Derby & Derby, Inc.
Investment, Insurance and Wealth Planning

A California Registered
Investment Advisor

Victoria Derby Breen
President
California Insurance #0575624

CONFIDENTIAL FINANCIAL SUMMARY

PERSONAL INFORMATION

Name ____

Address ____

Business phone ____________________ Home phone ____________________

Mobile phone ____________________ Driver's License ____________________

Email address ____________________ Marital status ____________________

Number of dependents ____________________ Ages of dependents ____________________

Date of Birth ____________________ Social Security # ____________________

U.S. Citizen: Yes ☐ No ☐ Occupation ____________________

Employer ____________________ Employer's address ____________________

If self-employed: Sole proprietor ☐ S Corp ☐ C Corp ☐ Partnership ☐ Other ☐
(check all that apply)

Name of Spouse ____

Mobile phone ____________________ Business Phone ____________________

Date of Birth ____________________ Social Security # ____________________

U.S. Citizen: Yes ☐ No ☐ Driver's License ____________________

Email address ____________________ Occupation ____________________

Employer ____________________ Employer's address ____________________

If self-employed: Sole proprietor ☐ S Corp ☐ C Corp ☐ Partnership ☐ Other ☐
(check all that apply)

603 W. Ojai Ave., Suite C Ojai, California 93023 (805) 646-3729 fax (805) 646-0447

FINANCIAL RELATIONSHIPS

Investment Advisor or Broker ______________________________

Bank reference ______________________________

CPA or accountant ______________________________

Attorney ______________________________

INCOME

Total monthly income (joint if applicable) $______________________________

Monthly income sources (i.e. Social Security) $______________________________

Earned income $______________________________

Pensions $______________ IRAs $______________________________

OVERALL PLANNING GOALS & OBJECTIVES

Please rate the degree of importance for each item listed below (1-high/5-low).

	1	2	3	4	5
Funding retirement					
Protecting against risks to person/property/liability					
Funding estate gifts/bequests					
Tax efficiency					
Preservation of capital					
Income growth					
Funding major purchases (car, boat, additional property)					
Gifting/charitable contributions					
Funding vacations					
Funding education					
Other (specify):					

RETIREMENT GOALS

Years to retirement: ______________

Anticipated retirement income need per year: $______________ (in today's dollars)

ESTATE PLANNING

Do you and/or your spouse have a Will? Yes ☐ No ☐

Do you and/or your spouse have a Trust? Yes ☐ No ☐

Have you and/or your spouse given a Power of Attorney? Yes ☐ No ☐

INSURANCE AND ASSET PROTECTION

Do you have life insurance? Yes ☐ No ☐

Do you have a personal umbrella policy? Yes ☐ No ☐

Do you have disability insurance? Yes ☐ No ☐

Do you have long-term care insurance? Yes ☐ No ☐

Do you have medical, auto, and homeowner's insurance? Yes ☐ No ☐

Life insurance face amount $ ______________________________

Long term care (daily benefit, elimination period, inflation rider, benefit period):

____

ASSETS: (Attach most recent statements)

1. Cash, money market, savings, CDs, etc.

   $______________________________

2. Stocks/bonds:

   $______________________________

3. Personal residence(s):

   $______________________________

4. Real estate (rentals)

   $______________________________

5. Real estate (other)

   $______________________________

6. Personal property (auto, jewelry, etc.)

$____________________

7. Pension, qualified plans, IRAs, 401(k), 403(b):

$____________________

8. Other

$____________________

LIABILITIES: (Attach most recent statements)

1. Mortgage

$____________________

2. Credit cards:

$____________________

3. Loans

$____________________

4. Auto loans

$____________________

PLEASE TELL US THE FOLLOWING:

What was the best financial decision you ever made?

____

What was the worst?

____

Have you ever been dissatisfied with a financial advisor? If so, what caused the dissatisfaction?

____

How may we communicate with you? (select preferred method):

Phone ☐ Email ☐ U.S. Mail ☐ Other ☐ __________