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# Starting My Family CFO<sup>®</sup> Process

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**EPSTEIN**  
FINANCIAL  

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**W E A L T H M A N A G E M E N T**  

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SERVICES

Welcome to The Family CFO® Process! Our process provides:

**Simplicity.** The Family CFO® Process is an evolutionary system that provides clear, easy to understand solutions to help you achieve greater peace of mind, prosperity, and your life goals.

**Focus.** We provide a team of skilled, dedicated, unbiased professionals whose only focus is to provide you the most comprehensive analysis and guidance for achievement of your financial dreams and aspirations.

**Balance.** The results of going through The Family CFO® Process are:

1. Reduced stress associated with information overload and the complexity of keeping up with the rapidly changing financial and tax law environment.
2. Reduced financial anxiety.
3. Increased confidence and clarity.
4. More free time to pursue those areas of your life that are most important, fulfilling what is unique to you, i.e. family, travel, charity, recreation, growing or creating new adventures, etc.

Next steps:

1. Please review our process on the next page.
2. Please complete the client information sheet.
3. Begin completing the Informational Checklist.
4. Call Lisa Thompson in my office at 413-539-2374 or email her at [lthompson@epsteinfinancial.com](mailto:lthompson@epsteinfinancial.com) to schedule your Exploratory Discussion Session.

We look forward to being your Family CFO!

Yours cordially,



Charlie



# The Family CFO<sup>®</sup> Process

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## The Discovery Session

An intensive fact-finding session where we become intimately familiar with your current financial situation and help you lay the groundwork for developing your financial game plan.

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## The Wealthcare Simulator

Detailed financial planning projections that provide you with "The Crystal Ball Experience<sup>®</sup>" for your financial future. Using our unlimited "what if" simulator, we help you analyze how alternative cash flow, tax, and investment strategies will impact your standard of living.

## The Strategy Session

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Goal setting to prioritize your short and long-term goals and development of the action steps necessary to put your financial game plan in motion.

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## The Family CFO<sup>®</sup> Solution

We assist you in implementing all of your financial decisions, including your estate analysis, managing your investments, minimizing taxes, resolving insurance issues, and securing your retirement.

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## The Exploratory Discussion

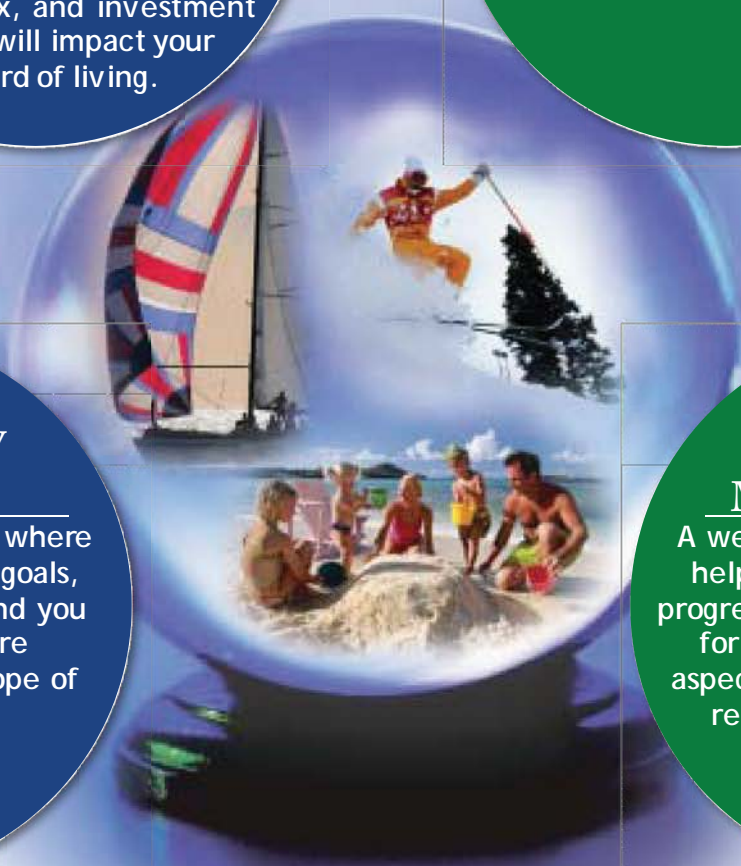
A "get acquainted" session where we learn about you, your goals, priorities and concerns, and you learn about us, our core competencies and the scope of our services.

## The Wealth

## Management System

A wealth management tool that helps you track your financial progress and provides a mechanism for ensuring that the various aspects of your financial life are reviewed on a regular basis.

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# Client Information Sheet

## Client:

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

## Spouse:

Spouse Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Wedding Anniversary: \_\_\_\_\_

## Contact Information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spouse: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Preferred Method of Contact:  
 Home Phone     Cell Phone     E-mail     Mail     Other: \_\_\_\_\_

## Employment Information:

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_  
At what age do you plan to retire? \_\_\_\_\_

## Spouse Employment Information:

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_  
At what age do you plan to retire? \_\_\_\_\_

## Children/Grandchildren:

Name: _____	Date of Birth: _____	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
Name: _____	Date of Birth: _____	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
Name: _____	Date of Birth: _____	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
Name: _____	Date of Birth: _____	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild

## *Informational Checklist*

Completed personal financial profile

Completed expense report

### *Copy of:*

My current financial statement

My will, trust, power of attorney, and health proxy

Any insurance policies: life, disability, liability, auto, and homeowners

Statements of my 401(k), any brokerage or investment accounts

My current bank statements including mortgage statement

My tax returns from the last two years

My last W-2

My current paystub

My social security statement for myself (and spouse, if applicable)

# *My Expenses*

	<i>Living Expenses (Annual)</i>	<i>Pre-Desirement</i>	<i>Post-Desirement</i>
<i>Property &amp; Utilities</i>	Mortgage/Rent		
	Real Estate Taxes		
	Homeowner's Insurance		
	Telephone		
	Cable/Internet		
<i>Home &amp; Living</i>	Repairs/Maintenance		
	Furnishings/Decorations		
	Household Help		
	Alarm System		
	Groceries		
	Clothing		
	Support/Dependents		
	Pet Care		
	Dry Cleaning		
<i>Health Care</i>	Medical Insurance		
	Doctors/Dentists		
	Medications/Supplements		
<i>Automotive</i>	Auto Payments		
	Auto Insurance		
	Gas		
	Auto Repairs/Maintenance		
<i>Life Style &amp; Allowances</i>	Dues/Licenses		
	Credit Cards		
	Dining Out		
	Entertainment		
	Travel/Vacations		
	Gifts		
	Charity Contributions		
	Personal Care & Grooming		
	Hobbies		
	Newspapers/Magazines		
	Other Subscriptions		
	Electronics		
	<i>Other/Not Listed</i>		

# My Expenses

## *Education Expenses*

<i>Child Name</i>	<i>Amount</i>	<i>Start Year:</i>	<i>End Year:</i>

## *One-Time Expenses*

<i>Project Name</i>	<i>Amount</i>	<i>Start Year:</i>	<i>End Year:</i>

## *Expense Notes/Comments:*

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# *Personal Profile Questionnaire*

1. What concerns or special interests in the area of financial planning would you like us to address?

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2. What keeps you up at night?

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3. If we were meeting here three years from today... and you were looking back to today, what would have to happen during that three year period, both personally and professionally, for you to feel happy about your progress?

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4. What is it about money that is important to you?

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5. What is the greatest error you ever made relating to your personal finances?

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# Personal Profile Questionnaire

6. Today, if you had all the money you ever wanted, what would you do?

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7. What do you feel is your most important goal?

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8. Do you provide or anticipate providing financial support to others?

Yes

No

If so, please describe:

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9. How do you feel about long-term nursing care insurance?

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10. Describe your investment philosophy:

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