PERSONAL INFORMATION



Client Information (Co-client information to be entered on page 2)

Full Name			Preferred Nar	me (if different)	Ι	Date of Birth
Gender	1	Martial Status				
Male Female	[Single	Married	Separated	Divorce	ed 🗌 Widowed
Primary Citizenship	Secondary Citizenshi	ip	Social Securit	ty Number (Can be	provided at a la	ter time)
Address Type (check all that apply	v) 🗌 Preferred mailin	ng address	Use for tax	x reporting	Is physic	ical address
Street Address						
City/Town			State	Zip		
Home Phone			Cell Phone			
Primary Email Address			Preferred Me	thod of Contact		
			🗆 Email	Home Phon	le 🗌 Ce	ll Phone

Employment

Employer (Former, if retired)		Occupation		
Self Employed	Years of Service		Date of Ret	tirement (if retired)
Yes No				
Employer's Full Address				
Phone	Describe Current Feelir	ng About Your Job		
	Hopping out of be	d every morning	🗌 Eh, it's a job	I need to retire yesterday!

Education

High School	City, State	Year Graduated	Affiliations (Clubs, activities, sports)
College	City, State	Degree/Major	Affiliations (Clubs, activities, sports)
Graduate School	City, State	Degree/Major	Affiliations (Clubs, activities, sports)

Military Service

Branch of Serv	vice				Dates of Active Duty
Army	Air Force	🗌 Navy	☐ Marine Corps	Coast Guard	

Thank you for your service.

PERSONAL INFORMATION



(1) Co-Client Information

Full Name		Preferred Name (if diffe	rent)	Date of Birth
Gender	Martial Status			
Male Female	Single	🗌 Married 🗌 Sepa	rated Dive	orced 🗌 Widowed
Primary Citizenship	Secondary Citizenship	Social Security Number	(Can be provided at	a later time)
Address Type (check all that apply	<i>v</i>) Preferred mailing address	Use for tax reporting	Is pl	nysical address
Street Address				
City/Town		State	Zip	
			-	
Home Phone		Cell Phone		
Primary Email Address		Preferred Method of Co	ntact	
		Email Hom	ne Phone	Cell Phone

Employment

Employer (Former, if retired)		Occupation		
Self Employed	Years of Service		Date of Re	tirement (if retired)
Yes No				
Employer's Full Address				
Phone	Describe Current Feelin	ng About Your Job		
	Hopping out of be	d every morning	🗌 Eh, it's a job	I need to retire yesterday!

Education

High School	City, State	Year Graduated	Affiliations (Clubs, activities, sports)
College	City, State	Degree/Major	Affiliations (Clubs, activities, sports)
Graduate School	City, State	Degree/Major	Affiliations (Clubs, activities, sports)

Military Service

Branch of Service				Dates of Active Duty
Army Air Force	🗌 Navy	☐ Marine Corps	Coast Guard	

Thank you for your service.

PERSONAL INFORMATION FAMILY DEMOGRAPHICS



(iii) Children/Grandchildren/Other Dependents

Name	Date of Birth	Relationship	Social Security Number (Can be provided at a later time)
Are all family members in g	ood health?		
	please explain.		
Does any family member ha	ve a special need?		
☐ Yes ☐ No If yes	, please explain.		
Are any family members or a support in the future?	elatives (other than sj	pouse and children) dependen	nt on you for support now, or likely to need
☐ Yes ☐ No If yes	, please explain.		
Do you have alimony or chil	d support obligations	?	
☐ Yes ☐ No If yes	, please explain.		
Do you have any special con	cerns due to current o	r prior marriage of a family m	nember?
Yes No If yes	, please explain.		
Have you held or do you hol	d regular family meet	ings or retreats?	
Yes No			
Are you or is any member of	your family involved	in an occupation or profession	n which is frequently the target of lawsuits?
☐ Yes ☐ No If yes	, please explain.		
Are you planning any major	renovation or expansi	on of your residence?	
☐ Yes ☐ No If yes	, please explain.		

PERSONAL INFORMATION REAL ESTATE



Primary Home

Owner	Original Purchase Price
Cost of Improvements (if any)	Current Market Value
Remaining Mortgage Value	Purchase Date
Refinance Date/Amount	Mortgage Term (30yr, 7/1 ARM, etc.)
Current Interest Rate	Monthly Principal and Interest Amount

Secondary/Vacation Home

Address Type (check all that apply)	nailing address	Use for tax reporting	g Is physical address
Street Address			
City/Town		State	Zip
Owner		Original Purchase Price	
Cost of Improvements (if any)		Current Market Value	
Remaining Mortgage Value	Purchase Date		Refinance Date/Amount
Mortgage Term (30yr, 7/1 ARM, etc.)	Current Interest R	ate	Monthly Principal and Interest Amount

Family Income

Approximate Annual Income	Client	Co-Client
Employment salary/wages		
Employment bonus		
Self-Employment business income		
Social security benefits (if currently receiving)		
Pension (if currently receiving)		
Rental income		
Other income – taxable		
Other income – nontaxable		

(iii) Family Net Worth

	Client	Co-Client
Approximate net worth excluding primary residence		

PERSONAL INFORMATION TRUSTED AND PROFESSIONAL CONTACTS



Tax Preparer

Ų I	
Full Name	Accounting Firm
Address	
Phone	Email
Attorney	
Full Name	Law Firm
Address	
Phone	Email
Insurance Agent	
Full Name	Insurance Agent
Address	
Phone	Email

Financial Advisor

Full Name	Financial Advisor Firm
Address	
Phone	Email

Trusted Contact

It is recommended that a Trusted Contact, who must be 18 years or older, be added for each client. The purpose of the Trusted Contact is to provide us with someone whom can be contacted to discuss concerns regarding your cognitive abilities, or in the event that you are unreachable. Specific account information will not be discussed with the Trusted Contact. We don't advise your Trusted Contact to be your Spouse.

Client's Trusted Contact	Co-Client's Trusted Contact
Name	Name
Email	Email
Phone	Phone

PERSONAL INFORMATION



Primary Concerns

To better understand your immediate concerns and planning needs, please rate the following planning topics according to your current level of concern.

1 = Not Concerned	2 = Somewhat Concerned	3 = Concerned	4 = Very	Concern	ed	5 = Extre	mely Cor	ncerned
				1	2	3	4	5
Plan a budget								
Start short-term savings p	lan (ex., to buy a house, or large up	coming expense)						
Create or update an educa	tion savings plan for my children/g	randchildren						
Create or update my/our r	retirement savings plan							
Create or update my/our i	nvestment plan							
Create or update my/our e	estate plan							
Consolidate investment as	ssets							
Create or update a plan to	minimize taxes generated from inv	vestments						
Analyze my insurance nee	ds							
Organize my financial doo	cuments							
Other								

Miscellaneous Questions

Please answer the following questions.

Are you an employee of or related to an employee of Raymond James, a member firm of any exchange of FINRA, or an officer of a bank, trust, or insurance company?



No If yes, list the name and position of employee.

Are you a director, corporate officer, or a 10% shareholder of a publicly traded company?

☐ Yes ☐ No If yes, please explain.

Do you have any sources of professional liability? (i.e. do you handle money for any organizations, do you carry on any business activities from your home, do you serve on any board of directors)

Yes No If yes, please list.



In order to properly evaluate your current financial situation, please provide current statements for each of your financial and investment accounts. We will return them to you during our next meeting.

***If statements are not available, please enter the approximate values in the tables that follow.

Savings and Loan Accounts

Statements Available		Client	Co-Client
	Savings Account(s)/Money Market	\$	\$
	CD's	\$	\$
	Primary Mortgage	\$	\$
	Second Mortgage	\$	\$
	Vehicle Loans	\$	\$
	Student Loans	\$	\$
	Business Loans	\$	\$
	Other Loans	\$	\$
	Home Equity Line of Credit	\$	\$

Investment Accounts

Statements Available		Client	Co-Client
	Brokerage accounts	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	Individual (non-brokerage) stock, bond or mutual fund accounts	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	Annuity accounts (include surrender charge, living benefit & death benefit)	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	Current company retirement plan (401k, TSP, 403b, SIMPLE IRA, etc.)	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	How much is your employer matching?	% or \$ per month	% or \$ per month
	Previous employer retirement plan (401k, TSP, 403b, SIMPLE IRA, etc.)	\$	\$
	Custodial/UTMA accounts for children	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	529 Education savings accounts	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	Stock options accounts (including vesting and expiration schedules)	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	Restricted stock accounts (including vesting schedules)	\$	\$
	Employee stock ownership plan accounts (ESOP)	\$	\$
	How much are you contributing?	\$ per month	\$ per month
	How much is your employer matching?	% or \$ per month	% or \$ per month



Tax Documents

In order to properly evaluate your current financial situation, please provide current statements or copies of the following documents. Check all that apply and we will collect the statements at our next meeting.

Two most recent tax returns (all schedules and K-1s)	
Most recently filed gift tax return	
Most recent federal tax return for Trust (Form 1041 and K-1 from which you receive income or principal)	
Most recent W-2 from employers	

Life Insurance – Current Coverage

If you have copies of the policy information available, please share with us and we'll extract the information we need. Otherwise, please enter the information for each type of life insurance policy you currently have.

			Client			
Insurance Type	Insurance Company	Face Value	Annual Premium	Beneficiary(ies)	Cash Value	Current Loans
Term					N/A	N/A
Whole						
Variable						
Universal						
Other						
			Co-Client			
Insurance Type	Insurance Company	Face Value	Annual Premium	Beneficiary(ies)	Cash Value	Current Loans
Term					N/A	N/A
Whole						
Variable						
Universal						
Other						

INSURANCE



Other Insurance – Current Coverage

If you have copies of the policy information available, please share with us and we'll extract the information we need. Otherwise, please enter the information for each type of life insurance policy you currently have.

Long Term Disability Income Policies	Client	Co-Client
Insurance company name		
Family member(s) insured		
Period length		
Benefit period length		
Benefit amount		
Annual Premium		
Short Term Disability Income Policies	Client	Co-Client
Insurance company name		
Family member(s) insured		
Period length		
Benefit period length		
Benefit amount		
Annual Premium		
Personal Umbrella Liability Policy	Client	Co-Client
Insurance company name		
Family member insured		
Annual Premium		
Amount of coverage		

Miscellaneous

Most recent pay stub
Information regarding any pending inheritance
Divorce decree or property settlement agreement, if previously married
Most recent social security statement (Available at www.ssa.gov)
Beneficiary designations for all accounts



Please provide your monthly expenses in the following tables.

(iii) Living Expenses

Home Expenses	Approximate Amount Per Month
First Mortgage	\$
Home Equity Line	\$
Real Estate Tax	\$
Rent	\$
Homeowner's Insurance	\$
Association Fees (HOA)	\$
	∞ \$
Electricity Gas/Oil	
	\$
Trash Pickup	\$
Water/Sewer	\$
Cable/Satellite TV	\$
Internet	\$
Telephone (land line)	\$
Lawn Care	\$
Maintenance – Regular	\$
Cleaning Service	\$
Other	\$
Other	\$
Other	\$
	75
Secondary Residence	Approximate Amount Per Month
Secondary Residence	Approximate Amount Per Month
Secondary Residence First Mortgage	Approximate Amount Per Month \$
Secondary Residence First Mortgage Home Equity Line	Approximate Amount Per Month \$ \$
Secondary Residence First Mortgage Home Equity Line Real Estate Tax	Approximate Amount Per Month \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Secondary Residence First Mortgage Home Equity Line Real Estate Tax Rent	Approximate Amount Per Month
Secondary Residence First Mortgage Home Equity Line Real Estate Tax Rent Homeowner's Insurance	Approximate Amount Per Month
Secondary Residence First Mortgage Home Equity Line Real Estate Tax Rent Homeowner's Insurance Association Fees (HOA)	Approximate Amount Per Month
Secondary Residence First Mortgage Home Equity Line Real Estate Tax Rent Homeowner's Insurance Association Fees (HOA) Electricity	Approximate Amount Per Month
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/Sewer	Approximate Amount Per Month
Secondary Residence First Mortgage Home Equity Line Real Estate Tax Rent Homeowner's Insurance Association Fees (HOA) Electricity Gas/Oil Trash Pickup	Approximate Amount Per Month
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternet	Approximate Amount Per Month \$
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternetTelephone (land line)	Approximate Amount Per Month \$
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternetTelephone (land line)Lawn Care	Approximate Amount Per Month \$
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternetTelephone (land line)Lawn CareMaintenance – Regular	Approximate Amount Per Month \$
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternetTelephone (land line)Lawn CareMaintenance – RegularCleaning Service	Approximate Amount Per Month \$
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternetTelephone (land line)Lawn CareMaintenance – RegularCleaning ServiceOther	Approximate Amount Per Month \$
Secondary ResidenceFirst MortgageHome Equity LineReal Estate TaxRentHomeowner's InsuranceAssociation Fees (HOA)ElectricityGas/OilTrash PickupWater/SewerCable/Satellite TVInternetTelephone (land line)Lawn CareMaintenance – RegularCleaning Service	Approximate Amount Per Month \$



Taxes	Approximate Amount Per Month
Client FICA	\$
Co-Client FICA	\$
Client Medicare	\$
Co-Client Medicare	\$
Federal Income	\$
State Income	\$
Local Income	\$
Other	\$
Transportation	Approximate Amount Per Month
Auto Loan/Lease Payment	\$
Auto Insurance	\$
Personal Property Tax	\$
Fuel	\$
Repairs/Maintenance	\$
Parking/Tolls	\$
Docking/Storage	\$
Public Transportation	\$
Other	\$
Personal Expenses	Approximate Amount Per Month
Alimony	\$
Subscriptions	\$
Groceries	\$
Care for Parent/Other	\$
Pet Expenses	\$
Cell Phone	\$
Charitable Donations	\$
Child Activities	\$
Child Allowance/Expense	\$
Daycare/Nanny/Babysitter/Other	\$
Child Support	\$
Child Tutor	\$
Clothing – Client	\$
Clothing – Co-Client	\$
Clothing – Children	\$
	\$ \$



Personal Expenses (cont.)	Approximate Amount Per Month
Education	\$
Entertainment	\$
Gifts	\$
Hobbies	\$
Vacation/Travel	\$
Healthcare – Dental	\$
Healthcare – Medical	\$
Healthcare – Prescription	\$
Debt	Approximate Amount Per Month
Student Loans	\$
Unsecured Installment Loans (credit cards)	\$
Other	\$
Other	\$
Personal Insurance Expenses	Approximate Amount Per Month
Disability for Client	s
Disability for Co-Client	s
Life for Client	s
Life for Co-Client	\$
Long-term Care for Client	\$
Long-term Care for Co-Client	\$
Medical for Client	\$
Medical for Co-Client	\$
Umbrella Liability	\$
Other	\$
Miscellaneous	Approximate Amount Per Month
Domestic Help	\$
Major Discretionary Purchases	\$
Legal Fees	\$
Accounting Fees	\$
Other	\$

Total Expenses: \$_



Please answer the following questions.

📾 Investment Planning

Are there any investments or companies you would prefer to avoid for ethical, social, or political reasons?

What investments have you made in the past that you have been pleased with? Why?

What past investments have not pleased you? Why?

Have you ever sold an investment when its price was down and later regretted doing so? What was it?

Have you experienced losses during extended (one year +) bear markets? When and how much?

Do you subscribe to any financial newsletters, websites, or other financial publications? Which ones?

Current Portfolio Assessment

Are there any investments you own and would not sell?
What would you like to change in your portfolio, if anything?
Are any of your assets and/or accounts earmarked for a specific use at this point?
How satisfied are you with the performance of your portfolio over the last 12 months?
Not satisfied Satisfied Very Satisfied



Investment Planning

Please provide your investment experience, if any, by checking the appropriate box. If you are hiring Potomac Financial Group jointly with a spouse/partner, combine your investment experience and yes/no answers.

Investment		Exper	ience		Have you ever lost money in this investment?		Were you comfortable with the risk?	
	None	Limited	Moderate	Extensive	Yes	No	Yes	No
Money Market/CD's								
U.S. Government Bonds								
Municipal Bonds								
Municipal Bond Funds/ETF's								
Aggresive Growth Stocks								
Aggressive Growth Funds/ETFs								
Blue Chip Stocks								
Blue Chip Stock Funds/ETF's								
International Stocks								
International Stock Funds/ETF's								
Indexed Annuities								
Fixed Annuities								
Variable Annuities								
Immediate Annuities								
Alternative Investments/Hedge Funds								
Limited Partnerships								
Options/Futures								
Commodities								
Other								

Investment Attitudes and Preferences

Please indicate whether you agree or disagree with the following statements.	Agree	Disagree
I am uncomfortable with any significant fluctuation in my portfolio.		
I monitor my investments frequently.		
It's important that my investments grow faster than inflation, even if my investments aren't 100% safe.		
I prefer mutual funds or exchange-traded funds to individual stocks or bonds.		
I prefer to invest in large, stable companies.		
I would be uncomfortable if my investment income varied substantially from month to month.		
I feel comfortable with aggressive growth investments.		
I consider myself a risk taker.		



Investor Profile

Please circle the best answer.

What is your primary objective for your investments?	Preservation of existing assets	Ongoing incor		ncome Capit		al growth	Highest potential returns	
Which statement best describes your knowledge of the investment world?	I have limited knowledge	I understand basic principles, but don't follow the market		ıt don't	I have general knowledge and follow the market		I have considerable knowledge	
In which of these hypothetical portfolios would you be most likely to invest?	Portfolio 1	50% 40% 30%				20%	38%	
	Portfolio 2	20%	5% -2%		-3%			
	Portfolio 4	-10% -20%	Portfolio	1 Potential I	Portfolio 2	-9% Portfolio 3	-17% Portfolio 4 ential Decrease	
How far does the market have to fall before you'd consider selling an investment?	Between 5%-10%		Between Betw 10%-20% 20%-				I would stay invested	
How concerned are you about the future stability of your current income sources?	Not at all concerned	l S1	Slightly concerned		Moderately concerned		Very concerned	
What average annual rate of return do you expect from your overall portfolio?	0-3%	4-6%		7-9%		10-12%	13+%	
When do you expect to begin drawing income from your portfolio?	Immediately	Within the next 5 years		In 5-10 years		In 10-20 year	rs Not for at least 20 years	

Risk Score

How much risk are you comfortable with?



Please take our complimentary risk analysis on our website, so you and your advisor can have a more detailed conversation. Visit **PotomacFinancialGroup.com/Freedom7/Riskalyze**

Riskalyze[®] is an independent third party service provider and is not affiliated with Raymond James.



Retirement Planning

Retirement Age and Living Expense

At what age would you like to retire?		
Client:	Co-Client:	
What amount of annual income do you expect to need to meet your basic livit		g expenses (wants)? ax Amount
Needs: day-to-day living expenses (e.g., food, clothes, utilities, etc.)	\$	per year
Wants: discretionary expenses (e.g., travel, gifts, etc.)	\$	per year

Are you covered by an employer pension plan?	
Current accrued benefit:	Vested status: yes/no/date fully vested
Estimated full retirement benefit:	Early Retirement benefits available?
Survivor %	
Is your spouse/partner covered by an employer pension plan? 🗌 Yes	🗌 No
Current accrued benefit:	Vested status: yes/no/date fully vested
Estimated full retirement benefit:	Early Retirement benefits available?
Survivor %	

Other Retirement Income (part-time work, rental property, annuities, royalties, alimony)

Description	Owner	Monthly Amount	Starts	Ends
	Client Co-Client			
	Client Co-Client			
Do you or your spouse/partner plan to work part-	time during retirement?	If so, please explain.		
Do you plan to relocate when you retire? Where?				



Social Security Planning

To gather updated information on your Social Security benefits, please visit www.ssa.gov to create an account online. Please provide us a printed copy of your estimates or complete this section with the information from your account.

	Client	Co-Client
Are you eligible?	 Yes No Receiving now 	 Yes No Receiving now
Amount of benefit, if receiving?	\$ per month	\$ per month
At what age do you plan to start collecting?	 Age 62 Between ages 62 and 67 Between ages 67 and 70 Age 70 	 Age 62 Between ages 62 and 67 Between ages 67 and 70 Age 70
Estimated benefit available?	 At early retirement age (62)/month At full retirement age/month At age 70/month 	 At early retirement age (62)/month At full retirement age/month At age 70/month
Are you divorced from a marriage that lasted at least 10 years?	YesNo	YesNo
Are you eligible for a government pension?	YesNo	YesNo

GOALS





Please answer the following questions.

How do you envision your retirement lifestyle?

Describe your ideal day in retirement.

Do you travel or want to travel? Where? With whom?

If you had complete financial security, how would you spend your time?

Name the most important personal goal you want to achieve in retirement.

What do you want your legacy to be?



Tax Planning

Please check any of the following items that apply:

- I have self-employment income.
- I have been subject to the Alternative Minimum Tax (AMT) in past years, or expect to be this year.
- I have loss carryovers from prior years. How much (found on line 14 from Schedule D 1040 Form)? \$
- I have income from a non-U.S. source.
- I have unexercised stock options, or have exercised stock options in the current tax year.
- I am currently working with a tax professional.
- I am not a U.S. citizen.
- My spouse is not a U.S. citizen.

Please rate how important the following tax concerns are to you.

1 = Not Sure	2 = Not Important	3 = Somewhat Important	4 =	Importa	nt	5 = Very I	mportan	t
				1	2	3	4	5
Year-end tax planning								
Planning for the alterr	native minimum tax (AMT)							
Personal residence and	l vacation home tax planning							
Marriage, divorce, and	related concerns							
Starting, operating, or	transferring a business							
Investment tax plannin	ng							
Charitable giving								
Other								

Please answer the following questions.

Have you had, or are you currently undergoing, a tax audit from the IRS?
Are you currently delinquent in filing a tax return, or do you owe the state or federal government for prior year taxes?
What is your filing status?
What is your effective federal income tax rate?
What is your effective state income tax rate? Which state(s)?
Have you ever invested in a tax shelter? Please provide brief details.



Education Planning

Anticipated Needs

Child's Name	Year Entering College	Projected Total Costs for Four Years

Current Savings Allocated for College Costs

Please enter the information for all that apply.

	529	Coverdell Education Savings Accounts	UGMA/UTMA Custodial Accounts	Other
Current Balance				
Additional Monthly Savings				
Planned Lump-Sum Contributions				

Please answer the following questions.

How important is it that you retain control of the education money until your child finishes college?

- Very important
- Somewhat important
- Not important

How important is it that your child not take out any student loans to help pay for college?

- Very important
- Somewhat important
- Not important

What percentage of your child's college costs do you plan to pay for?

- 100%
- 75-99%
- 50-75%
- 25-50%
- Less than 25%



Estate Planning

Please select yes or no in the following questions.

	Client		Co-Client		
	Yes	No	Yes	No	
Do you have valid updated Wills?					
Do you have Powers of Attorney for property and health care?					
Do you have Advanced Medical Directives?					
Do you have a Living Trust in place?					
Do you have other Trusts in place?					
Do you have updated beneficiaries on all accounts?					
Do you have a Business Succession Plan, if applicable?					
Do you keep your important documents in a safe deposit box or safe?					
If so, does someone other than your spouse have access to it?					
Do you have children from a previous marriage?					
Do you have a child with special needs?					
Do you have a pre or post-marital agreement?					
Are there any trusts which give you a power of appointment?					
Are you worried about probate?					
Are you concerned about your spouse/partner's ability to handle finances?					
Are you concerned about how your children or beneficiaries will spend their inheritances?					
Do you own property in another state or outside the United States? If so, where?					
Are you concerned about minimizing transfer taxes?					
Is asset protection a concern?					
Are you interested in multi-generational planning?					
If you're a business owner, are you interested in business succession strategies?					
Have you ever filed a gift tax return?					
Do you anticipate receiving a significant inheritance?					
If you have a minor child, have you named a guardian and a custodian in your Will?					
Which charities, if any, are important to you?					

Raymond James does not provide tax or legal services. Please discuss these matters with the appropriate professional.

GOALS



Financial Goals

Please complete this worksheet for your two most important short-term, medium term, and long-term financial goals.

By When?	Amount Needed
	By When?

INSURANCE PLANNING



Current Coverage

Please check boxes to indicate the types of coverage you currently have.

	Client		Co-C	Client
	Group	Individual	Group	Individual
Health				
Disability				
Life				
Homeowners or Renters				
Auto				
Long-Term Care				
Personal Umbrella Liability				
Business Owner				
Business Liability				
Other				

What questions or concerns do you have about your insurance coverage?

BUSINESS OWNER



Questions About Your Business
Please answer the following questions. If you are not a business owner, please skip this section.
What is the legal form of your business (corporation, partnership, LLC, etc.)?
Are there other owners? If yes, what percentage of the business do you own?
How many years has the business been operating?
Is your business publicly traded?
What were your most recent annual revenues? Profits/losses?
What are the products or services your business provides?
What is the current approximate market value of your business?
Do you have employees? If yes, how many?
Does your business sponsor a retirement plan? If yes, what type of plan is it?
Does your business sponsor a retirement plan. If yes, what type of plan is it:
Is there a legal written business succession plan in place?

BUSINESS OWNER



(5) Business Succession Planning

Please rate how important the following concerns are to you.

1 = Not Sure	2 = Not Important	3 = Somewhat Important	4 =	4 = Important		5 = Very Important		
Concern				1	2	3	4	5
Ensuring the continuation	n of the business							
Keeping the business in the family								
Providing a smooth transition of management responsibilities								
Minimizing income and transfer taxes								
Equalizing transfers to children								
Providing job security to key employees								
Ensuring the future financial security for yourself and your spouse/partner								
Keeping family harmony								
Preparing a short-term co	ontingency plan							
Other								

Please note any additional concerns you would like to discuss.





Please answer the following questions.

What are the most important things that we can do for you to help ensure that our partnership is successful?

If applicable, what did you like about your relationship with your other advisors?

If applicable, what didn't you like about your relationships with your other advisors?

Please feel free to mention any other comments or information in general that would help Potomac Financial Group better assess your situation or serve you better.