



Snyder Financial Group

High Impact Strategies for a Better Future.

Confidential Personal & Financial Profile

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Securities and advisory services offered through appropriately registered representatives of The Strategic Financial Alliance, Inc. (SFA), member FINRA/SIPC. Snyder Financial Group is otherwise unaffiliated with SFA.

Personal Profile

Personal					
Client 1	Legal Name (First Middle Last)	Nickname	Age	Birthdate	Social Security #
	Driver's License Number	State Issued	Expiration Date	Country of Citizenship	
	Home Phone	Cell Phone	Fax Number	Preferred email address	
Client 2	Legal Name (First Middle Last)	Nickname	Age	Birthdate	Social Security #
	Driver's License Number	State Issued	Expiration Date	Country of Citizenship	
	Home Phone	Cell Phone	Fax Number	Preferred email address	
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Tax Bracket		Referred by:			
Best time of day to meet		Desired frequency <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly			

Occupation					
Client 1	Employer	Work Phone	Position	# of Years	
	Employer's address			Type of Business	
Client 2	Employer	Work Phone	Position	# of Years	
	Employer's address			Type of Business	

Children's Names	Relationship	Birthdate	Age	Social Security #

Financial Institutions & Advisors

Primary Bank Name	City/State	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Advisor's Name	Firm Name	City/State
Attorney's Name	Firm Name	City/State
Accountant's Name	Firm Name	City/State
Insurance Agent's Name	Firm Name	City/State

Personal Interests

When is your wedding anniversary?	
What do you enjoy doing for recreation?	
Do you have any pets?	
Do you enjoy travel? If so, where?	
What are you most proud of?	

Personal Goals

With which items would you like help?	
<input type="checkbox"/> Increase standard of living	<input type="checkbox"/> Provide for family after my/our death
<input type="checkbox"/> Financial security after retirement	<input type="checkbox"/> Minimize cost of probate & estate taxes
<input type="checkbox"/> Increase net worth	<input type="checkbox"/> Control the distribution of assets to heirs
<input type="checkbox"/> Reduce tax burden	<input type="checkbox"/> Plan for long-term or nursing home care
<input type="checkbox"/> Pay for college tuition for children or grandchildren	<input type="checkbox"/> Buy a house

Other goals

If you could change 2 things about your current financial situation, what would you change?
1.
2.

What is important about money to you?

List any concerns or fears you may have about your finances.

If you were financially able to retire today, what would you most likely do? Would you continue working at your present job? Why?

What do you expect from a financial professional?

Are there any charitable organizations or ministries you support?

Have you considered, how much is enough?

Objectives

General	
Do you anticipate any major lifestyle changes (marriage, divorce, retirement, moving, children, etc.)? If so, what changes are you expecting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Are you comfortable with your current cashflow?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you anticipate any significant changes in your cashflow?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you anticipate any major expenditures in the near future? If so, what expenditures are you expecting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Retirement Planning	
At what age do you expect to retire?	
At what age would you like to be able to retire?	
What minimum income will you need (in today's dollars)?	
If you plan on working after retirement, estimate your expected income:	
Are you contributing to an IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you covered by any company retirement plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of company pension plan:	

Protection	
Do you have any potential health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you have adequate medical coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you have adequate disability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you have adequate personal liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
If yes, Amount?	
Do you have enough life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you have an emergency fund (money set aside in savings)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Estate Planning	
Do you have updated/adequate wills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have you established any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Are you the beneficiary of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Will you be receiving a significant inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have you adequately considered estate taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have you provided adequate estate liquidity for your heirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Is proper titling a concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Do you have long-term health care coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Concerns

Rank the following Concerns from 1 (very low) to 9 (very high). **Avoid duplicating the same ranking** for any of the seven concerns. Be concerned principally with “surplus” money that you have saved or invested, or will save or invest in the future, and inherited money. It is the growth, protection, and eventual use of this capital that you should think about as each of the seven key financial concerns is ranked.

LOW



HIGH

Inflation Hedge

Having your savings and investments keep pace with inflation?

1 2 3 4 5 6 7 8 9

Tax Advantage

Obtaining all of the tax benefits to which you are legally entitled and which are appropriate for you?

1 2 3 4 5 6 7 8 9

Safety

Being sure you do not lose your original investment? (high score indicates a desire for safe investments)

1 2 3 4 5 6 7 8 9

Liquidity

Being able to quickly convert your investments to cash at current market value?

1 2 3 4 5 6 7 8 9

Current Income

Withdrawing maximum income from your savings and investments this year?

1 2 3 4 5 6 7 8 9

Family Benefit

Keeping your investment program from not being overly complex or difficult for your family to manage in the event of your death?

1 2 3 4 5 6 7 8 9

Diversification

Distributing investments among different companies or securities in order to limit losses in the event of a fall in a particular market or industry?

1 2 3 4 5 6 7 8 9

Risk Profile

1. How much investing experience do you have with stocks or stock mutual funds?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> A fair amount |
| <input type="checkbox"/> A little | <input type="checkbox"/> A great deal |
| <input type="checkbox"/> Some | |

2. How much investing experience do you have with bonds or bond mutual funds?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> A fair amount |
| <input type="checkbox"/> A little | <input type="checkbox"/> A great deal |
| <input type="checkbox"/> Some | |

3. What is your investment goal?

- | | |
|--|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Savings for major purchase |
| <input type="checkbox"/> More current income | <input type="checkbox"/> Other _____ |

4. How many years do you have until retirement?

- | | |
|--|---|
| <input type="checkbox"/> Already retired | <input type="checkbox"/> 5 to 10 years |
| <input type="checkbox"/> 5 years or less | <input type="checkbox"/> More than 10 years |

5. What do you expect to be your next major expenditure?

- | | |
|---|---|
| <input type="checkbox"/> Buying a house | <input type="checkbox"/> Providing for retirement |
| <input type="checkbox"/> Paying for a college education | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Capitalizing a new business | |

6. How many years until this expense is incurred?

- 5 years or less
- 5 to 10 years
- More than 10 years

7. What are your major objectives for your investments?

- | | |
|--|---|
| <input type="checkbox"/> Current and future income | <input type="checkbox"/> Keeping ahead of inflation |
| <input type="checkbox"/> Preserving capital | <input type="checkbox"/> Increasing returns |
| <input type="checkbox"/> Building wealth for heirs | <input type="checkbox"/> Other |

8. When do you expect to use the bulk of the money you are accumulating in your investments?

- At any time now
- In 1-5 years
- In 6-10 years
- In 11-20 years

9. Over the next several years, do you expect your household annual income to

- | | |
|--|---|
| <input type="checkbox"/> Stay about the same | <input type="checkbox"/> Decrease moderately |
| <input type="checkbox"/> Grow moderately | <input type="checkbox"/> Decrease substantially |
| <input type="checkbox"/> Grow substantially | |

10. I am expecting an inheritance of approximately \$ _____ in

- | | |
|--|---|
| <input type="checkbox"/> 0 to 5 years | <input type="checkbox"/> 10 to 15 years |
| <input type="checkbox"/> 5 to 10 years | <input type="checkbox"/> More than 15 years |

11. Due to a general market correction, one of your investments loses 25% of its value a short time after you buy it. What do you do?

- Sell the investment so you won't have to worry if it will continue to decline
- Hold on to it and wait for it to climb back up then sell it
- Hold on to it
- Buy more of the same investment at the new low price

12. Some people need their investment program to generate current income to meet ongoing needs. This typically tilts the investment program toward bonds and dividend paying stocks. How accurately does this describe your objectives?

- Very accurate
- Slightly accurate
- Moderately accurate
- Not accurate at all

13. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 on one of the three scenarios below. Which do you choose?

- Take the money and run
- A 50% chance of winning \$50,000
- A 20% chance of winning \$75,000
- A 5% chance of winning \$100,000

14. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

- 10% decline (portfolio value is \$90,000)
- 15% decline (portfolio value is \$85,000)
- 20% decline (portfolio value is \$80,000)
- 25% decline (portfolio value is \$75,000)
- 50% decline (portfolio value is \$50,000 or less)

15. By what percentage do you expect your portfolio to grow annually over the long-term, 10+ years?

- 4% - 5%
- 6% - 7%
- 8% - 9%
- 10% or more

Signature

Print Name

Date

Signature

Print Name

Date

Assets

Retirement			
Company	Type – IRA, 401(k), etc.	Annual Contributions / Withdrawals	Approximate Value
Non-Retirement			
Company	Type – Joint, Individual, Trust, etc.	Annual Contributions / Withdrawals	Approximate Value
Other			
Type – Business, Partnership, Real Estate, etc.		Annual Contributions / Withdrawals	Approximate Value

Liabilities

(excluding primary residence)

Short Term	
Description	Approximate Amount Owed
Long Term	
Description	Approximate Amount Owed
Other	
Description	Approximate Amount Owed

Net Worth

(excluding primary residence)

Assets		Liabilities	
Investments		Short Term	
Retirement Plan		Long Term	
Business		Other	
Other			
Total Assets		Total Liabilities	
		Net Worth	
		(Net Worth = Total Assets – Total Liabilities)	

Primary Residence

Amount owed?	Value of residence?
Years remaining in mortgage?	How long have you lived here?
Interest rate?	How long do you expect to live here?
Equity in residence?	

Income

Current Income	Client 1	Client 2
Employment income		
Investment income		
Social Security		
Pension (current or projected)		
Other		
Total Income		
Expected annual increase in salary		
Do you foresee a substantial change in your income during the next two years?		
What percentage of your annual income do you save or invest systematically?		
What percentage of your retirement plan savings does your employer match?		
At Retirement	Client 1	Client 2
Estimated monthly Social Security benefit (Full Retirement Age)		
Projected monthly pension benefit		

Education

Name	School	Years Until Needed	# Years Needed

Insurance

Life Insurance				
Company	Insured	Type	Death Benefit	Annual Premium

Disability				
Company	Insured	Type	Monthly Benefit	Annual Premium

Long-term Care				
Company	Insured	Type	Monthly Benefit	Annual Premium

Other				

Notes				

Current Budget

MONTHLY INCOME			8. Entertainment	\$	-
Gross Monthly Income			Dining out	\$	-
Salary	\$	-	Baby sitters	\$	-
Interest	\$	-	Activities/trips	\$	-
Dividends	\$	-	Vacation	\$	-
Other Income	\$	-	Pets	\$	-
Less			Other	\$	-
1. Tithe/giving	\$	-	9. Clothing	\$	-
2. Taxes (Fed, State, FICA)	\$	-	10. Medical Expenses	\$	-
Net Spendable Income (before health ins/ret svgs)	\$	-	Doctor	\$	-
MONTHLY LIVING EXPENSES			Dentist	\$	-
3. Housing	\$	-	Prescriptions	\$	-
Mortgage/Rent	\$	-	Other	\$	-
Insurance	\$	-	11. School/childcare	\$	-
Property Taxes	\$	-	Tuition	\$	-
Electricity	\$	-	Materials	\$	-
Gas	\$	-	Transportation	\$	-
Water	\$	-	Daycare	\$	-
Sanitation	\$	-	12. Miscellaneous	\$	-
Telephone	\$	-	Toiletries/cosmetics	\$	-
Maintenance	\$	-	Beauty/barber	\$	-
TV	\$	-	Laundry/cleaning	\$	-
Other	\$	-	Subscriptions	\$	-
4. Food	\$	-	Gifts (incl. Christmas)	\$	-
5. Transportation	\$	-	Cash	\$	-
Payments	\$	-	Other	\$	-
Gas & oil	\$	-	13. Investments (long-term)	\$	-
Insurance	\$	-	Retirement plan	\$	-
License/Taxes	\$	-	College Savings	\$	-
Maintenance/repair	\$	-	14. Savings (short-term)	\$	-
Other	\$	-	Total Living Expenses	\$	-
6. Insurance	\$	-	INCOME VS. LIVING EXPENSES		
Life	\$	-	Net Spendable Income	\$	-
Health	\$	-	Less Total Living Expenses	\$	-
Other	\$	-	Surplus or Deficit	\$	-
7. Debts (except auto & house)	\$	-			

Note: This budget template is an Excel spreadsheet. To open it, double-click on any cell. Fill in **only** the blue cells as the spreadsheet will automatically calculate the values in the white cells. When you have finished inputting the information, click on the page outside the spreadsheet to close it.

This is made available to you as self-help tool for your independent use and is not intended to provide investment advice. Individual circumstances may vary.

Budget Guide

Gross Income	\$25,000	\$35,000	\$45,000	\$55,000	\$85,000	\$125,000
1. Tithe/giving	\$2,500	\$3,500	\$4,500	\$5,500	\$8,500	\$12,500
2. Taxes ¹	\$3,250	\$6,650	\$9,000	\$11,550	\$18,000	\$30,000
Net Spendable	\$19,250	\$24,850	\$31,500	\$37,950	\$58,500	\$82,500
3. Housing	38%	36%	32%	30%	30%	30%
4. Food	14%	12%	12%	12%	11%	11%
5. Transportation	14%	12%	13%	13%	13%	12%
6. Insurance	5%	5%	5%	5%	5%	5%
7. Debts	5%	5%	5%	5%	5%	5%
8. Entertainment	4%	5%	7%	7%	7%	8%
9. Clothing	5%	5%	5%	6%	7%	7%
10. Savings	5%	5%	5%	5%	5%	5%
11. Medical/dental	5%	4%	4%	4%	4%	4%
12. Miscellaneous	5%	5%	5%	5%	5%	5%
13. Investments ²	0%	5%	7%	8%	8%	8%
14. School/childcare ³	8%	6%	5%	5%	5%	5%

¹The tax category includes taxes for Social Security and a small amount for sales taxes. To be completely accurate, you will need to calculate your actual taxes. The tax code changes regularly. Please be sure to insert your actual tax into this category.

²This category is used to fund long-term goals such as college education or retirement.

³If you have school-age children, these percentages must be **deducted** from other categories.

Guideline Budget

ANNUAL INCOME							\$ 50,000.00
Gross Monthly Income			\$ 50,000.00	/	12	=	\$ 4,166.67
1. Tithe/giving							
2. Taxes							
Net Spendable Income							\$ 4,166.67
			Net Spendable Income				
SPENDING CATEGORY	Guideline %		Guideline Amount		Current Amount		
3. Housing		x	\$ 4,166.67	=	\$ -		\$ -
4. Food		x	\$ 4,166.67	=	\$ -		\$ -
5. Transportation		x	\$ 4,166.67	=	\$ -		\$ -
6. Insurance		x	\$ 4,166.67	=	\$ -		\$ -
7. Debts		x	\$ 4,166.67	=	\$ -		\$ -
8. Entertainment		x	\$ 4,166.67	=	\$ -		\$ -
9. Clothing		x	\$ 4,166.67	=	\$ -		\$ -
10. Medical/dental		x	\$ 4,166.67	=	\$ -		\$ -
11. School/childcare ¹		x	\$ 4,166.67	=	\$ -		\$ -
12. Miscellaneous		x	\$ 4,166.67	=	\$ -		\$ -
13. Investments (long-term)		x	\$ 4,166.67	=	\$ -		\$ -
14. Savings (short-term)		x	\$ 4,166.67	=	\$ -		\$ -
TOTAL (cannot exceed Net Spendable Income)							\$ -

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MISSION STATEMENT

IT IS OUR GOAL:

*TO BE RECOGNIZED AS TRUE PROFESSIONALS IN
OUR FIELD OFFERING UNCOMPROMISING
PERSONAL SERVICE, INTEGRITY AND TRUST.*

*TO HELP FAMILIES AND BUSINESS OWNERS
ACHIEVE THEIR PREFERRED FUTURE BY
PROVIDING HIGH QUALITY FINANCIAL PLANNING
AND WEALTH MANAGEMENT ADVICE.*

*TO HELP OUR CLIENTS MAKE WISE FINANCIAL
DECISIONS AND OBTAIN PEACE OF MIND.*

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