



## PERSONAL INFORMATION

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ SSN \_\_\_\_\_ U.S. Citizen \_\_\_Yes \_\_\_No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

If spouse is deceased, date of death \_\_\_\_\_

If you are a business owner, select business type \_\_\_\_\_

Spouse \_\_\_\_\_

Birthday \_\_\_\_\_ SSN \_\_\_\_\_ U.S. Citizen \_\_\_Yes \_\_\_No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

If your spouse is a business owner, select business type \_\_\_\_\_

## TAX INFORMATION

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If married, do you and your spouse \_\_\_\_\_ File Taxes Jointly \_\_\_\_\_ File Taxes Separately

Your Income \$ \_\_\_\_\_ Spouse's Income \$ \_\_\_\_\_

Adjusted Gross Income \$ \_\_\_\_\_

Itemized Deductions \$ \_\_\_\_\_ Did you have AMT Exposure \_\_\_Yes \_\_\_No

## CHILDREN

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**Child #1** Child of: \_\_\_ Both \_\_\_ \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Married \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

**Child #2** Child of: \_\_\_ Both \_\_\_ \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Married \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

**Child #3** Child of: \_\_\_ Both \_\_\_ \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Married \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

### Additional Children

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## ADVISORS

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### Accountant

Name \_\_\_\_\_ Firm \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Attorney

Name \_\_\_\_\_ Firm \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Insurance Agent

Name \_\_\_\_\_ Firm \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PLANNING CONSIDERATIONS

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Not Important										Very Important	
1	2	3	4	5	6	7	8	9	10		
Investment Advice _____										Building Wealth for Retirement _____	
Retirement Planning _____										Retirement Plan Distribution Planning _____	
Providing for heirs _____										Life/Disability/Liability/LTC Insurance _____	
Tax Planning _____										Concentrated Stock Planning _____	
Business Planning _____										Providing Educational Funds _____	
Stock Option Planning _____										Business Retirement Plans _____	
Budgeting/Cash Flow _____										Estate Planning/Review _____	
Debt Reduction _____										Philanthropic Planning _____	

## RETIREMENT PLANNING

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Are you retired?  Yes  No

If not, what is your expected retirement age? \_\_\_\_\_

Is your spouse retired?  Yes  No

If not, what is your spouses expected retirement age? \_\_\_\_\_

	In Today's Dollars	
	Pretax	After-tax
Desired annual income goal at retirement	\$ _____	\$ _____
Desired annual income to survivor	\$ _____	\$ _____

	Tax Deferred (401k, IRA, 457b, etc.)	Roth IRA	Taxable
Level of Annual Savings	\$ _____	\$ _____	\$ _____

What is your expected social security benefit? \$ \_\_\_\_\_

What is your spouse's expected social security benefit? \$ \_\_\_\_\_

Do you expect to receive pension or annuity benefits in retirement?  Yes  No

If yes, what amount do you expect to receive? \$ \_\_\_\_\_

Are you currently the beneficiary of a trust?  Yes  No

If yes, please provide details

Do you or your spouse anticipate an inheritance?  Yes  No

If yes, please provide details

Please provide any other details or goals you feel are important to plan for your retirement.

## ESTATE PLANNING

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	You		Your Spouse	
Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a revocable living trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a durable power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a health care power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a living will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What are the provisions of the wills/trusts? (Check all that apply)

<input type="checkbox"/> All to spouse	<input type="checkbox"/> To children (Held in trust: Yes/No )
<input type="checkbox"/> Use of Unified credit (credit shelter trust)	<input type="checkbox"/> Includes Charitable Bequests
<input type="checkbox"/> Assets transferred to nonspouse at first death	<input type="checkbox"/> Other (please specify)

Please describe how you've named beneficiaries on any retirement accounts or annuities

## ASSETS

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### Cash Accounts (Checking, Savings, Money Market, etc.)

Description	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Additional Accounts

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### Retirement Plans (401k, IRA, Roth, etc.)

Account owner	Description	Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Additional Accounts

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### Taxable Investments (Individual, Joint, etc.)

Account Owner	Description	Value	Cost Basis
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____

Additional Accounts

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### Real Estate

Property Owner	Description	Value	Cost
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____

Additional Properties

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# ASSETS

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## Business Interests

Description	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Additional Businesses

Have you implemented buy/sell agreements on these entities?    \_\_\_ Yes                    \_\_\_ No

## Stock Options

Stock Owner	Company	Exercise Price	Grant Date
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____

Additional Stocks

## Tangible Personal Property

Description	Value
1. Automobiles	\$ _____
2. Household Goods/Furniture	\$ _____
3. Collections/Jewelry	\$ _____

Additional Personal Property

## Life Insurance

Insured	Company	Type	Death Benefit	Cash Value
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____
4. _____	_____	_____	\$ _____	_____

Additional Life Insurance Policies (please describe beneficiary designations)



## ASSETS

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### Disability Insurance

	Insured	Company	Type	Elimination Period	Monthly Benefit
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

#### Additional Disability Insurance Policies

### Other Insurance Policies

Do you have any long term care policies?       Yes     No

If yes, please provide details.

Do you have an umbrella liability policy?       Yes     No

If yes, please provide details.

## LIABILITIES

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	Account owner	Description	Balance
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

#### Additional Liabilities

## INVESTMENT CONSIDERATIONS

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What is your projected time horizon for your investment portfolio?

- Up to 3 Years                       10-15 Years  
 4-9 Years                               Over 15 Years

Please describe the amount of annual savings and withdrawals you plan to make to your portfolio in the near term (next 1-2 years), mid term (3-5 years), and longterm (over 5 years).

1-2 Years                      3-5 Years                      5+ Years  
\_\_\_\_\_ /yr                      \_\_\_\_\_ /yr                      \_\_\_\_\_ /yr

Over the next several years, you expect your household income to:

- Stay about the same  
 Increase Moderately  
 Increase Substantially  
 Decrease Moderately  
 Decrease Substantially

How would you rate your investment knowledge and experience?

- None                       Good  
 Limited                       Extensive

If you found yourself without current income, how many months of current expenses could you cover with liquid assets?

- Less than 1 month                       6 months to 1 yr  
 1-3 Months                               1-2 years  
 3-6 Months                               Over 2 Years

Please describe the rate of return you hope to achieve with your investments and the level of risk you are willing to take to achieve your goals.

If the value of your portfolio decreased by 20% in one year, how would you react?

- I would find a new financial advisor  
 I would be very concerned and would find another way to invest money  
 I would be somewhat concerned and would reconsider the aggressiveness of my portfolio  
 I would not be concerned if I felt it was a temporary fluctuation

## INVESTMENT CONSIDERATIONS

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Please rate your feelings to the following statements:

My portfolio may experience a negative return in 1 out of 4 years.

\_\_\_\_\_ Avoid at all cost

\_\_\_\_\_ Permissible under certain circumstance

\_\_\_\_\_ Acceptable in order to achieve my expected returns

My portfolio as a whole is meeting my expectations, but a particular investment declined in value by 50%.

\_\_\_\_\_ Avoid at all cost

\_\_\_\_\_ Permissible under certain circumstance

\_\_\_\_\_ Acceptable in order to achieve my expected returns

My portfolio outperforms the market when the market is not performing well, but it underperforms the market when the market is doing well.

\_\_\_\_\_ Avoid at all cost

\_\_\_\_\_ Permissible under certain circumstance

\_\_\_\_\_ Acceptable in order to achieve my expected returns

Select the choice that best represents how you feel about the following statement: "My portfolio should be managed for the long run and the volatility is less important than the end result."

\_\_\_\_\_ I disagree

\_\_\_\_\_ I am willing to accept some variability of return ,but never any loss of capital

\_\_\_\_\_ I am willing to accept an occasional year of negative return, in the interest of building capital

\_\_\_\_\_ I agree

For your investment portfolio, how do you rank the following?

**Not Important**

**Very Important**

1    2    3    4    5    6    7    8    9    10

\_\_\_\_\_ Preservation of purchasing power

\_\_\_\_\_ Consistency of return

\_\_\_\_\_ High long-term growth

\_\_\_\_\_ High dividend yield

\_\_\_\_\_ Low volatility

## **OTHER CONSIDERATIONS**

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What are your highest financial priorities and what would you like to accomplish through working with me?

What concerns do you have about your finances, your future, and the future of your loved ones?

Have you ever terminated a relationship with a financial adviser? If so, what was the cause and resolution?

What do you expect of me as your adviser?

What needs to happen in order for you to feel our relationship has been successful?

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_