



# Private Wealth Management

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## Financial Needs Assessment

Financial Advisor: \_\_\_\_\_

Rep Code: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_

# FINANCIAL NEEDS ASSESSMENT

## CLIENT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

## CO-CLIENT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

## FAMILY MEMBERS

First Name	Last Name	Date of Birth	Relationship	Dependent (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PROFESSIONAL ADVISORS

Baird Financial Advisor	Office Location
_____	_____
_____	_____
_____	_____

  

Other Advisors	Type (Attorney, Accountant, Insurance Agent, etc.)	City, State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

## NET WORTH & CASH FLOW

### LIFESTYLE ASSETS

	Current Value (\$)
Residence (i.e. home)	\$ _____
2 <sup>nd</sup> Residence (i.e. vacation home)	\$ _____
Personal Use Property (i.e. car, boat)	\$ _____
Other Personal Assets (i.e. collectibles)	\$ _____

### LIABILITIES

	Outstanding Amount (\$)	Interest Rate (%)	Monthly Payments (\$)
Mortgage	\$ _____	_____ %	\$ _____
Car Loans	\$ _____	_____ %	\$ _____
Personal Loans	\$ _____	_____ %	\$ _____
Other Debt	\$ _____	_____ %	\$ _____

### ANNUAL INCOME

	Client	Co-Client
Annual Income	\$ _____	\$ _____

### EXPENSES

Please provide information on your monthly living expenses today. Suggested categories have been provided, but you can combine items or simply provide an amount representing your total monthly expenses on the line to the right. **Do not include any expenses for income taxes or debt payments that you have entered above.**

	Current Expense (\$)		Total Monthly Spending (\$)
Housing (i.e. utilities, repairs)	\$ _____		
Food	\$ _____		
Transportation (i.e. gas, insurance)	\$ _____		
Entertainment (i.e. restaurants, movies)	\$ _____	--OR--	\$ _____
Personal (i.e. clothing, hobbies)	\$ _____		
Other (i.e. child care, travel)	\$ _____		

## RETIREMENT PLANNING

Please estimate your expected annual living expenses during retirement. **Do not include the following items in your estimate: income taxes and mortgage or other debt payments.**

\$ \_\_\_\_\_ Inflation Rate \_\_\_\_\_% (typically 3-5%)

**Client**

**Co-Client**

Retirement Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Life Expectancy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligible for Social Security Benefits at Retirement  YES  NO

YES  NO

Estimated Annual Pension Income (in today's \$) \$ \_\_\_\_\_

\$ \_\_\_\_\_

## INVESTMENT ACCOUNTS FOR RETIREMENT

**Client**

**Co-Client**

**Joint**

**Non-Qualified Accounts: Current Value (\$)** \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Current Monthly Savings \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Qualified Accounts: Current Value (\$)** \$ \_\_\_\_\_

\$ \_\_\_\_\_

Monthly Savings: Personal \$ \_\_\_\_\_

\$ \_\_\_\_\_

Monthly Savings: Employer \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Assumed Return Rate (%)** \_\_\_\_\_%

(typically between 5%-10%)

\_\_\_\_\_%

\_\_\_\_\_%

## EDUCATION PLANNING

### PROJECTED EDUCATION EXPENSES

You may either provide an estimate of the annual cost of education or simply provide the name of the future school, in which case we may be able to provide an estimated annual expense.

Child	Name of School or Annual Cost	Education Start Age	Number of Years in School	Annual Increase (typically 6-8%)
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

### INVESTMENT ACCOUNTS FOR EDUCATION

Student	Current Value (\$)	Annual Savings	Assumed Rate of Return (usually 5-10%)
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%
_____	\$ _____	\$ _____	_____%



# FINANCIAL NEEDS ASSESSMENT CLIENT ACKNOWLEDGEMENT

## REQUIRED SIGNATURE

Baird will develop your Financial Needs Assessment using the information you have provided about your current financial situation and financial goals. We rely on the accuracy and completeness of such information without independent verification. By signing this form you represent that the information you have provided in connection with the development of your Financial Needs Assessment is accurate and complete to the best of your knowledge. We are not responsible for any inadequacies or errors in your Financial Needs Assessment that result from incomplete or inaccurate information you have provided to us.

*This document must be signed before Baird can prepare a Financial Needs Assessment.*

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Signature

Date

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Signature

Date