FINANCIAL STEWARDSHIP

BURNSIDE

JUST FOR YOU

FINANCIAL ORGANIZATION SURVEY

"You deserve more than an advisor. You deserve a personal financial confidant."

BURNSIDE AND COMPANY
1300 John Adams Street #103, Oregon City, OR 97045
www.BurnsideandCompany.com

Personal Profile

Individual Name:	
Birthdate:	
US Citizenship:	Yes • No
Marital Status:	Single (Never Married) • Separated • Divorced • Widowed • Domestic Partner
In Good Health?	Yes • No
Address:	
City, State, Zip:	
Mobile Phone:	
Primary Email:	
Employment Status:	Working • Self-Employed • Unemployed • Independently Wealthy • Retired
Employer Name:	
Title/Position:	
Years Employed:	

Questions?

John Burnside
Financial Steward

503-210-5257 (office)
503-658-3138 (mobile)
john@burnsideandcompany.com

Family Data

Children	Birthdate:	Special Needs	Marital Status
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner

Grandchildren	Birthdate:	Special Needs	Marital Status
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner
		Yes • No	Single • Married • Separated • Divorced • Domestic Partner

Family Information - Notes

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Priorities and Dreams

Priorities

Priorities have more to do with "Financial Organization" than Goals. Please check if any of the following are essential to you.

- Managing a Budget
- Investment Management
- Minimizing Taxes
- Finding Appropriate Insurance Coverage
- Caring for Parents
- Contributing to Charity
- Paying Off Debt
- Retirement Planning
- Paying for College
- Other: ______________________________
- Other: ______________________________

Dreams

Dreams should be specific and prioritized. Being specific allows you to maintain a clear vision, while prioritizing is essential when you have limited resources to achieve all your goals. **We encourage you to pursue dreams that are meaningful to you rather than simply conforming to societal expectations.** For example, someone might express a desire to live in a mansion, but their true dream could be to have a professional-grade art studio in their home.

Goal Name	Cost	Date	Description	Priority (1,2,3,4,5)

Dream examples (Retirement, Travel, Home Improvement, Wedding, Celebration, Elder Care, and Leave Money to Heirs)

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Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type:	Residence • Commercial	Residence • Commercial	Residence • Commercial	Residence • Commercial
Purchase Year:				
Purchase Amount:				
Current Value:				
Tax Basis:				
Growth Rate:				
Owner/Title:				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Loan Type:	Mortgage • Home Equity	Mortgage • Home Equity	Mortgage • Home Equity	Mortgage • Home Equity
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
As of Date (Current Balance):				
Interest Rate:				
Loan Term (Years):				
Payment Frequency:				
Repayment Type:	Principal & Interest • Interest Only	Principal & Interest • Interest Only	Principal & Interest • Interest Only	Principal & Interest • Interest Only
Payment:				
Balloon Period (years):				

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Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Original Cost:				
Owner:				

Property – Notes

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Investments

Taxable Accounts

Account Name	Institution Name	Management	Current Value	Goal	Owner/Title
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			

Retirement Accounts

Account Name	Account Type	Institution Name	Management	Current Value	Annual Contributions
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self-Directed		

Bank Accounts

Account Name	Institution Name	Account Type	Current Value	Owner/Title
		Savings • Checking • CD		
		Savings • Checking • CD		
		Savings • Checking • CD		
		Savings • Checking • CD		

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Annuities (Fixed/Variable)

	(1)	(2)	(3)	(4)
Annuity Name:				
Institution Name				
Asset Type:	Fixed • Variable	Fixed • Variable	Fixed • Variable	Fixed • Variable
Type of Funds:	Qualified • NQ • Tax Free	Qualified • NQ • Tax Free	Qualified • NQ • Tax Free	Qualified • NQ • Tax Free
Holdings Value:				
Cash Value;				
Loan Value:	Residence • Commercial	Residence • Commercial	Residence • Commercial	Residence • Commercial
Total Value:				
Tax Basis:				
Owner:				
Beneficiary:				
Contingent Beneficiary:				

Investment – Notes

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Business Interests

Business Interests

Business Name	Base Value	Tax Basis	Owner/Title	Business Type

Business Liabilities

Loan Name	Institution Name	Current Balance	As of Date	Interest Rate	Loan Term

Business Interests – Notes

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Income and Expenses

Income

	Source	Annual Amount	Inflation Adjustment %	Starts Age	Ends Age
Salary/Bonus					
Social Security	SSA				
Social Security (former spouse)	SSA				
Pension					
Pension					
Alimony					
Other Income					

Expenses (real and anticipated)

Time Period	Amount ($)	Age
Pre-Retirement		
Semi-Retirement		
Retirement		
Advanced Years		

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Insurance

Do you have any of the following?

Description		Beneficiaries
Life Insurance	Yes • No	
Health Insurance	Yes • No	
Disability Insurance	Yes • No	
Long Term Care Insurance	Yes • No	

Estate Planning

Do you have any of the following?

Description	
Will	Yes • No
Living Trust	Yes • No
Survivor's Trust	Yes • No
Power of Attorney	Yes • No

(Please describe what type of estate planning you have completed and/or want to complete)

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