

ADVISOR	NAME	

DATE

To complete electronically, please visit jestrong.com



TELL US ABOUT YOU...

PERSONA	L DETAILS
CLIENIT	

CLIENT

Primary Name

DOB SSN

Address

City State Zip

Primary Email

Primary Phone

Marital Status

Single Married Divorced Windowed 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 Windowed 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

FINANCIAL PROFILE SNAPSHOT CO-CLIENT

INCOME

Monthly Income

Annual Employment Income

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

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Other Income

EXPENSES

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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

CASH/INVESTMENTS

Checking Savings

CD's IRA

Roth IRA 401K

Annuities Other

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

Wedled Directive 163 N

Attorney

CPA

FINANCIAL PROFILE SNAPSHOT CO-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

RISK TOLERANCE

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	Possible Low Value
\$148,352	\$58,863
\$139,263	\$67,529
\$130,146	\$77,073
\$121,834	\$87,514
\$114,051	\$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

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FINANCIAL PLANNING OBJECTIVES

Please rank from 1-5, 1 being the most important	Client Ranking		l		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		2	3	4	5	Investment Portfolio Diversification / Assistance	1	2	3	4	5
Other (Specify)		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 Explain:	Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes No 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?		

CHECKLIST		CLIENT		CO-CLIENT		
	YES	NO	YES	NO		
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?						