CFG Consulting LLC
CUNNINGHAM FINANCIAL

CONFIDENTIAL

FINANCIAL PROFILE

This completed profile is necessary for CFG Consulting LLC to perform your financial analysis. Other documents, including your two most recent federal tax returns, retirement account statements, and life insurance policy statements are recommended to accompany this profile. A credit check is also a standard procedure and authorized, by you, by your signature, below.

Please sign to indicate you understand the purpose of this profile and that the following information is an accurate reflection of your current financial estate

X______________________________ ______________________________

Signature Print Name

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Confidential Financial Profile

Today's Date: ____________________________

Client Information

Client: ____________________________________

Occupation: ________________________________

DOB: ___/___/___ Age: ________ SSN: _______________

Height________Weight_______Smoker ❑Y ❑N

Birth Location__________________

Driver's License #: ____________________State________

Home Phone: ____________________________________

Work Phone: ____________________________________

Cell Phone: ____________________________________

Email Address: __________________________________

Married? ❑Y ❑N Number of Dependents: __________

Spouse/Partner: _________________________________

Occupation: ____________________________________

DOB: ___/___/___ Age: _______ SSN: _______________

Height________Weight_______Smoker ❑Y ❑N

Birth Location__________________

Driver's License #: ____________________State________

Home Phone: ____________________________________

Work Phone: ____________________________________

Cell Phone: ____________________________________

Email Address: __________________________________

Ages of Dependents: _______________________________

Previous Marriage(s): ❑Y ❑N If Yes, please list name(s) and when married & divorced

Do you have any children? _______________

Child's Name	DOB	From Which Spouse?

Goals

1. Amount of current debt? $____________ Do you currently have a plan to get out of debt? ________________
2. How much money would you like to have total (lump sum) set aside for your retirment? ___________________
3. A. How much money would you like to retire on in today's dollars on a monthly basis? $_______________________
4. Are you planning on retiring in practice? ❑ Y ❑ N Notes: ____
5. At what age would you like to retire? (or become financially secure if you had to retire)____________
6. How much money can you save per year? $___________

7. What is your approximate monthly take home income? $ ________________(Spouse/Partner) $______________________

8. How do you have your business set up? ❑ S-Corp ❑ FLP ❑ C-Corp ❑ PC ❑ Sole Proprietor

9. Do you pay yourself? ❑ W-2 ❑ 1099

10. How do you file your taxes? ❑ Single ❑ Married Filing Jointly ❑ Married Filing Separately ❑ Head of household

11. Do you have other LLCs or FLLPs? __________ If so, please indicate:____

12. Are you solely a cash based practice? ________________

13. What is the value of your Account Receivables, to date?: $_______________________________

Current Residence

How long have you lived in your current home? __________________ (number of years) County __________________

Address: ____

Type of property__________________________City: ___________________________ State: __________Zip: _____________

Property Value: $ _______________________________ What is property value based on?_______________________

Do you have a 1st mortgage on this home? ❑Y ❑N What is the approximate balance? ________________________________

What is your monthly payment? $__________________(Principle and Interest only)

Interest rate on 1st: _________% Type of 1st: ____

Additional monthly payment made? ❑ Y ❑ N $__________________ Does that include your taxes and insurance? ❑Y ❑N

What is the cost of your yearly homeowner's insurance? $_____________ What are your annual property taxes?_____________________

Do you have a HELOC or a 2nd Mortgage on your home? ❑Y ❑N

2nd Mortgage balance: $___________________________ Type of 2nd: _______________________________________

Interest rate on 2nd: ________% Monthly payment: $_________ Additional monthly payment made? ❑ Y ❑ N $_________

PLEASE BE SURE TO PROVIDE COPIES OF YOUR LAST TWO YEARS' TAX RETURNS, RECENT RETIREMENT ACCOUNT STATEMENTS, LIFE INSURANCE POLICY STATEMENTS, AND YOUR MOST RECENT INVESTMENT STATEMENTS WHEN YOU RETURN THIS FORM. THANK YOU.

P.O. Box 220 Draper Utah 84020
801-878-9091 phone 206-237-2774 fax

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Employment

Client: Self Employed: ❏ Y ❏ N
Employer: ______________________________
Occupation: ______________________________
Address: ______________________________
City: ________________ State: _____ Zip: ________
Current Position: ______________________________
How long at this position? ____________________
Gross Monthly Business income? $________________
Other Monthly Income:$ ____________________
Company Tax ID #________________________

Spouse/Partner: Self-Employed: ❏ Y ❏ N
Employer: ______________________________
Occupation: ______________________________
Address: ______________________________
City: ________________ State: _____ Zip: ________
Current Position: ______________________________
How long at this position?________________
Gross Monthly Business Income ? $: ________________
Other Monthly Income: $________________________
Company Tax ID #________________________

Assets

Do you have an emergency fund? ❏ Y ❏ N Type of account? ________________ How much is in this account? $______________

How long can you meet your financial obligations without income?______________________________

Do you feel you are adequately prepared for retirement? ❏Y ❏ N

Have you ever been sued on a work-related matter? ❏Y ❏ N

Is Risk Managment a concern for you? ❏Y ❏ N

Types of Retirement Accounts

PLEASE SPECIFY TITLE AND OWNER DESIGNATION

Do you have a 401K? ____________ What is your personal contribution amount: $____________

Spouse / Partner 401K ____________ Your % ____________ Employer % ____________ Value $____________

Type (Stocks, Bonds, Mutual Funds, IRAs, etc): Please specify title and owner designation

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

Other Accounts

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

________________ ❏ M ❏ Q ❏ SA ❏ A Contributions: ________ Value: $________ Loan $________ Titled________

P.O. Box 220 Draper Utah 84020
801-878-9091 phone 206-237-2774 fax

Life Insurance

Policy # 1 Owner: ____________ **Insured**____________
Face Amount: $__________________________________
Company: _____________________________________
Type: ❑Term ❑Whole ❑Universal ❑VUL
Premium: $__________ Paid: ❑M ❑Q ❑SA ❑A
Cash Value: $____________________________________
Surrender Value: $_______________________________

Policy # 2 Owner: ____________ **Insured**____________
Face Amount: $__________________________________
Company: _____________________________________
Type: ❑Term ❑Whole ❑Universal ❑VUL
Premium: $___________ Paid: ❑M ❑Q ❑SA ❑A
Cash Value: $____________________________________
Surrender Value: $________________________________

Policy # 3 Owner: ____________ **Insured**____________
Face Amount: $__________________________________
Company: _____________________________________
Type: ❑Term ❑Whole ❑Universal ❑VUL
Premium: $__________ Paid: ❑M ❑Q ❑SA ❑A
Cash Value: $____________________________________
Surrender Value: $_______________________________

Policy # 4 Owner: ____________ **Insured**____________
Face Amount: $__________________________________
Company: _____________________________________
Type: ❑Term ❑Whole ❑Universal ❑VUL
Premium: $___________ Paid: ❑M ❑Q ❑SA ❑A
Cash Value: $____________________________________
Surrender Value: $________________________________

Do you have Long Term Care Insurance? ❑ Y ❑ N

Do you have Health Insurance? ❑ Y ❑ N

Do you have a Simple Will? ❑ Y ❑ N

Do you have a Family Trust? ❑ Y ❑ N

Are you a member of your professional School's Alumni Association? ❑ Y ❑ N

Are you planning on moving in the next 5 years? ❑ Y ❑ N

Do you have any estate planning? ❑ Y ❑ N

Do you have an asset protection plan? ❑ Y ❑ N

Do you have liability/ malpractice insurance? ❑ Y ❑ N

What is your Alma Mater? __________________________

Notes

____
____
____
____

Submit by Email   Print Form