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PERSONAL INFORMATION

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

Full Name | Preferred Name (if different) | Date of Birth

Gender
☐ Male ☐ Female

Martial Status
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Primary Citizenship | Secondary Citizenship | Social Security Number (Can be provided at a later time)

Address Type (check all that apply) ☐ Preferred mailing address ☐ Use for tax reporting ☐ Is physical address

Street Address

City/Town | State | Zip

Home Phone | Cell Phone

Primary Email Address

Preferred Method of Contact
☐ Email ☐ Home Phone ☐ Cell Phone

Employment

Employer (Former, if retired) | Occupation

Self Employed
☐ Yes ☐ No

Years of Service | Date of Retirement (if retired)

Employer's Full Address

Phone

Describe Current Feeling About Your Job
☐ Hopping out of bed 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
☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps
☐ Coast Guard ☐ National Guard ☐ Space Force

Dates of Active Duty

Thank you for your service.

PERSONAL INFORMATION

Co-Client Information

Full Name	Preferred Name (if different)	Date of Birth

Gender: ☐ Male ☐ Female

Martial Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Primary Citizenship	Secondary Citizenship	Social Security Number (Can be provided at a later time)

Address Type (check all that apply) ☐ Preferred mailing address ☐ Use for tax reporting ☐ Is physical address

Street Address

City/Town	State	Zip

Home Phone	Cell Phone

Primary Email Address

Preferred Method of Contact: ☐ Email ☐ Home Phone ☐ Cell Phone

Employment

Employer (Former, if retired)	Occupation

Self Employed: ☐ Yes ☐ No

Years of Service	Date of Retirement (if retired)

Employer's Full Address

Phone

Describe Current Feeling About Your Job: ☐ Hopping out of bed 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

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps

☐ Coast Guard ☐ National Guard ☐ Space Force

Dates of Active Duty

Thank you for your service.

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Children/Grandchildren/Other Dependents

Name	Date of Birth	Relationship	Social Security Number (Can be provided at a later time)

Are all family members in good health?

☐ Yes ☐ No If no, please explain.

Does any family member have a special need?

☐ Yes ☐ No If yes, please explain.

Are any family members or relatives (other than spouse and children) dependent on you for support now, or likely to need support in the future?

☐ Yes ☐ No If yes, please explain.

Do you have alimony or child support obligations?

☐ Yes ☐ No If yes, please explain.

Do you have any special concerns due to current or prior marriage of a family member?

☐ Yes ☐ No If yes, please explain.

Have you held or do you hold regular family meetings or retreats?

☐ Yes ☐ No

Are you or is any member of your family involved in an occupation or profession which is frequently the target of lawsuits?

☐ Yes ☐ No If yes, please explain.

Are you planning any major renovation or expansion 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) ☐ Preferred mailing address ☐ Use for tax reporting ☐ 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 Rate	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	$	$

Family Net Worth

	Client	**Co-Client**
Approximate net worth excluding primary residence	$	$

PERSONAL INFORMATION
TRUSTED AND PROFESSIONAL CONTACTS

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Tax Preparer

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

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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 Concerned 5 = Extremely Concerned

	1	2	3	4	5
Plan a budget	☐	☐	☐	☐	☐
Start short-term savings plan (ex., to buy a house or large, upcoming expense)	☐	☐	☐	☐	☐
Create or update an education savings plan for my children/grandchildren	☐	☐	☐	☐	☐
Create or update my/our retirement savings plan	☐	☐	☐	☐	☐
Create or update my/our investment plan	☐	☐	☐	☐	☐
Create or update my/our estate plan	☐	☐	☐	☐	☐
Consolidate investment assets	☐	☐	☐	☐	☐
Create or update a plan to minimize taxes generated from investments	☐	☐	☐	☐	☐
Analyze my insurance needs	☐	☐	☐	☐	☐
Organize my financial documents	☐	☐	☐	☐	☐
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?

☐ Yes ☐ 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.

PERSONAL INFORMATION

Beneficiary Designations

Name	Date of Birth	Relationship	Social Security Number (Can be provided at a later time)	Beneficiary Designations Primary or Contingent	Percentage
				– Select One –	%
				– Select One –	%
				– Select One –	%
				– Select One –	%
				– Select One –	%
				– Select One –	%

DATA GATHERING

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

DATA GATHERING

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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

DATA GATHERING

Please provide your monthly expenses in the following tables.

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	$

Secondary Residence	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	$

DATA GATHERING

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	$
Club Dues	$
Dining Out	$

DATA GATHERING

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	$
Disability for Co-Client	$
Life for Client	$
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	$
Other	$
Other	$
Other	$

Total Expenses: $ 0.00

PLANNING

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	Experience				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.		

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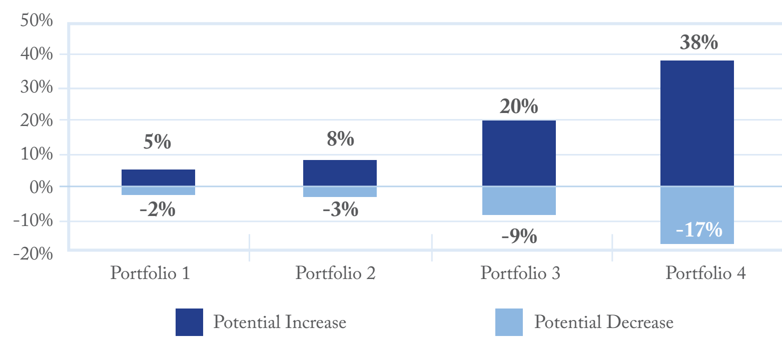
Investor Profile

Please circle the best answer.

What is your primary objective for your investments?	☐ Preservation of existing assets	☐ Ongoing income	☐ Capital 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	☐ 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	☐ Portfolio 2	☐ Portfolio 3	☐ Portfolio 4	
How far does the market have to fall before you'd consider selling an investment?	☐ Between 5%-10%	☐ Between 10%-20%	☐ Between 20%-30%	☐ Between 30%-40%	☐ I would stay invested
How concerned are you about the future stability of your current income sources?	☐ Not at all concerned	☐ 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 years	☐ Not for at least 20 years

Risk Score

How much risk are you comfortable with?

RISK ?

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 living expenses (needs) and your extra living expenses (wants)?	After-Tax 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? ☐ Yes ☐ No	
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?	☐ Yes ☐ No	☐ Yes ☐ No
Are you eligible for a government pension?	☐ Yes ☐ No	☐ Yes ☐ No

Retirement 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 = Important   5 = Very Important

	1	2	3	4	5
Year-end tax planning	☐	☐	☐	☐	☐
Planning for the alternative minimum tax (AMT)	☐	☐	☐	☐	☐
Personal residence and vacation home tax planning	☐	☐	☐	☐	☐
Marriage, divorce, and related concerns	☐	☐	☐	☐	☐
Starting, operating, or transferring a business	☐	☐	☐	☐	☐
Investment tax planning	☐	☐	☐	☐	☐
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.

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

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%

PLANNING

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.

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Financial Goals

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

Financial Goal	By When?	Amount Needed
Short Term (Within 3 years)		
Medium Term (3-7 years)		
Long Term (over 7 years)		

INSURANCE PLANNING

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Current Coverage

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

	Client		Co-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?

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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?
Is there a legal written business succession plan in place?

Business Succession Planning

Please rate how important the following concerns are to you.

1 = Not Sure 2 = Not Important 3 = Somewhat Important 4 = Important 5 = Very Important

Concern	1	2	3	4	5
Ensuring the continuation 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 contingency plan	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Please note any additional concerns you would like to discuss.

Working Together

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.