

# TELL US ABOUT YOU...

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## PERSONAL DETAILS

### CLIENT

Primary Name

DOB  SSN

Address

City  State  Zip

Primary Email

Primary Phone

### Marital Status

Single  Married  Divorced  Widowed  Unmarried Partner

If Married, wedding Anniversary Date

## PERSONAL DETAILS

### CO-CLIENT

Primary Name

DOB  SSN

Address

City  State  Zip

Primary Email

Primary Phone

### Marital Status

Single  Married  Divorced  Widowed  Unmarried Partner

If Married, wedding Anniversary Date

## PROFESSIONAL INFORMATION

### CLIENT

Employed  Retired  Self Employed

Employer

Title

## PROFESSIONAL INFORMATION

### CO-CLIENT

Employed  Retired  Self Employed

Employer

Title

## BENEFICIARIES/CHILDREN

### CLIENT

Name

D.O.B  Relationship

Name

D.O.B  Relationship

Name

D.O.B  Relationship

## BENEFICIARIES/CHILDREN

### CO-CLIENT

Name

D.O.B  Relationship

Name

D.O.B  Relationship

Name

D.O.B  Relationship

## FINANCIAL PROFILE SNAPSHOT

### CLIENT

#### INCOME

Monthly Income

Annual Employment Income

Annual Other Income  
(Ex. Pension/Rent, Royalties, etc)

Social Security Income

Other Income

#### EXPENSES

Mortgage/Rent

Utilities                      Food/Entertainment

Insurance                      Student Loans

Credit Cards

Car/ RV Payment

Other

#### CASH/INVESTMENTS

Checking                      Savings

CD's                              IRA

Roth IRA                      401K

Annuities                      Other

**ESTIMATED TOTAL INVESTMENTS**

## FINANCIAL PROFILE SNAPSHOT

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**ESTIMATED TOTAL INVESTMENTS**

## FINANCIAL PROFILE SNAPSHOT

### CLIENT

#### INSURANCE

Life    Yes    No

Total Life Insurance

Premium Amount

Long-term Care    Yes    No

#### ESTATE

Will    Yes    No

Trust    Yes    No

Power of Attorney    Yes    No

Medical Directive    Yes    No

CPA

Attorney

## FINANCIAL PROFILE SNAPSHOT

### CO-CLIENT

#### INSURANCE

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Premium Amount

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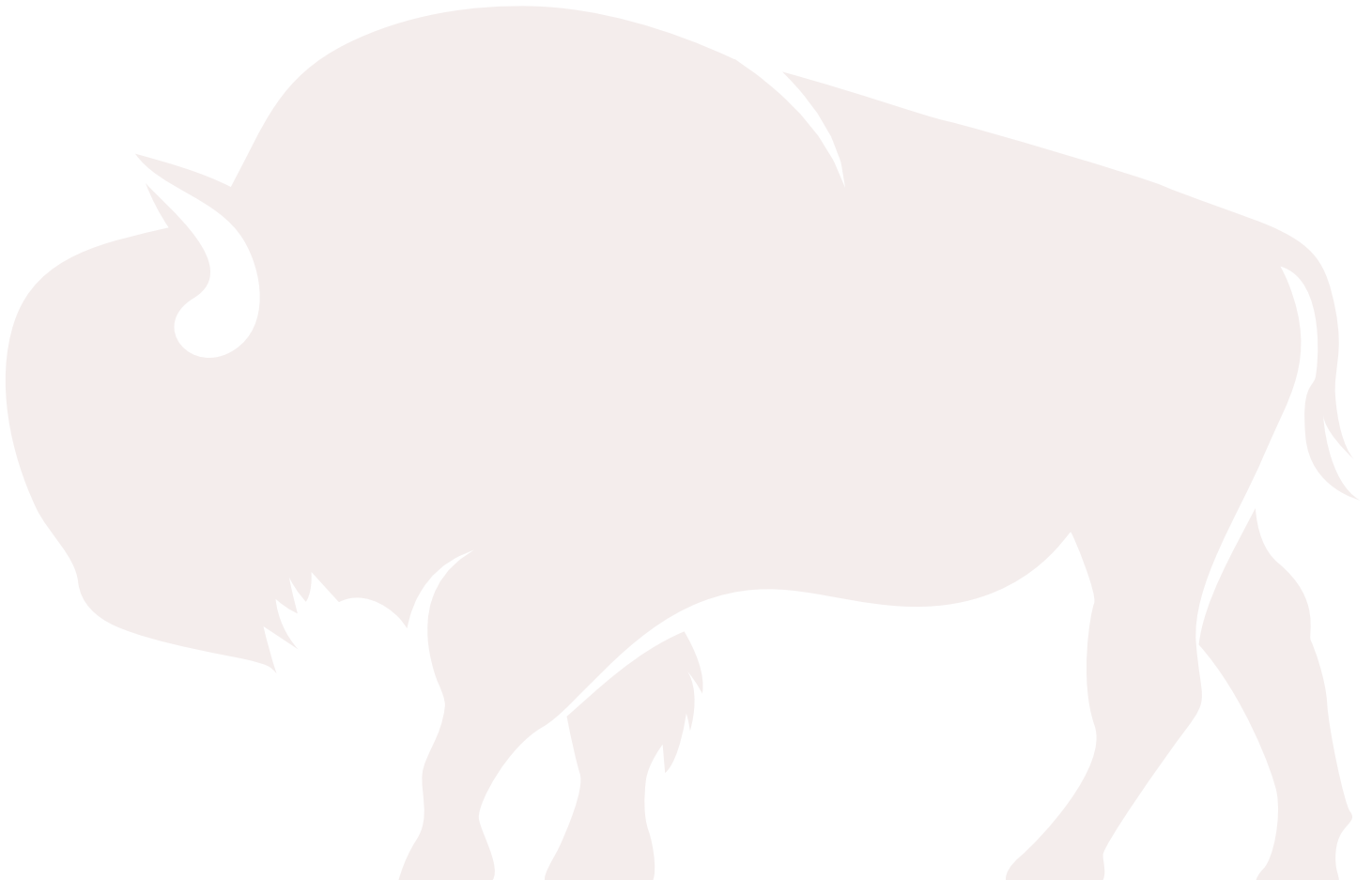
Trust    Yes    No

Power of Attorney    Yes    No

Medical Directive    Yes    No

CPA

Attorney



## RISK TOLERANCE CLIENT

### 1. Which of the following best describes you, as an investor?

Accumulation: continued capital appreciation

Utilization: maintaining desired lifestyle or level of security

Distribution: using wealth for living expenses or transferring wealth to others

### 2. Approximately how many years do you expect to continue investing

3-5 years

6-10 years

11-15 years

greater than 15 years

### 3. You invest \$100,000. After one year, indicate which portfolio represents the risk/return you would be willing to accept:

#### Possible High Value

\$148,352

\$139,263

\$130,146

\$121,834

\$114,051

#### Possible Low Value

\$58,863

\$67,529

\$77,073

\$87,514

\$98,860

### 4. How are you able to handle financial emergencies without touching your investments?

Very Able

Able

Somewhat Able

Not Able

### 5. On a scale of 1-100, where do you feel your risk tolerance is?

1 being no risk, 50 being moderate, 100 being aggressive.

## RISK TOLERANCE CO-CLIENT

### 1. Which of the following best describes you, as an investor?

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# FINANCIAL PLANNING OBJECTIVES

Please rank from 1-5, 1 being the most important	Client Ranking		Co-Client Ranking
Adequate Life, Long Term Care & Disability Insurance	1 2 3 4 5	Adequate Life, Long Term Care & Disability Insurance	1 2 3 4 5
Build Wealth	1 2 3 4 5	Build Wealth	1 2 3 4 5
College Funding Strategy	1 2 3 4 5	College Funding Strategy	1 2 3 4 5
Leave a Legacy to My Children	1 2 3 4 5	Leave a Legacy to My Children	1 2 3 4 5
Purchase a Home	1 2 3 4 5	Purchase a Home	1 2 3 4 5
Purchase a Vacation Home	1 2 3 4 5	Purchase a Vacation Home	1 2 3 4 5
Reduce Estate Taxes	1 2 3 4 5	Reduce Estate Taxes	1 2 3 4 5
Reduce Income Taxes	1 2 3 4 5	Reduce Income Taxes	1 2 3 4 5
Retirement Planning	1 2 3 4 5	Retirement Planning	1 2 3 4 5
Investment Portfolio Diversification / Assistance	1 2 3 4 5	Investment Portfolio Diversification / Assistance	1 2 3 4 5
Other (Specify)	1 2 3 4 5	Other (Specify)	1 2 3 4 5

## RETIREMENT PLANNING

Client	Co-Client
At what age do you plan to retire?	At what age do you plan to retire?
Do you plan on working after retirement? Yes No	Do you plan on working after retirement? Yes No
How long? Anticipated annual income?	How long? Anticipated annual income?
Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes No	Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes No
Explain:	Explain:
What inheritances may be received over the next 10, 20 or 30+ years?	What inheritances may be received over the next 10, 20 or 30+ years?

## GOALS/ EXPECTATIONS

	Client	Co-Client
What do you consider a reasonable rate of return on a long-term investment portfolio?	%	%
A market correction of what % would concern you?	%	%
What is the worst investment you ever made?		
What is the best investment you ever made?		
What is your most important 5-year goal?		
How much are you planning to invest?		
What do you lie awake at night thinking about?		

<b>CHECKLIST</b>	<b>CLIENT</b>		<b>CO-CLIENT</b>	
	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
Have you moved, changed emails or phone numbers?				
Have you or your spouse changed employment?				
Have there been any changes to your family dynamic? (marriage, divorce, children, etc.)				
Do you feel your emergency savings is adequate?				
Has your budget or income changed?				
Do you have accounts with high levels of cash?				
Would you like to review how much you are saving or withdrawing from your accounts?				
Do you feel your investment goals or risk tolerance has changed?				
Have you received any inheritance?				
Have you acquired or sold a major asset or property?				
Do you expect any significant expenses in the near future?				
Have you incurred any new debts?				
If you own a business, has there been any major changes?				
Would you like to review your Employer Benefits?				
Do we have copies of your current life insurance policies?				
Would you like to review your life insurance coverage?				
Do you have any tax planning concerns?				
Are you considering making any charitable donations or gifts?				
Do you need to determine any cost basis on assets you own?				
Do you have an Estate Plan? (Will, Health Care Directive, Power of Attorney, Trust, etc.)				
If you have an Estate Plan, has anything changed or needs to be updated?				
Do you want to review your beneficiaries on all your accounts?				
Are your Estate Plan and Financial Documents organized and properly stored?				
Could you be forgetting any assets or accounts?				
Have your financial or life goals changed?				
Do you have any outside investment accounts?				

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