enter your personal information
    a) Name
    b) Social Security #
    c) Address
    d) Phone
    e) Email
8) For extra security choose "NO Maybe later"
9) Click Next
10) Answer 4 security questions (May be none of the above)
11) Click Next
12) If you answered correctly you will be asked to
    a) Create a user name and password
    b) Enter email address and confirm it
    c) Create 3 personal security questions and answers
13) Click Next
14) If successful click Next
15) Check the box to "agree to the terms of service"
16) Print your Full Statement

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

Client Name_____

Date_____

Please fax this completed confidential personal financial profile to our office at (864) 551-2968 or mail to the address below prior to your initial/next meeting. If you have any questions please do not hesitate to call us.

Next FP
Next Financial Partners

NEXT FINANCIAL PARTNERS LLC.
303 W. Stone Ave. Greenville, SC 29609
Phone (864) 859-7703 Fax (864) 551-2968
www.nextfp.net

Directions to Our Office – detach and keep for future reference.

From Easley:
Follow US 123 / S. Academy St. to N. Main St then to Stone Ave. turn left at the light for Stone Ave. and we will be a few blocks down and we are on the left-hand side of the Street.

From Simpsonville:
Via – 1-385N for 10.8 miles to exit 42 for US – 276 toward Stone Ave/ Travelers Rest. Use the right 2 lanes to turn right onto US – 276 N/E Stone Ave. We will be on the left-hand side of the Street.

From Greer:
Via – Rte 29 12.1 miles to Rte 29 S/W Wade Hampton Blvd. 2.9 miles, and continue straight on Wade Hampton Blvd. 0.2miles, use the right 2 lanes to turn right onto E Stone Ave. E Stone will cross over to W. after the N. Main intersection. We will be a few blocks down on the left-hand side of the Street.

Next FP
Next Financial Partners

NEXT FINANCIAL PARTNERS
303 W. STONE AVE. GREENVILLE, SC 29609
Phone (864) 859-7703 Fax (864) 551-2968
www.nextfp.net