PARAGON WEALTH STRATEGIES

Please complete this form and bring it, along with your LAST YEAR'S TAX RETURN, to our meeting.

Date:______________

CONFIDENTIAL FINANCIAL PROFILE

Please complete prior to your appointment so that we may spend our time most effectively, giving you the benefit of our analysis and advice rather than gathering information . If not sure, leave blank. It is okay to approximate amounts and include attachments.

CLIENT NAME ____

NICKNAME ______________________ DATE OF BIRTH ___________ Age _________

EMPLOYER____________________________ OCCUPATION______________ Retired? Yes No

SPOUSE NAME ____

NICKNAME ______________________ DATE OF BIRTH ___________ Age _________

EMPLOYER____________________________ OCCUPATION______________ Retired? Yes No

WEDDING ANNIVERSARY _________ DO YOU HAVE CHILDREN: Yes No HOW MANY:____

MAILING ADDRESS ____

CITY ____ZIP ___________EMAIL: -----------------------------

HOME PHONE (_____) ___________________ OTHER PHONE (_____) __________________

Planned retirement date: _____________; or if retired, date retired:____________

Do you have a current Will? Y___N___ Living Trust? Y___N___

Are you concerned about possible future Nursing Home Expenses? Y___N___

AMOUNTS IN BANKS & CREDIT UNIONS (NON-IRA)

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

	NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.					$
2.					$
3.					$
4.					$
5.					$
6.					$

EMPLOYER RETIREMENT PLANS, IRA ACCOUNTS, AND OTHER RETIREMENT ACCOUNTS

(Please bring in your most recent statements)

	NAME OF CUSTODIAN / PLAN (Employer, Brokerage Firm, etc.)	TYPE (401K, IRA, etc.)	APPROXIMATE MARKET VALUE	CONTRIBUTION AMOUNT	EMPLOYER MATCH
1.	______________________	____ ________	$ __________	__________	__________
2.	______________________	____ ________	$ __________	__________	__________
3.	______________________	____ ________	$ __________	__________	__________
4.	______________________	____ ________	$ __________	__________	__________
5.	______________________	____ ________	$ __________	__________	__________

RESIDENCE & OTHER REAL ESTATE OWNED

(Use another sheet if more space is needed)

	PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	DEBT	NET CASHFLOW BEFORE DEPREC (if a rental)
1.	______________________________	$__________	$__________	$__________	$ ____________

MORTGAGE START DATE:_______LENGTH:________MONTHLY PAYMENT:_______INTEREST_RATE:______

2.	______________________________	$__________	$__________	$__________	$ ____________

MORTGAGE START DATE:_______LENGTH:________MONTHLY PAYMENT:_______INTEREST_RATE:______

3.	______________________________	$__________	$__________	$__________	$ ____________

MORTGAGE START DATE:_______LENGTH:________MONTHLY PAYMENT:_______INTEREST_RATE:______

BROKERAGE AND/OR MUTUAL FUND ACCOUNTS

(Please bring in your most recent statements)

	NAME OF BROKERAGE FIRM / MUTUAL FUND CO.	TITLE OF ACCOUNT (individual, trust, joint, ect.)	APPROXIMATE MARKET VALUE
1.	____	________________	$ ______________
2.	____	________________	$ ______________
3.	____	________________	$ ______________
4.	____	________________	$ ______________
5.	____	________________	$ ______________

ANNUITIES

(Please bring in contracts and most recent statements)

	INSURANCE COMPANY	TITLE OF ACCOUNT	TYPE (fixed,va,index)	INTEREST RATE	APPROX. VALUE	DATE PURCHASED
1.	____________	____________	________	________%	$ __________	____________
2.	____________	____________	________	________%	$ __________	____________
3.	____________	____________	________	________%	$ __________	____________

OTHER ASSETS (Stock certificates, Business Ownership, Other Valuables)

	NAME OF ASSET	QUANTITY	APPROXIMATE MARKET VALUE
1.	______________________________	____________________	$ ______________
2.	______________________________	____________________	$ ______________
3.	______________________________	____________________	$ ______________
4.	______________________________	____________________	**$** ______________

RISK MANAGEMENT TOOLS

(Life, Long Term Care, Disability, Health, Umbrella, Property & Casualty, etc.)

(Please bring in policies and latest statements)

Client's Life Insurance Total Amount: $_________ Of this, $__________ is provided by employer.

Spouse's Life Insurance Total Amount: $_________ Of this, $__________ is provided by employer.

Client's current health insurance provider:____________ Source of coverage in retirement: ______________________

Spouse's current health insurance provider: ____________ Source of coverage in retirement: ______________________

Client's Other Coverages: Long Term Care Insurance? Yes No Disability Insurance Yes No

Spouse's Other Coverages: Long Term Care Insurance? Yes No Disability Insurance Yes No

Property & Casualty Coverage: Umbrella Insurance? Yes No Amount: $______________________

Client's Investment Risk Tolerance: (circle one) CONSERVATIVE MODERATE AGGRESSIVE

Spouse's Investment Risk Tolerance: (circle one) CONSERVATIVE MODERATE AGGRESSIVE

LIABILITIES
(Personal Loans, Credit Cards, etc.)

	NAME OF CREDITOR	INTEREST RATE	APPROXIMATE BALANCE	MONTHLY ADDITIONS
1.	______________________	__________	$__________	$ __________
2.	______________________	__________	$__________	$ __________
3.	______________________	__________	$__________	$ __________
4.	______________________	__________	$__________	$ __________

ANNUAL HOUSEHOLD INCOME
(Please bring in recent pay statements and Social Security statements)

WAGES: $ ______________/YR WAGES (SP): $ ______________/YR

SOCIAL SECURITY: $ ______________/YR SOCIAL SECURITY (SP): $ ______________/YR

PENSIONS: $ ______________/YR PENSIONS (SP): $ ______________/YR

OTHER INCOME: 1. $ ______________/YR SOURCE: 1. ______________

2. $ ______________/YR SOURCE: 2. ______________

ANNUAL HOUSEHOLD EXPENSES
(Please bring in personal budgets, if applicable)

CURRENT	SEMI-RETIREMENT	RETIREMENT	ADVANCED YEARS
$__________/yr	$__________/yr	$__________/yr	$__________/yr

What are your primary financial concerns (list in order of importance)?

____

____

____

How would you improve your financial situation if you could? Why?

____

____

With my signature below, I verify that the foregoing information reflects an accurate picture of my financial position at this time.

Signature: ______________ ***Spouse:*** ______________ ***Date:*** __________

www.WealthGuards.com Phone: (904) 861-0093 Fax: (904) 861-0098