

Bay City Financial Services, Inc.

CLIENT GOALS/OBJECTIVES

A key to successful financial planning is to identify your personal objectives, so that you are better placed to achieve them. Bay City Financial Services have found that clients wish to set many of the following objectives. Which apply in your own case?

- INCREASE** my net spendable income
- IMPROVE** my quality of life
- SAVE** tax (including income tax, capital gains tax and inheritance tax)
- INCREASE** the return on my investments
- SAVE** money by using it effectively
- INCREASE** my expected income in retirement
- GAIN** peace of mind by feeling financially comfortable
- REDUCE** paperwork
- IMPROVE** my insight into present and future values of my pension schemes
- INCREASE** my financial security
- REDUCE** time spent worrying about my financial affairs
- ACHIEVE** financial independence
- IMPROVE** my business performance
- SAFEGUARD** my family and dependants
- IMPROVE** the organisation of my financial affairs
- INCREASE** my financial awareness
- REDUCE** personal, business and investment risks
- INCREASE** the net amounts I give to charity
- OTHER :** _____

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Services You May Need (Now or in the Future)

Please check the appropriate box	Need	Don't need	Not sure	I want more info.
1. Analysis of Income and Expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Preparation of a Monthly Budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Analysis of Assets and Liabilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Debt Consolidation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Retirement Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. College Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Investment Planning (Ongoing).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tax Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Estate Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Insurance Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Elderly Care Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. A Will, Durable Power of Attorney, Health Directive, or Living Trust.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Understanding Your Monthly and Quarterly Statements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for spending the time to respond to our questions.

Other Comments and/or Suggestions

Name: _____

Date _____