



**CONFIDENTIAL**

**Personal &  
Financial Profile**

**All personal and financial information is treated with strict confidentiality whether or not you become a client of CalBay Investments, Inc.**

**500 La Gonda Way, Suite 280, Danville, CA 94526  
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**[www.calbayinvestments.com](http://www.calbayinvestments.com)**

The Financial Consultants of CalBay Investments are Registered Representatives with and securities and advisory services offered through LPL Financial, a Registered Investment Advisor, member FINRA/SIPC

# Financial Planning Appointment Organizer

Please complete the following pages as completely as possible and return to our office via mail, fax, or secure email. Upon receipt, we will contact you to schedule an appointment.

**Contact Preference:** \_\_\_\_\_  
 (Enter preferred phone number or email address)

**Our contact information:**

500 La Gonda Way, Suite 280, Danville, CA 94526  
 (925) 743-3360 -- (800) 722-4829 -- FAX (925) 743-3363  
[mike@calbayinvestments.com](mailto:mike@calbayinvestments.com)

**Items to Bring to Your Appointment:**

- Tax Returns
- Current YTD Pay Stubs
- IRA Statements
- Keogh/SEP/Simple IRA Statements
- 401(k), 403(b), 457 Plan Statements
- Investment Company Statements
- Life Insurance Policies & Statements
- Auto/Home Insurance Statements
- Employee Benefits Booklet & Printouts
- Employer Stock Option Documents
- Trust/Will/Power of Attorney Documents

**Provide Existing Advisors' Information:**

Do you have a preference or commitment to this advisor?

			yes	no
Financial Advisor's Name	Firm Name	City, State		
			yes	no
Attorney's Name	Firm Name	City, State		
			yes	no
Accountant's Name	Firm Name	City, State		
			yes	no
Insurance Agent's Name	Firm Name	City, State		
			yes	no
Stockbroker's Name	Firm Name	City, State		

# Personal Information

## Client

## Spouse/Partner

First Name, Initial _____ Last Name _____ Soc. Sec. # (last four) _____ Date of Birth (MM/YY) _____ Current Health _____ Drivers License (opt.) _____ DL #                      Issued                      Expires Address _____ City, State, Zip _____ Home Phone _____ Cell Phone _____ Email _____ Employer _____ Address _____ City, State, Zip _____ Occupation / Industry _____ / _____ Work Phone _____	_____ _____ _____ _____ _____ DL#                      Issued                      Expires _____ _____ Fax _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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## Family

### Dependents/Children

Name	DOB (MM/YY)	SS# (last four)	Last year as dependent	Living at home	Year start college	Years of college	Cost per year
_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____

### Client's parents (optional)

### Spouse's parents (optional)

Father (name) _____ Current Health _____ Date of Birth _____ Age at Death _____ Mother (name) _____ Current Health _____ Date of Birth _____ Age at Death _____	_____ _____ _____ _____ _____ _____ _____
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## Concerns & Objectives

**GENERAL:**

Are you anticipating any major lifestyle changes? (i.e.; marriage, divorce, retirement, moving, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
If yes, what changes are you expecting?	<hr/>		
Are you comfortable with your current cash flow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you anticipate any significant changes in your cash flow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you anticipate any major expenditures in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
If so, what expenditures are you expecting?	<hr/>		

**RETIREMENT PLANNING:**

At what age do you expect to retire?	<hr/>		
At what age would you like to be able to retire?	<hr/>		
What minimum income will you need (in today's dollars)?	<hr/>		
If you plan on working after retirement, estimate your expected income:	<hr/>		
Are you contributing to an IRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you contributing to a Roth IRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you covered by any company retirement plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of company pension plan?	<hr/>		

**PROTECTION:**

Do you have any potential health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you have adequate medical coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you have adequate disability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you have adequate personal liability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Amount? _____			
Do you have uninsured motorist insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you have enough life insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Do you have an emergency fund (money set aside in savings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Have you ever been involved in a lawsuit? If so, please describe below:	<hr/>		

**CHILDREN'S EDUCATION:**

Will you pay for your child(ren)'s college?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Will you pay for post-graduate work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
How much do you estimate college and/or post-graduate school will cost per child, per year (in today's dollars)?			<u>Amount</u>
Any potential gifts or savings planned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Have assets been set aside for your child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

**CONCERNS:**

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# Personal Goals

**Which items would you like help with? (Select all that apply)**

- \_\_\_\_\_ Increase my standard of living
- \_\_\_\_\_ Financial security at retirement
- \_\_\_\_\_ Increase my net worth by \_\_\_\_\_ %
- \_\_\_\_\_ Reduce my tax burden
- \_\_\_\_\_ Build tax free income
- \_\_\_\_\_ Pay for college education for my children
- \_\_\_\_\_ Provide for my family in the event of my (or my spouse's) death
- \_\_\_\_\_ Minimize the cost of probate and estate taxes
- \_\_\_\_\_ Control the distribution of assets to my heirs
- \_\_\_\_\_ Plan for long-term or nursing home care
- \_\_\_\_\_ Buy a house
- \_\_\_\_\_ Professional Asset Management

**Which of the following categories are you particularly interested in?**

(Check as many as apply and circle the MOST important one)

- Tax-Advantages
- Income
- Real Estate
- Growth – Speculative
- Business Planning
- Safety
- Growth
- Financial Planning
- Retirement Planing
- Insurance Planning

**If you could change two things about your current financial situation, what would you change?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Select the investments objective that most accurately reflect your goals: (choose one)**

- Income with Capital Preservation.** Designed as a longer term accumulation account, this is the most conservative investment objective. Emphasis is placed on generation of current income and preservation of capital.
- Income with Moderate Growth.** Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- Growth with Income.** Emphasis is placed on modest capital growth with some focus on generation of current income.
- Growth.** Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- Aggressive Growth.** Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. The objective has a very high level of risk and is for investors with longer time horizons.
- Trading.** Emphasis is placed on speculative transaction activity. The objective represents acceptance of an extremely high level of risk.

**Risk Tolerance**

**Low Risk Tolerance**

**High Risk Tolerance**

Rate your risk tolerance level on a

Scale of 1 to 10                      1    2    3    4    5    6    7    8    9    10

**Investment Experience – (number of years)**

- |                    |                    |                               |
|--------------------|--------------------|-------------------------------|
| _____ None         | _____ Mutual Funds | _____ Other (please explain): |
| _____ Margin       | _____ Annuities    | _____                         |
| _____ Partnerships | _____ Bonds        | _____                         |
| _____ Stocks       | _____ Options      | _____                         |

## Assets

**Bank Accounts** (Account's type = Checking/Savings/CD/Savings Bond/Money Market)

<u>Bank Name</u>	<u>Account Type</u>	<u>Market Value</u>	<u>Intended Use</u>	<u>Yield</u>	<u>Maturity Date</u>	<u>Owner</u>

**Real Estate**

<u>Description</u>	<u>Current Value</u>	<u>Cost Basis</u>	<u>Loan Balance</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Owner</u>
Primary Residence						
Secondary Residence						
Vacation Home						

**Rental/Investment Property**

<u>Description</u>	<u>Current Value</u>	<u>Cost Basis</u>	<u>Loan Balance</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Net Rental Income</u>

**Investment Accounts** (Account's type = Brokerage/Advisory/Mutual Fund/Annuity)

<u>Company Name</u>	<u>Account Type</u>	<u>Market Value</u>	<u>Investment Objective</u>	<u>Non-Retirement</u>	<u>Retirement</u>	<u>Owner</u>
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

**Investment Assets as Percentage of Net Worth not including primary residence (must total 100%)**

Checking/Savings	%	Mutual Funds	%	Insurance	%
Real Estate	%	Equities(stocks)	%	Alternative Investments	%
Bonds	%	Annuities	%	Other	%

## Liabilities

### Mortgage Loans

<u>Description</u>	<u>Loan Balance</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Term End Date</u>	<u>Owner</u>
Primary Residence - 1st Mtg						

### Debt Service

<u>Creditor</u>	<u>Balance Owed</u>	<u>Interest Rate</u>	<u>Minimum Payment</u>	<u>Balance Limit</u>	<u>Owner</u>

## Insurance

### Life Insurance

<u>Insurance Company &amp; Type</u> <small>(i.e., term, whole life, etc)</small>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>

### Disability / Long-Term Care Insurance

<u>Insurance Company &amp; Type</u> <small>(Disability or LTC)</small>	<u>Insured</u>	<u>Elimination Period (days)</u>	<u>Months Covered</u>	<u>Monthly Benefit</u>	<u>Annual Premium</u>

### Home / Auto / Medical / Other

<u>Insurance Company &amp; Type</u> <small>(i.e., home, auto, medical, etc)</small>	<u>Insured</u>	<u>Coverage</u>	<u>Deductible</u>	<u>End Year</u>	<u>Annual Premium</u>

## Annual Income

**Client**

**Spouse/Partner**

Salary/Wages		
Self Employment Income		
Social Security		
Dividends & Interest		
Capital Gains/(Losses)		
Annuity Income		
Rental Property Income		

## Annual Living Expenses

The following categories are included to help estimate your annual living expenses.  
Please do not include any insurance premiums or debt service

### Housing Cost

Rent/Mortgage	
Condo/Assoc Fees	
Property Taxes	
Household Maintenance	
Lawn/Pool Care	
Utilities	
Gas/Electricity	
Cable TV	
Telephone	
Waste Disposal	
Water	
Other	
<b>Total:</b>	

### Other Basics

Barber	
Beauty Parlor	
Professionals	
Newspapers	
Subscriptions	
Pet Care	
Domestic Help	
Child Care	
Allowances	
Children	
Adult Support	
Dry Cleaning	
Cosmetics	
Personal Care	
Other	
<b>Total:</b>	

### Transportation

Auto Payments	
Gasoline	
Transportation	
Parking/Tolls	
Maintenance/Repairs	
Registration Fees	
Other	
<b>Total:</b>	

### Charitable Contributions

Cash	
In-kind	
<b>Total:</b>	

### Food

Groceries	
Dining Out	
Other	
<b>Total:</b>	

### Other Discretionary

Movies	
Recreation	
Lessons	
Vacations	
Hobbies	
Country Club	
Summer Camp	
Sporting Events	
Entertaining	
Special Occassions	
Birthdays	
Year-end Holidays	
Anniversaries	
Other	
<b>Total:</b>	

### Medical/Dental

Premiums	
Prescriptions	
Doctors/Dentists	
Lab	
Other	
<b>Total:</b>	



# Estate Planning

## Retirement

Client's retirement date/age: \_\_\_\_\_

Spouse's retirement date/age: \_\_\_\_\_

## Pensions

Client or Spouse	Employer Name	Annual Amount	End Age	Start Age	Special	Annual Increase %	Survivor %	Taxable %
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

## Survivor Needs

Client

Spouse

### Immediate cash needs

Funeral expense	_____	_____
Estate administration & legal	_____	_____
Other expenses	_____	_____
Payoff residence (Y/N)	_____	_____
Payoff all other debts (Y/N)	_____	_____

### Supplemental income

Social Security benefits retirement age from Social Security statement	_____	_____
Surviving spouse's earned income (not previously entered)		
Annual amount	_____	_____
Years until start	_____	_____
Duration (# of years)	_____	_____

### Special expense - Child care for working spouse

Annual amount	_____	_____
Years until start	_____	_____
Duration (# of years)	_____	_____

## Estate

Client      Spouse      Neither

- |   |                              |                             |                                    |
|---|------------------------------|-----------------------------|------------------------------------|
| Do you/spouse have a will?                                  | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>           |
| Do you/spouse have a trust?                                 | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>           |
| Do you/spouse have a durable general Power of Attorney?     | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>           |
| Do you/spouse have a health care Power of Attorney?         | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>           |
| Date above documents were last reviewed: _____              |                              |                             |                                    |
| Is proper account/asset ownership titling a concern?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you adequately considered estate taxes?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you provided adequate estate liquidity for your heirs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Do you/spouse expect any inheritances?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |

If Yes, please state from whom, approx amount(s), and any other information that might be helpful:

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# **CalBay Investments, Inc. Mission Statement**

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CalBay Investments assists you in fulfilling your lifestyle and financial goals through exceptional service, independent guidance and a commitment to placing your needs first.

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