

Family Relationships

Name	Birth Date	Gender		Dependent		Age Dependency Ends	Relationship Type	Relationship to Whom
		M	F	Yes	No			

When assessing your current financial situation, what are your greatest concerns?

What are the most positive aspects of your current finances?

What are your long-term financial goals?

What are your short-term financial goals?

Identify any impediments that may have prevented you from achieving your financial goals in the past.

What do you hope to achieve from your relationship with your financial advisor?

If you had to pick one issue for us to address first, what would it be?

Please check the answer you feel best applies.

We have a defined strategy for our investments.

Our investment portfolio is balanced and well-diversified.

We receive regular reviews tracking the progress of our financial goals.

We understand our financial risk tolerance.

We understand our insurance needs.

We have a retirement income generation plan that addresses inflation.

We have addressed our estate planning needs (wills, trusts, power of attorney, etc.).

We have a clear vision of our future.

We have clearly defined financial goals.

We have a strategy in place to meet our goals.

Our investments are disorganized and fragmented.

Our financial professionals work together as a team (accountant, attorney & financial advisor).

We have a plan in place in the event of illness, disability or untimely death.

We have saved for our children's/grandchildren's educational needs.

We have a clear understanding of our investments.

Risk Tolerance

Please help us prioritize your financial needs by numbering the services identified below by importance to you ("1" being the most important).

Investment Planning

Retirement Planning

Insurance Planning

Estate Planning

Tax Planning

Educational Expense Planning

Asset Titling

Team Building (Accountant, Attorney and Financial Advisor)

Other

If you have additional issues not addressed by this portion of the questionnaire, please identify them below.

1. Risk Factor

Before you make a decision on any investment, you need to consider how you feel about the prospect of potential loss of principal. This is a basic principle of investing: *the higher return you seek, the more risk you face*. Based on your feelings about risk and potential returns, your goal is to:

- A. Potentially increase my portfolio's value as quickly as possible while accepting higher levels of risk.
- B. Potentially increase my portfolio's value at a moderate pace while accepting moderate to high levels of risk.
- C. Income is of primary concern while capital appreciation is a secondary goal.
- D. Take as little risk as possible with my investment principal.

2. Investment Approach

Which of the following statements best describes your overall approach to investing as a means of achieving your goals?

- A. Seeking a relative level of stability in my overall investment portfolio.
- B. Attempting to moderately increase my investment value while reducing the potential for loss of principal.
- C. Pursue investment growth, accepting moderate to high levels of risk and principal fluctuation.
- D. Seek maximum long-term returns while accepting maximum risk with maximum principal fluctuation.

3. Volatility

The value of most investments fluctuates from year to year as well as over the short-term. How would you feel if an investment you had committed to for ten years lost 20% of its value during the first year?

- A. I would be extremely concerned and would sell my investment.
- B. I would be concerned and may consider selling my investment.
- C. I would be concerned, but I would not consider selling my investment.
- D. I would not be overly concerned given my long-term investment philosophy.

4. Variation

Realizing that any market-based investments may move up or down in value over time, with which of the hypothetical portfolios and volatility of hypothetical returns below would you feel most comfortable?

Year 1	Year 2	Year 3	Year 4	Year 5	Average Annual
3%	3%	3%	3%	3%	3%
2%	5%	6%	0%	7%	4%
-6%	7%	21%	2%	8%	6%
9%	-11%	26%	3%	18%	9%
14%	-21%	40%	-4%	31%	12%

5. Investment Experience

What is your overall experience with different types of investments?

- A. LOW – I have very little investment experience outside of bank savings accounts, money market funds and certificates of deposit (CDs).
- B. MEDIUM – I have some experience investing in mutual funds or individual stocks and bonds.
- C. HIGH – I have been an active participant in the stock market and understand that all investments, including international markets, can be volatile and unpredictable

6. Time Horizon

An important consideration when making investment decisions is where you are in your financial life cycle and how long you have before you will need to start withdrawing the assets. Through consultation with your Financial Advisor, please indicate your portfolio's appropriate time horizon. A multi-stage time horizon would indicate that you have several goals in the future that may require withdrawals at different times that your investment portfolio needs to address.

- A. Short (1-4 Years)
- B. Long (5-10+ Years)
- C. Multi-stage

7. Primary Goal

Please indicate approximately how many years from today until you reach your primary goal.

- A. Within 1 to 4 years
- B. Within 5 to 10 years
- C. Within 11 to 20 years
- D. More than 20 years

8. Secondary Goal

Some investors have a multi-stage time horizon with several goals for their portfolio. Please indicate approximately how many years from today until you reach your secondary goal.

- A. Not applicable, I only have a single stage time horizon.
- B. Within 1 to 4 years
- C. Within 5 to 10 years
- D. More than 10 years

9. Investment Earnings

Based on your current and estimated future income needs, what percentage of your investment earnings do you think you would be able to reinvest?

- A. Reinvest 100 percent of my investment earnings
- B. Reinvest 20 to 80 percent of my investment earnings
- C. Reinvest 0% (receive all investment earnings for cash flow)
- D. My investment earnings will not be sufficient and I will need to withdraw principal

10. Investment Value

What is the current value of your total investment portfolio? Please include the value of all your investments, including CDs, 401(k)s, 403(b)s, IRAs, annuities, etc.

- A. More than \$1,000,000
- B. \$500,001 to \$1,000,000
- C. \$300,001 to \$500,000
- D. \$100,000 to \$300,000
- E. Less than \$100,000

11. Living Expense

Emergencies such as accidents, illnesses, hospitalizations, job loss, etc. can occur. In the event you faced an emergency, how many months of your total annual living expenses could be covered by your current liquid investments such as savings/checking accounts, CDs with maturities less than six months, etc.)?

- A. More than 12 months, or not a concern
- B. Between 4 and 12 months
- C. Less than 4 months, or already withdrawing

Household Income

1. Household Income

Total earnings, which includes earned and investment income, is a requirement when assessing your risk tolerance and determining allocation of assets. What is your total annual household income (including interest and tax deferred income)?

- A. More than \$200,000
- B. \$150,000 to \$199,999
- C. \$100,000 to \$149,999
- D. \$50,000 to \$99,999
- E. Less than \$49,999

2. Income Saving

The percentage of your total income that you currently save is approximately:

- A. I do not currently save any income.
- B. Between 2% - 7%
- C. Between 7% - 12%
- D. Greater than 12%

3. Future Earnings

In the next five years, you expect that your earned income will probably:

- A. Decrease
- B. Stay about the same
- C. Increase modestly
- D. Increase significantly

	Client	Spouse
Salary	\$	\$
Self-employment earnings	\$	\$

Employer Matching Information – Client

My employer will match _____ % of my contributions up to _____ % of my pay,
 and _____ % of my contribution up to the next _____ % of my pay.

Employer Matching Information – Spouse

My spouse’s employer will match _____ % of plan contributions up to _____ % of my spouse’s pay,
 and _____ % of plan contributions up to the next _____ % of my spouse’s pay.

Social Security Retirement Benefit

	Client		Spouse	
Covered by Social Security?	Yes	No	Yes	No
Begin age				
Annual benefit amount	\$		\$	
Estimate an annual benefit amount?	Yes	No	Yes	No

Miscellaneous Income

	Source 1	Source 2	Source 3
Description			
Annual income amount	\$	\$	\$
Year income begins			
Number of years income continues			

Assets

Provide the requested information about your assets.

Cash Assets (checking, savings, CD's)	Account 1	Account 2	Account 3
Description			
Owner ^[1]			
Current value	\$	\$	\$
Annual contribution	\$	\$	\$

[1] Client, Spouse, JTWRROS, Community, Tenants in Common

Investment Accounts	Account 1	Account 2	Account 3
----------------------------	------------------	------------------	------------------

(place additional institution and asset account information in the "NOTES" section)

Institution			
Account number			
Description			
Owner ^[1]			
Current value	\$	\$	\$
Cost basis	\$	\$	\$

Business/Real Estate Assets	Asset 1	Asset 2	Asset 3
Description			
Type (Rental, S Corp, LLC, etc.)			
Owner ^[1]			
Current value	\$	\$	\$
Cost basis	\$	\$	\$
Net Income	\$	\$	\$

Personal Assets	Asset 1	Asset 2	Asset 3
Description			
Asset Class			
Type (Residence, Auto, Boat, etc.)			
Owner ^[1]			
Current value	\$	\$	\$
Cost basis	\$	\$	\$
Percent available to fund goals			

[1] Client, Spouse, JTWRROS, Community, Tenants in Common

Stock Options	Asset 1	Asset 2	Asset 3
Description			
Type (select one)	Incentive Stock Opt Non-Qual Stock Opt.	Incentive Stock Opt Non-Qual Stock Opt.	Incentive Stock Opt Non-Qual Stock Opt.
Owner (select one)	Client Spouse Community	Client Spouse Community	Client Spouse Community
Number of shares granted			
Strike price	\$	\$	\$
Date vested (mm/dd/yyyy)			
Year of exercise			

*Note: Please attach statement of outstanding options

Insurance

Provide the requested information about the insurance policies you own.

Life Insurance	Policy 1		Policy 2		Policy 3	
Description						
Type ^[1]						
Insured party ^[2]						
Owner ^[3]						
Beneficiary ^[4]						
Annual premium		\$		\$		\$
Face amount		\$		\$		\$
Year premiums stop						
Year coverage expires						
Current cash value		\$		\$		\$

[1] Group, Term, Whole Life, Universal Life, Variable Life, Other [2] Client, Spouse, Survivor

[3] Client, Spouse, Irrevocable Trust, Community [4] Client, Spouse, Irrevocable Trust, Third Party

Disability Insurance	Policy 1		Policy 2		Policy 3	
Description						
Type	Group	Individual	Group	Individual	Group	Individual
Insured party	Client	Spouse	Client	Spouse	Client	Spouse
Annual premium	\$		\$		\$	
Monthly benefit	\$		\$		\$	
Waiting period (days)						
Length of benefit (years)						
Cost of living adjustment						

Long-Term Care Insurance

Person 1

Person 2

Long-term care recipient: (Client, Spouse, Other)

Age premium ends

Annual premium

\$

\$

Daily benefit

\$

\$

Waiting period (days)

Length of benefit (years)

Cost of living adjustment (COLA)

Person 1

Person 2

COLA method/Inflation Rider: (select one)

Simple

Simple

Compound

Compound

Include LTC goal in Advisor Analysis

Yes

Yes

No

No

Other

Other

Deferred Compensation & Deferred Annuities

	Source 1	Source 2	Source 3
Description			
Type (select one)	Deferred Comp. Deferred Annuity	Deferred Comp. Deferred Annuity	Deferred Comp. Deferred Annuity
Owner (circle one)	Client Spouse	Client Spouse	Client Spouse
Current value	\$	\$	\$
Annual deferral	\$	\$	\$
Year deferrals begin			
Number of years deferrals continue			
Year payments begin			
Number of years of income			

Liabilities

Provide the requested information about your liabilities.

Description	Liability 1		Liability 2		Liability 3	
	Yes	No	Yes	No	Yes	No
Type ^[1]						
Tax deductible	Yes	No	Yes	No	Yes	No
Responsible party (select one)	Client Spouse Joint		Client Spouse Joint		Client Spouse Joint	
Current balance	\$		\$		\$	
Periodic payment	\$		\$		\$	
Payment frequency ^[2]						
Interest rate						
Year of maturity						

[1] Primary residence, Home Equity/Other Mortgage, Real Estate, Business, Investment/Margin, Consumer, Automobile, Other

[2] Semi-Monthly, Monthly, Quarterly, Semi-Annual, Annual

Provide the requested information about your living expenses. Do not include debt payments. Enter all debt payments in the Liabilities section.

Financial Goals

Provide the requested information about your long-term spending goals.

Education Goals	Student 1	Student 2	Student 3
Student			
Years until need begins			
Years of need			
Annual amount (today's dollars)	\$	\$	\$
Portion to fund			

Other Goals (Pre-Retirement)	Goal 1	Goal 2	Goal 3
Description			
Years until need begins			
Years of need			
Annual amount (today's dollars)	\$	\$	\$
Inflation rate			
Portion to fund			

Planned Asset Withdrawals (Pre-Retirement)	Withdrawal 1	Withdrawal 2	Withdrawal 3
(Examples include vacation home, wedding/celebration, etc.)			
Description			
Year need begins			
Years of need			
Annual amount (today's dollars)	\$	\$	\$

Retirement Spending Goal

How much do you want to spend annually during retirement?	\$
Portion of Annual Retirement Spending Goal needed for surviving spouse	
Amount to leave as a legacy	\$

Estate Planning

Provide the requested information about your estate plan

	Client		Spouse	
	Yes	No	Yes	No
Living Will in place?				
HIPPA Authorization in place?				
Is the Trust funded?				
Do documents allow for planning during incapacity?				
Power of Attorney				
Does every family member over 18 have a Power of Attorney for health-care and a living will?				
Health Directive				
Current Inventory of all Assets				
Is asset protection incorporated into the estate plan?				
Are the distributions to the children and grandchildren protected from creditors and divorce?				
If applicable, does the surviving spouse have sufficient Access to the bypass and QTIP trust assets?				

Historical Gifting Information

Cumulative gift tax credit previously used	\$	\$
--	----	----

Additional Notes