

Financial Wellness Profile:

Gaining Insight into Your Financial Landscape



This document is designed to capture as much pertinent information as possible to complete an in-depth analysis of your financial situation. The more information given to us, the more accurate and precise we can be. Thank you for taking the time to answer each question as thoroughly as possible!

General Information: **REQUIRED SECTION**

INDIVIDUAL

Full Name: _____
Date of Birth: _____
Cell Phone: _____
E-mail Address: _____

SPOUSE/PARTNER

DO YOU KEEP FINANCES SEPARATELY? ☐ Yes ☐ No

Children: COMPLETE ONLY IF APPLIES

Full Name: _____
Date of Birth: _____
Financially Independent? ☐ Yes ☐ No

☐ Yes ☐ No

Full Name: _____
Date of Birth: _____
Financially Independent? ☐ Yes ☐ No

☐ Yes ☐ No

Employment Information: **REQUIRED SECTION**

INDIVIDUAL

Retired: ☐ Yes ☐ No
Working: ☐ FT ☐ PT

SPOUSE/PARTNER

Retired: ☐ Yes ☐ No
Working: ☐ FT ☐ PT

COMPLETE ONLY IF STILL WORKING



INDIVIDUAL

SPOUSE/PARTNER

Employers Name: _____
Job Title/Role: _____
Annual Income: _____
Employer Match %: _____
Ideal Retirement Age: _____

COMPLETE ONLY IF APPLIES

Annual Social Security: _____
Other Annual Income: _____

Self-Assessment: **REQUIRED SECTION**

HOW WOULD YOU RANK YOUR OVERALL FINANCIAL KNOWLEDGE? **CIRCLE ONE**

TOPICS SUCH AS SPENDING, PAYING OFF DEBT, CREDIT SCORE, BUDGETING, SAVING FOR RETIREMENT

Bottom 10% Below Average Average Above Average Top 10%

HOW WOULD YOU RANK YOUR OVERALL INVESTMENT KNOWLEDGE? **CIRCLE ONE**

TOPICS SUCH AS STOCKS, BONDS, PORTFOLIO DIVERSIFICATION, RISK TOLERANCE

Bottom 10% Below Average Average Above Average Top 10%

HOW WOULD YOU RANK YOUR OVERALL CURRENT NET WORTH? **CIRCLE ONE**

CONSIDER YOUR WEALTH COMPARED TO OTHERS

Bottom 10% Below Average Average Above Average Top 10%

HOW WOULD YOU RANK YOUR HOUSEHOLD INCOME/SPENDING? **CIRCLE ONE**

ARE YOU JUST GETTING BY OR HAVE MORE MONEY THAN YOU KNOW WHAT TO DO WITH

Paycheck-to-Paycheck Above Breaking Even Living Comfortably Money's No Concern

RANK YOUR TOP 5 CONCERNS (1 being the greatest)

_____ Building Savings	_____ Insurance Protection
_____ Buying a House	_____ Investment Management
_____ Career	_____ Physical Health
_____ Creating Goals	_____ Retirement Planning
_____ Debt Repayment	_____ Saving/Paying for College
_____ Estate Planning	_____ Tax Planning
_____ Financial Literacy	_____ Other: _____
_____ Financially Responsible for a Family Member	

Assets



A statement for each financial account is preferred to provide us the necessary information. If you provide a statement, there is no need to fill out each financial account specifics.

Bank Account Information: REQUIRED SECTION - STATEMENTS ARE RECOMMENDED

A detailed breakdown of each individual checking or savings accounts is NOT required, rather to know whether or not there are enough liquid cash available in case of emergency or for investment/debt repayment strategies.

Total Cash Available: _____

Pension/Annuities: REQUIRED SECTION - STATEMENTS ARE RECOMMENDED

POLICY #1

POLICY #2

Owner: _____

Account Type: _____

Cash Value: _____

Monthly Payment: _____

Non-Financial Assets: REQUIRED SECTION - STATEMENTS ARE RECOMMENDED

ASSET #1

ASSET #2

Owner: _____

Asset Type: _____
(House, Car, etc.)

Current Value: _____

ASSET #3

ASSET #4

Owner: _____

Asset Type: _____
(House, Car, etc.)

Current Value: _____

If there are additional accounts, please provide the above detailing in the "Other Considerations" at the end of this Financial Wellness Profile. Thank you.

Financial Assets



A statement for each financial account is preferred to provide us the necessary information. If you provide a statement, there is no need to fill out each financial account specifics.

Account Information: **REQUIRED SECTION - STATEMENTS ARE RECOMMENDED**

ACCOUNT #1

ACCOUNT #2

Account Owner: _____

Account Type: _____
(401K, IRA, Roth, Brokerage etc.)

Custodian: _____
(Wells Fargo, Fidelity, etc.)

Current Value: _____

Annual Contribution: _____

ACCOUNT #3

ACCOUNT #4

Account Owner: _____

Account Type: _____
(401K, IRA, Roth, Brokerage etc.)

Custodian: _____
(Wells Fargo, Fidelity, etc.)

Current Value: _____

Annual Contribution: _____

ACCOUNT #5

ACCOUNT #6

Account Owner: _____

Account Type: _____
(401K, IRA, Roth, Brokerage etc.)

Custodian: _____
(Wells Fargo, Fidelity, etc.)

Current Value: _____

Annual Contribution: _____

If there are additional accounts, please provide the above detailing in the "Other Considerations" at the end of this Financial Wellness Profile. Thank you.

Debt/Liabilities



The simple equation, "Assets - Debts = Net Worth" will allow us to develop an encompassing financial plan for you. Managing each part of the equation is equally important to achieving your goals!

Balance/Details:

REQUIRED SECTION - STATEMENTS ARE RECOMMENDED

LIABILITY #1

LIABILITY #2

Owner: _____

Liability Type: _____
(House, Car, Student Loan,
Credit Card, etc.)

Remaining Balance: _____

Monthly Payment: _____

LIABILITY #3

LIABILITY #4

Owner: _____

Liability Type: _____
(House, Car, Student Loan,
Credit Card, etc.)

Remaining Balance: _____

Monthly Payment: _____

LIABILITY #5

LIABILITY #6

Owner: _____

Liability Type: _____
(House, Car, Student Loan,
Credit Card, etc.)

Remaining Balance: _____

Monthly Payment: _____

If there are additional accounts, please provide the above detailing in the "Other Considerations" at the end of this Financial Wellness Profile. Thank you.

Additional Information



Planned Asset Transfer: **REQUIRED SECTION**

DO YOU HAVE A WILL? ☐ Yes ☐ No **OR TRUST?** ☐ Yes ☐ No

If yes, when was the last time it was updated? _____

DO YOU HAVE A HEALTH CARE DIRECTIVES (POA)? ☐ Yes ☐ No

If yes, when was the last time it was updated? _____

DO YOU HAVE LIFE OR LONG-TERM CARE INSURANCE? ☐ Yes ☐ No

If yes, please fill out the following:

POLICY #1

POLICY #2

Owner: _____

Policy Type: _____
(Term/Whole Life,
Long-Term Care etc.)

Custodian: _____
(Allstate, Lincoln, etc.)

Benefit Value: _____

Annual Cost: _____

Other Considerations:

Thank you for taking the time to provide us with valuable information. Your input is greatly appreciated, and it will help us as we develop a plan tailored to your situation. We will be in touch soon with additional questions to fill in the cracks or to schedule a meeting to go over our analysis & recommendations.

Thank you for trusting us here at Bridgeway!