

CONFIDENTIAL

PERSONAL & FINANCIAL

PROFILE



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Investment advisory services offered through Raymond James Financial Services Advisors, Inc.

Fusco Financial Associates is not a registered broker/dealer and is independent of Raymond James Financial Services.

Securities offered through Raymond James Financial Services, Inc. Member FINRA/SIPC

BEFORE BEGINNING ...

The advisors at Fusco Financial Associates are committed to helping our clients plan for their financial independence.

We believe building solid relationships and a comprehensive approach are the keys to achieving financial independence. We help you develop strategies that are consistent with your goals, and provide independent investment advice and active portfolio management.

Please complete this financial profile as thoroughly and accurately as possible. We rely on the information you provide to prepare a comprehensive financial analysis. If you have any questions when completing this packet, please do not hesitate to call our office for help.

Also, it is very important to include copies of the following, if possible, when returning the packet to us:

- 1) Most current tax return
- 2) Copies of any investment/brokerage statements
- 3) Copies of any retirement plan statements
- 4) A recent copy of your paystub
- 5) Your most recent Social Security statement
- 6) Information on any insurance policies you own.
- 7) Any other information you feel is pertinent to your financial situation.

Just as you would interview us for a long-term relationship, we will evaluate the information you provide to determine how our services fit your needs and objectives. For our existing clients' benefit, we will accept only a limited number of new clients every year. We have established minimum criteria for new clients so that we can continue to provide the highest level of service possible for everyone.

Thank you very much for your interest in Fusco Financial Associates. Please know that all personal and financial information is treated with strict confidentiality whether or not you become a client. Feel free to contact our office at (410) 296-5400, or toll free at (800) 810-6650 with any questions you might have. Your call would be most welcome.

CLIENT INFORMATION

Client's Name

Date of Birth: _____

Employer _____ Position/ Title _____

Business Phone _____ Ext. _____ Cell Phone _____

E-Mail _____

Age at Retirement _____ Smoker: Yes or No

Spouse's Name

Date of Birth: _____

Employer _____ Position/ Title _____

Business Phone _____ Ext. _____ Cell Phone _____

E-Mail _____

Age at Retirement _____ Smoker: Yes or No

Home Address _____

Home Phone _____

Name of Dependent	Date of Birth	Education Cost (Today's \$)	Number of Years

PLANNING INFORMATION

Do you currently work with an estate planning attorney? Yes or No

Attorney: _____

Do you currently work with an accountant? Yes or No

Accountant: _____

Referred By: _____

CONCERNS & OBJECTIVES

General Financial Planning

Are you anticipating any major lifestyle changes? Yes No Uncertain

Do you anticipate any major expenditure in the near future? Yes No Uncertain

Risk Management

Do you have any potential health issues? Yes No Uncertain

Do you have long-term care insurance/coverage? Yes No Uncertain

Do you have adequate life and personal liability coverage? Yes No Uncertain

Estate Planning

Do you have updated wills, powers of attorney and medical directives? Yes No Uncertain

Have you established any trusts? Yes No Uncertain

Investment Management

How long have you been investing?

1 - 5 Years 6 - 10 Years 11 - 20 Years More than 20 Years

What is your investment time horizon?

1 - 3 Years 3 - 5 Years 5 - 10 Years More than 10 Years

How large of a temporary decline in the portfolio are you willing to accept without changing the strategy?

0% - 10% 10% - 20% 20% - 30% More than 30%

Would you say that providing for current income is a priority for your investment portfolio?

Yes No Uncertain

Are you maintaining any highly concentrated positions in your portfolio?

Yes No Which Position?

Are there any specific investment types, asset classes, sectors, or companies you would like to avoid?

Yes No Which?

FOR OFFICE USE

Preliminary Investment Objective

Note: Investing involves risk and you may incur a profit or loss regardless of strategy selected.

ASSETS

	Firm	Owner	Current Value	Interest Rate
Savings Accounts				
Checking Accounts				
Accounts Receivable				
CD's				
Bonds				
Business Assets				

ASSETS (cont.)

	Owner	Firm / Description	Number of Shares / Current Value
Stocks			
Brokerage Accounts			
529 Plans			
Annuities			
Client's IRA's			
Spouse's IRA's			

TANGIBLE ASSETS

Investment Property	Value	Income	Expense	Mortgage	Payment	Interest

Residence: \$ _____	Furnishings: \$ _____
Automobiles: \$ _____	Boat / RV: \$ _____
\$ _____	Jewelry: \$ _____
\$ _____	Antiques/ Coll: \$ _____

INSURANCE POLICIES

CLIENT

Company	Type	Death Benefit	Cash Value	Premium	Loan Amount	Term Left

SPOUSE

Company	Type	Death Benefit	Cash Value	Premium	Loan Amount	Term Left

RISK MANAGEMENT - FOR OFFICE USE

Life insurance quotes needed?	Yes or No →	Client	Spouse	Both
Long-term care quotes needed?	Yes or No →	Client	Spouse	Both
Disability insurance quotes needed?	Yes or No →	Client	Spouse	Both

LIABILITIES

Short-Term Obligations

	Description	Owner	Balance	Monthly Payment	Interest Rate
Credit Cards					
Personal Loans					
Other					

Long-Term Obligations

	Description	Owner	Balance	Monthly Payment	Interest Rate
Automobile Loans					
Mortgage					
2nd Mortgage					
Home Equity Loan					
Student Loans					

INCOME

CLIENT

Salary: \$ _____
Bonus: \$ _____
Other Income: \$ _____
Social Security: \$ _____ @ _____
Alimony / Child Support: \$ _____

SPOUSE

Salary: \$ _____
Bonus: \$ _____
Other Income: \$ _____
Social Security: \$ _____ @ _____
Alimony / Child Support: \$ _____

EXPENSES

HOUSING

Rent: \$ _____
Home Insurance: \$ _____
Real Estate Taxes: \$ _____
Association Fees: \$ _____
Heating: \$ _____
Gas & Electric: \$ _____
Water Bill: \$ _____
Telephone: \$ _____
Trash Collection: \$ _____
Lawn Care: \$ _____
Home Repairs: \$ _____
Home Security: \$ _____
Other: \$ _____

BASIC LIFESTYLE EXPENSES

Groceries: \$ _____
Clothes: \$ _____
Dry Cleaning: \$ _____
Personal Grooming: \$ _____
Pet Expenses: \$ _____
Alimony/ Child Support: \$ _____
Med/ Dental Deductible: \$ _____
Health Insurance Premium: \$ _____
LTC Insurance Premium: \$ _____
Disability Insurance Premium: \$ _____
Day Care: \$ _____

EDUCATION (Tuition/Books/Misc.)

Preschool: \$ _____
Elementary School: \$ _____
Middle School: \$ _____
High School: \$ _____

TRANSPORTATION

Car Insurance: \$ _____
Gas & Oil: \$ _____
Car Repairs: \$ _____
Cell Phone(s): \$ _____
Lease Payment: \$ _____
Tolls/Parking: \$ _____
Other: \$ _____

DISCRETIONARY EXPENSES

Gifts: \$ _____
Vacations: \$ _____
Subscriptions: \$ _____
Entertainment: \$ _____
Lunches: \$ _____
Hobbies: \$ _____
Cable Television: \$ _____
Internet: \$ _____
Charities: \$ _____
Gym: \$ _____
Country Club: \$ _____
Children's Expenses: \$ _____
Housekeeper: \$ _____
Other: \$ _____
Miscellaneous: \$ _____

OTHER

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TAXES

Adjusted Gross Income	Federal Total	State Total	Capital Losses	IRA Contributions	
				Client	Spouse

RETIREMENT PLANS

PENSION PLANS - CLIENT

Company	Mo. Benefit	Survivor Benefit	Begins @ Age	COLA	Lump Sum Amount

PENSION PLANS - SPOUSE

Company	Mo. Benefit	Survivor Benefit	Begins @ Age	COLA	Lump Sum Amount

DEFINED CONTRIBUTION PLANS - CLIENT

Company	Plan Type	Current Value	Contribution \$ / %	Employer Contribution	Growth Rate

DEFINED CONTRIBUTION PLANS - SPOUSE

Company	Plan Type	Current Value	Contribution \$ / %	Employer Contribution	Growth Rate

FOR OFFICE USE

OUTSTANDING REQUIREMENTS

Item	For Client	For Spouse	Notes
Tax Returns			
Investment Statements			
Retirement Plan Statement			
Retirement Plan Investment Options			
Pension Benefit Options			
Social Security Statement			
Life Insurance Information			
Other Insurance Information			
Annuity Contracts			
Paystubs			
Expense Information			
Mortgage/Property Tax Information			
Estate Planning Documents			
Other:			

Follow Up Date & Time : _____

Estimated Cost : _____