SHERPA
WEALTH PARTNERS
Your Goals, Our Guidance

Personal & Financial Survey

Sherpa Wealth Partners
2450 Sunset Point Rd, Suite C
Clearwater, FL 33765

Office:	727-474-9922
Toll Free:	888-598-7024
Fax:	727-474-9724

www.SherpaWealthPartners.com

Information About You and Your Family

CLIENT 1

Name ____________________
Date of Birth ____________________

Marital Status
- ☐ Single ☐ Married
- ☐ Divorced ☐ Widowed
- ☐ Separated

Employment Status
- ☐ Retired ☐ Unemployed
- ☐ Employed ☐ Homemaker
- ☐ Self - Employed

Employment Income $ ____________________

Citizenship ____________________

State of Residence ____________________

Tax Filing Status
- ☐ Single ☐ Married
- ☐ Head of Household
- ☐ Married Filing Separately

Address ____________________
____

Home Phone ____________________
Cell Phone ____________________
Email ____________________

FAMILY CENSUS

Name / Date of Birth / Relationship

Example: John Doe / 05/20/1976 / Son

CLIENT 2

Name ____________________
Date of Birth ____________________

Marital Status
- ☐ Single ☐ Married
- ☐ Divorced ☐ Widowed
- ☐ Separated

Employment Status
- ☐ Retired ☐ Unemployed
- ☐ Employed ☐ Homemaker
- ☐ Self - Employed

Employment Income $ ____________________

Citizenship ____________________

State of Residence ____________________

Tax Filing Status
- ☐ Single ☐ Married
- ☐ Head of Household
- ☐ Married Filing Separately

Address ____________________
____

Home Phone ____________________
Cell Phone ____________________
Email ____________________

FAMILY CENSUS

Name / Date of Birth / Relationship

Professional Advisors & Important Information

CLIENT 1

Accountant
Address
Phone
Email

Estate Attorney
Address
Phone
Email

Banking Contact
Address
Phone
Email

Life / Disability Insurance Agent
Address
Phone
Email

Home / Auto Insurance Agent
Address
Phone
Email

Military Service
For
Branch
Discharge Papers

Primary Physician
Address
Phone
Email

Safe Deposit Box
Address
Location of Key
Notes

CLIENT 2

Accountant
Address
Phone
Email

Estate Attorney
Address
Phone
Email

Banking Contact
Address
Phone
Email

Life / Disability Insurance Agent
Address
Phone
Email

Home / Auto Insurance Agent
Address
Phone
Email

Military Service
For
Branch
Discharge Papers

Primary Physician
Address
Phone
Email

Safe Deposit Box
Address
Location of Key
Notes

Goals and Priorities

In order to create a strategy to pursue your goals it is important to outline and document what you are trying to accomplish. Goals can be abstract and difficult to define, however, they are very important to your overall happiness and the success of your plan.

When you think about your goals try to imagine the things you would like to accomplish, when you want to accomplish them and what the cost or expense may look like. You may want to ask yourself these questions:

Who is this goal for? Have I thought about goals for myself, my children, my spouse, my family?

Is this goal realistic? Will it be a challenge to accomplish?

Will I have to give up something else in order to accomplish this goal? Am I willing to do that?

COMMON GOALS & OBJECTIVES

Dreams & Major Purchases:

Education Goals:

Estate and Legacy:

Philanthorpy and Charity:

- Immediate Concerns -
Navigating Critical Financial Events

Your plan is designed to address long-term goals and objectives, however, your ability to meet your goals are crucially affected by what is happening in your life today.

Please rank the following common concerns in order of importance to you (1 = most important) and let us know a bit more about each item and your concerns.

For multiple clients, please rank each are of concern based on your individual views. There are no right or wrong answers. These rankings are vital when addressing your needs and priorities.

CLIENT 1 Rank 1 - 8		CLIENT 2 Rank 1 - 8
	Aging Parent(s)	
	Need to Develop / Review an Estate Plan	
	Reconsidering Investment Philosophy	
	Concerned about Debt	
	Phasing into Retirement	
	Concerned about Personal Health	
	Health of a Family Member	
	Other Immediate Concerns	

Sources of Income

	CLIENT 1	CLIENT 2	Current or Future?	Continue in Retirement?
Annual Earned Income				
Example: Employment Income	*$67,000*	*$51,000*	*Current*	*No*
Employment Income				
Business / Self Employment Income				
Part-Time Employment Income				
Other Employment Income				
Subtotal				
Annual Unearned Income				
Social Security Income				
Pension Income				
Real Estate Rental Income(Net)				
Annuity Income				
Family Limited Partnership Income				
Passive Investment Income				
Trust or Other K-1 Income				
Subtotal				
Annual Other Cash Sources				
Personal Disability Insurance Income				
Alimony Received				
Child Support Received				
Inheritance or Gifts				
Other				
Subtotal				

Additional Considerations and Documentation:

Social Security: Please provide Social Security Statement (available online SocialSecurity.gov).

Pension: Please provide pension statement: When does it start, $ amount of benefit, any inflation adjustment, survivor benefit, has income election already been made?

Annuity Income: Please provide annuity statement: When does it start, $ amount of benefit, any inflation adjustment, survivor benefit, has income election already been made?

Rental Property Income: Please complete rental property income worksheet for each property.

Personal Monthly Budget

Non-Discretionary Expenses
(Things You MUST Pay For)

HOUSING	MONTHLY	ANNUAL
Home Mortgage / Rent		
Real Estate Taxes		
Property Insurance		
Flood Insurance		
Home Equity Loans / Lines		
HOA / Maintenance		
Subtotal		

UTILITIES	MONTHLY	ANNUAL
Electric / Gas		
Telephone (Home & Cell)		
Cable		
Internet		
Water / Sewer / Trash		
Other		
Other		
Subtotal		

TRANSPORTATION	MONTHLY	ANNUAL
Auto Loan / Lease		
Gas		
Maintenance		
Commuting Costs		
Other		
Subtotal		

HOUSEHOLD	MONTHLY	ANNUAL
Food / Groceries		
Clothing / Personal Care		
Subtotal		

MEDICAL / HEALTHCARE	MONTHLY	ANNUAL
Premiums		
Co-Payments		
Prescription Drugs		
Other		
Subtotal		

INSURANCE	MONTHLY	ANNUAL
Auto		
Life		
Long-Term Care		
Disability		
Other		
Subtotal		

Discretionary Expenses
(Things You CHOOSE to Pay For)

ENTERTAINMENT	MONTHLY	ANNUAL
Dining Out		
Travel and Vacations		
Hobbies		
Movies and Concerts		
Other		
Subtotal		

FAMILY CARE	MONTHLY	ANNUAL
Support for Parents		
Support for Adult Children		
Gifts / Presents		
Subtotal		

OTHER EXPENSES	MONTHLY	ANNUAL
Charitable Contributions		
Dues and Subscriptions		
Other		
Subtotal		

CURRENT EDUCATION	MONTHLY	ANNUAL
Tuition and Fees		
Books & Supplies		
Other		
Subtotal		

CURRENT TAXES	MONTHLY	ANNUAL
Federal		
Self - Employment Tax		
State		
Local		
Estimated Tax Payments		
Subtotal		

CURRENT SAVINGS	MONTHLY	ANNUAL
401(k) or other Employer Plans		
Traditional IRA		
ROTH IRA		
Health Savings Accounts		
Flexible Spending Accounts		
Savings for Children		
Pre-Paid Funeral Expenses		
Other		
Subtotal		

TOTAL SPENDING	MONTHLY	ANNUAL
Non-Discretionary		
Discretionary		
Current Taxes		
Current Savings		

Your Health Insurance

CLIENT 1

Are you Eligible for Medicare Part A?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Are you Enrolled in Medicare Part B?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Are you Enrolled in Medicare Advantage?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Do you have Medigap Coverage?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Do you have Prescription Drug Coverage?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Do you have Health Insurance at Work?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Do you have Individually Obtained Health Insurance?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Are you eligible for ACA Subsidy?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Deductible - Individual	
Deductible - Family	
Out of Pocket Maximum	
HSA eligible?	

CLIENT 2

Are you Eligible for Medicare Part A?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Are you Enrolled in Medicare Part B?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Are you Enrolled in Medicare Advantage?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Do you have Medigap Coverage?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

Do you have Prescription Drug Coverage?

- ☐ Yes
- ☐ No
- ☐ Not Eligible
- ☐ Don't Know

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- ☐ Yes
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- ☐ Don't Know

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Are you eligible for ACA Subsidy?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Deductible - Individual	
Deductible - Family	
Out of Pocket Maximum	
HSA eligible?	

Information About Your Estate

CLIENT 1

Do you have the following:

Signed Wills:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is your Executor / Personal Rep?

Living Wills:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Durable Powers of Attorney:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is your DPOA?

Health Care Directives:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is your Healthcare Surrogate?

Revocable / Irrevocable Trust:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is/are your Trustees?

When were your documents last reviewed?

CLIENT 2

Do you have the following:

Signed Wills:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is your Executor / Personal Rep?

Living Wills:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Durable Powers of Attorney:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is your DPOA?

Health Care Directives:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is your Healthcare Surrogate?

Revocable / Irrevocable Trust:
- ☐ Yes
- ☐ No
- ☐ Don't Know

Who is/are your Trustees?

When were your documents last reviewed?

How would you evaluate the ability of your adult children or grandchildren to handle possible gifts or transfers of business ownership interests?

Client 1:
- ☐ Very confident in their knowledge / ability
- ☐ Somewhat confident
- ☐ Not confident
- ☐ Not applicable

Client 2:
- ☐ Very confident in their knowledge / ability
- ☐ Somewhat confident
- ☐ Not confident
- ☐ Not applicable