



Cameron Thornton Associates

A REGISTERED INVESTMENT ADVISORY
AND FINANCIAL CONSULTING FIRM



CONFIDENTIAL FINANCIAL PROFILE



INVESTOR/TRUSTEE INFORMATION

.....
Name

.....
Phone Number

.....
Date of Birth

.....
Social Security Number

.....
Email Address

.....
Spouse's Name

.....
Phone Number

.....
Date of Birth

.....
Social Security Number

.....
Email Address

.....
Mailing Address

.....
City

.....
State

.....
Zip

.....
Home Address (required if different from mailing address or if mailing address is a post office box)

.....
Home Phone

.....
City

.....
State

.....
Zip

.....
Country of Legal Residence

Where would you like us to send your mail? Home Business Alternate (please provide below)

.....
Alternate Address

.....
City

.....
State

.....
Zip

.....
Tax I.D. Number (Trust Accounts):

GOVERNMENT IDENTIFICATION INFORMATION

Type: Drivers License Passport Other Government Identification

.....
Name on Government Identification (client)

.....
State/Province of Issue

.....
Date of Issue

.....
Date of Expiration

.....
Government Identification Number

.....
Name on Government Identification (spouse)

.....
State/Province of Issue

.....
Date of Issue

.....
Date of Expiration

.....
Government Identification Number

DEPENDENTS

1.
Name Relationship Date of Birth Social Security Number

2.
Name Relationship Date of Birth Social Security Number

3.
Name Relationship Date of Birth Social Security Number

EMPLOYMENT INFORMATION

Employed Self-Employed Unemployed Homemaker Retired Disabled

.....
Employer (client) Occupation Business Phone

.....
Business Address Years with Employer

.....
City State Zip

Employed Self-Employed Unemployed Homemaker Retired Disabled

.....
Employer (spouse) Occupation Business Phone

.....
Business Address Years with Employer

.....
City State Zip

Specify any publicly traded company of which you are a director, 10% shareholder or policy making officer:

Specify any securities firm with which you are affiliated:

PROFESSIONAL RELATIONSHIPS

.....
Name Accountant Attorney Insurance Broker Other Phone

.....
Mailing Address City State Zip

.....
Name Accountant Attorney Insurance Broker Other Phone

.....
Mailing Address City State Zip

ANNUAL INCOME

Owner (Self, Spouse, etc.)
Salaries	\$	\$	\$
Bonuses	\$	\$	\$
Commissions	\$	\$	\$
Business Income	\$	\$	\$
Interest & Dividends	\$	\$	\$
Notes Receivable	\$	\$	\$
Rents	\$	\$	\$
Pension Income	\$	\$	\$
Social Security	\$	\$	\$
Other	\$	\$	\$
Total Taxable Income (Last Year)	\$	\$	\$

FINANCIAL PRIORITIES

RATE EACH ON A SCALE OF 0-5

0 = NOT IMPORTANT, 5 = VERY IMPORTANT

- Reduce Income Taxes
- Retirement Income
- Growth of Estate
- Children's Education
- Minimizing Estate Taxes
- Protection from Inflation
- Adequate Life Insurance
- Reducing Life Insurance Costs
- Other (Explain)
-
-
-



FINANCIAL PROFILE

LIQUID ASSETS

Checking Accounts

Owner	Name of Institution	Interest Rate	Current Balance
..... %	\$
..... %	\$

Money Market Accounts

Owner	Name of Institution	Interest Rate	Current Balance
..... %	\$
..... %	\$

Savings Accounts

Owner	Name of Institution	Interest Rate	Current Balance
..... %	\$
..... %	\$

Deferred Annuities (Non-Qualified)

Owner	Name of Institution	Interest Rate	Current Balance
..... %	\$
..... %	\$

TOTAL LIQUID ASSETS \$

FIXED ASSETS

Certificates of Deposit

Owner	Name of Institution	Interest Rate	Maturity Date	Amount
.....%	\$.....
.....%	\$.....

Mortgages/Loans Receivable (Owed to You)

Owner	Name of Institution/Payor	Interest Rate	Monthly Payment	Due Date	Balance
.....%	\$.....	\$.....
.....%	\$.....	\$.....

Bonds

Owner	Name of Institution	Face Amount	Interest Rate	Maturity Date	Purchase Price	Market Value
.....	\$.....%	\$.....	\$.....
.....	\$.....%	\$.....	\$.....

TOTAL FIXED ASSETS \$.....

VARIABLE ASSETS

Stocks and Mutual Funds

Owner	Name of Institution	Number of Shares	Date of Purchase	Cost	Annual Dividend	Market Value
.....	\$.....	\$.....	\$.....
.....	\$.....	\$.....	\$.....
.....	\$.....	\$.....	\$.....

Real Estate

Owner	Name of Institution	Date Acquired	Purchase Price	Interest Rate	Monthly Payment	Market Value
.....	\$.....%	\$.....	\$.....
.....	\$.....%	\$.....	\$.....

Other Investments

Owner	Name of Institution	Number of Shares	Date of Purchase	Cost	Annual Dividend	Market Value
.....	\$	\$	\$
.....	\$	\$	\$
.....	\$	\$	\$

TOTAL VARIABLE ASSETS \$

MISCELLANEOUS ASSETS

	Client	Spouse	Joint
Household Furnishings	\$	\$	\$
Automobiles, Boats, Campers	\$	\$	\$
Personal Property	\$	\$	\$
Business Value	\$	\$	\$
Other	\$	\$	\$

TOTAL MISCELLANEOUS ASSETS \$

RETIREMENT PLANS

Owner	Type of Plan*	Vendor Name	Current Value
.....	\$
.....	\$
.....	\$

*Type of Plan: I – IRA; P – Pension; S – SEP/Keogh; K – 401(k); T - TSA

TOTAL RETIREMENT PLANS \$

TOTAL ASSETS \$

LIABILITIES

Creditor	Original Amount	Interest Rate	Monthly Payment	Due Date	Balance
.....	\$ %	\$	\$
.....	\$ %	\$	\$
.....	\$ %	\$	\$
.....	\$ %	\$	\$
TOTAL LIABILITIES					\$
NET WORTH					\$
(Total assets minus Total Liabilities)					

LIFE INSURANCE

Insured Person	Policy Owner	Beneficiary	Insurance Company	Type of Policy*	Face Amount	Cash Value	Loans from Cash Value	Annual Premium
.....	\$	\$	\$	\$
.....	\$	\$	\$	\$
.....	\$	\$	\$	\$

*Policy Type: T- Term; U – Universal Life; W – Whole Life; G – Group Life

DISABILITY INCOME INSURANCE

	Monthly Income	Waiting Period	Benefit Duration	Annual Cost	Insurance Company
Client	\$	\$
Spouse	\$	\$

Have you ever been rated or refused for insurance? Client: Yes No Spouse: Yes No

Have you smoked in the last two years? Client: Yes No Spouse: Yes No

GOALS AND GENERAL INFORMATION

At what age do you desire to be financially independent? (Client's Age)

Desired monthly income at that time? (In today's dollars) \$

When you retire what monthly income do you expect from:

	Client	Spouse
1. Your employers retirement plan	\$	\$
2. Social Security	\$	\$

If you should become disabled, what monthly income would you need? \$ %

In the event of your death, what monthly income would your family need?

1. With children at home	\$	\$
2. After children are independent	\$	\$

At what rate do you estimate inflation will continue over the next ten years? %

Do you anticipate any inheritance? Yes No Yes No

When

Estimated amount \$ %

Do you have a will? Yes No Yes No

What is the date of the will?

When was the will last reviewed?

Do you have any trusts? Yes No Yes No

Details

.....

.....

How would you rate your investment risk level? (Circle One) Client 1 2 3 4 5 6 7 8 9 10 (High)

Spouse 1 2 3 4 5 6 7 8 9 10 (High)

COMMENTS

Please provide any additional information which may be helpful in understanding your current situation or your goals and objectives.

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