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CONFIDENTIAL

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Our financial planning process involves discussing your goals, gathering pertinent data, designing solutions, and delivering a cohesive plan that you can implement to help you reach your goals. The process begins with understanding what you want to achieve.

Date		
Please list your specific financial goals.		Rank Priority
1.		
2.		
3.		
4.		

What do you feel are the main obstacles to achieving your goals?

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In three years from now, looking back on your relationship with your financial advisor, what will you have expected to have accomplished?

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What keeps you up at night?

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## SOME BASIC INFORMATION ABOUT YOU:

Prefix:

			Mr.		Mrs.		Ms.		Dr.
Name	Date of birth / /	U.S. Citizen							
			Yes			No			
Street Address		City		State		Zip Code			
Contact Number				Email					
Occupation				Employer					

## CO-CLIENT

Prefix

			Mr.		Mrs.		Ms.		Dr.
Name	Date of birth / /	U.S. Citizen							
			Yes			No			
Street Address		City		State		Zip Code			
Contact Number				Email					
Occupation				Employer					

DEPENDENTS

Name	Date of birth / /	Relationship Type*	Citizenship	Add to Plan? Yes No
Name	Date of birth / /	Relationship Type*	Citizenship	Add to Plan? Yes No
Name	Date of birth / /	Relationship Type*	Citizenship	Add to Plan? Yes No
Name	Date of birth / /	Relationship Type*	Citizenship	Add to Plan? Yes No
Name	Date of birth / /	Relationship Type*	Citizenship	Add to Plan? Yes No
Name	Date of birth / /	Relationship Type*	Citizenship	Add to Plan? Yes No

\*Daughter, Son, Mother, Father, etc.

	Client	Co-Client
Health Issues (Describe)		

## PROFESSIONAL ADVISORS

Name	Business Name	Address	Phone
Name	Business Name	Address	Phone
Name	Business Name	Address	Phone
Name	Business Name	Address	Phone

## EDUCATION

List any education goals or expenses anticipated for yourself, your children and/or your grandchildren including primary school, private school, Trade Schools, and Colleges and Universities.

Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
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## ASSETS

	Personal Assets	Owner	Value
Automobiles			
Collections			
Artwork			
Jewelry			
Other (specify)			

**Investments:** Please include all non-qualified investments such as bank accounts, brokerage accounts, and investment holdings and indicate the annual contribution you plan to make to each.

Investments	Owner	Value	Annual Contribution
Checking			
Savings			
CDs			
Brokerage			

**Retirement Assets:** Please include all qualified investments such as IRAs/Roth IRAs, 401(k), 457, and SEP accounts and indicate your annual contribution to each and contributions from your employer.

Retirement Assets	Owner	Value	Annual Contributions	Employer Contributions

### Pension & Defined Benefit

Participant	Type of Plan	Beneficiaries	Current Value	Defined Benefit Plans Only - Projected Annual Income

Besides the above, what income or assets (including inheritance) will be available at retirement?

**Real Estate Holdings:** Please include all real estate holdings by location and indicate any future plans to sell the holdings.

Real Estate location	Owner	Current Market Value	Basis	Plan to Sell?

What are your fastest growing assets? For each, what growth rate do you expect for the foreseeable future?

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What amount of annual income would your spouse need in the event of your death?

\$

At what age do you expect to retire?

How much annual income will you want at retirement?

What is your current income (all sources)?

How much of that income would cease if your life ended?

What is your current income tax bracket (federal plus state)?

Describe your current Wills:

☐

All to Spouse

☐

Credit Shelter Bypass

☐

None

Are there any special needs (financial or medical) of parents, children, or other family members? (Describe)

Have you ever made "Lifetime Exclusion" gifts? (Provide type of asset, and approximate date and value)

(If Yes) Were gift tax returns filed?

☐

Yes

☐

No

Is protection from predatory creditors (including children's ex-spouses) important to you?

☐

Yes

☐

No

Are there specific charitable objectives you would like to see fulfilled? (Describe charity, timing and amount)

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Obtain copies of Wills, trusts, business agreements and other legal documents.

## INSURANCE

Please list the insurance policies currently in force. If you have copies of the latest statements or declaration pages, you do not need to complete this section.

Life Insurance includes Group, Term, Whole Life, Universal Life, Variable, or other custom policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Life Insurance					
Insured					
Owner					
Beneficiary					
Face Amount					
Annual Premium					
Cash Value					

Disability Income includes Group and Individual policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Disability Income					
Insured					
Monthly benefit					
Annual premium					
Waiting period					
Length of benefit					
Cost of living adjustment (COLA)					

Long Term Care insurance includes Group and Individual policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Long Term Care					
Insured					
Annual premium					
Daily benefit					
Waiting period					
Length of benefit					
Cost of living adjustment (COLA)					
COLA Method*					

\* Simple or Compound



## LIABILITIES

Please list all outstanding liabilities including mortgages for your primary residence, home equity loan, real estate holdings, businesses, investment/margin, credit cards, and automobile loans.

Liability	Current Balance	Periodic Payment	Payment Frequency	Interest Rate	Year of Maturity

## INCOME

Please include income you receive with the exception of income related to business interests (included on page 6).

Income	Client	Co-Client	Joint	Any anticipated changes?
Annual Salary				
Bonus				
Self Employment				
Dividends / Interest				
Rentals				

**Social Security Benefits:** Please include your most recent Social Security statement.

Client Normal Monthly Retirement Benefit	\$		Co-Client Normal Monthly Retirement Benefit	\$
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**Pensions:** Please list all you are eligible to receive.

	Client	Co-Client
Start Age		
Monthly Amount		
Annual Inc. %		
Survivor %		

## EXPENSES

Please list fixed and variable expenses not accounted for elsewhere. Fixed expenses include expenses such as rent, utilities, medical costs, and medications. Please include insurance premiums and loan payments if not listed elsewhere. Variable (discretionary) expenses include expenses such as vacations, entertainment, hobbies, and gifts.

Monthly expenses: / spend about \$			a month on everything.
Current Expense	Annual amount	Retirement amount (to-day's dollars)	End dates?

**Other Expenses:** Please list any expenses that are variable meaning they do not occur every year or any expenses you expect to incur in the future.

Description	Amount	Year Begins	Number of Years	Occurs every X years

## EXPENSES (CONTINUED)

**Survivor Expenses:** In the event of either premature death, please list the percentage of total expenses that the surviving client would incur. This information will help us determine survivor income needs. Consider what lifestyle and childcare expenses would be impacted in the event of a premature death. The average is around 70-80%, however, this may be different for every client.

Client's Living Expenses in the event of Co-Client's Death: \$ \_\_\_\_\_

Co-Client's Living Expenses in the event of Client's Death: \$ \_\_\_\_\_

**Estate Planning:** Please help us understand what planning you have done for your estate.

	Client				Co-Client			
Do you have a will?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, when was it updated last?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What is the goal of the trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heirs from a previous marriage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Advanced Directives/Living Will?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you have minor children, do you have a guardian nomination?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

What are your goals for your estate? For example, do you plan to leave your estate to your heirs? Do you plan to donate to a charity?

List any other information you feel is important to the financial planning process.

## CLOSELY-HELD BUSINESS OWNERS

What is the full legal name of your company? \_\_\_\_\_

Type of Business Entity

	Sole Proprietorship		C Corporation		Limited Liability Partnership
	General Partnership		S Corporation		Limited Liability Limited Partnership
	Limited Partnership		Limited Liability Company		Other

[If a C corporation, what is the corporate tax bracket (federal plus state)? %] \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_

Are any family members employed in the business? If so, describe any future plans for increased responsibility and/or ownership:

Business Owner	Owner-ship %	Income from the business	Age	Active vs. Non-Active
Who will own your business interest in the event of your retirement, disability or death?				

(If more than one owner) Is there a written Buy-Sell agreement?

☐

Yes

☐

No

Which non-owner employees are "key" to the continued success of the Company? (Provide responsibilities, ages and total compensation)

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Does the company currently provide any employee fringe benefits? Describe:

How much company debt do you currently guarantee?

\$

\_\_\_\_\_

Is this amount typical?

☐

Yes

☐

No

Are there other assets, liabilities, issues or objectives that should be considered in this analysis?

**Business Interests:** Please list all business interests for which you own part of all of the interest.

Business Name	Business Name 1	Business Name 2	Business Name 3
Owner			
Business Type*			
Base Value			
Tax Basis			
Pass Thru (Yes/No)			

\*Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp

Business Cash Flow	Business 1	Business 2	Business 3
Income			
Expenses			
Distribution Type			
Distribution Amount			
Distribution (% of income)			

Related Business Questions	Business 1				Business 2				Business 3			
Client active in the business	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Spouse active in the business	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Number of children involved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Future plans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Shareholder, Partnership or operating agreement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does current agreement permit gifting?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Buy/Sell Agreement among owners?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Buy/Sell Agreement funded with life insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How of coverage if applicable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## RISK TOLERANCE QUESTIONNAIRE

### INVESTMENT OBJECTIVES

1. An investment objective can vary, from a conservative strategy in which the focus is on capital preservation to an aggressive growth strategy in which the focus is on capital appreciation, or it can fall somewhere in between. Using the scale of 1 (Capital Preservation) to 7 (Most Aggressive), what is your primary investment objective?

- ☐ Capital Preservation
- ☐ Conservative
- ☐ Moderately Conservative
- ☐ Moderate
- ☐ Moderately Aggressive
- ☐ Aggressive
- ☐ Most Aggressive

2. Different investment portfolios have different risk and return profiles, which can have significant impact on your ability to meet your financial goals. Which portfolio best matches your investment preference?

☐ A portfolio that is expected to have low risk and return characteristics with the goal of protecting the principal and potentially generating income.

- ☐ A portfolio that is expected to have low to moderate risk and return characteristics with the goal of conservatively growing the principal and generating income.
- ☐ A portfolio that is expected to have moderate risk and return characteristics with the goal of moderately growing the principal and generating a higher income.
- ☐ A portfolio that is expected to have moderate to aggressive risk and return characteristics with the goal of growing the principal.
- ☐ A portfolio that is expected to have aggressive risk and return characteristics with the goal of maximizing the growth of principal.

3. In providing a portfolio recommendation, both your desire to generate income and/

or growth from your investments and your tolerance for market risk and potential loss of principal are considered. Which of the following best describes your attitude towards the relative importance of your investment objective and risk tolerance?

- ☐ Provide a portfolio recommendation that emphasizes my investment objective over my risk tolerance.
- ☐ Provide a portfolio recommendation that emphasizes my risk tolerance over my investment objective.
- ☐ Provide a portfolio recommendation that places equal weight on my investment objective and risk tolerance.

4. Rate yourself on your experience with investment products such as stocks, bonds, mutual funds, variable life insurance, and variable annuities.

- ☐ Not very experienced
- ☐ Somewhat experienced
- ☐ Very experienced

5. Sometimes investment losses are permanent, sometimes they are prolonged, and sometimes they are short-lived. How might you respond when you experience investment losses?

- ☐ I would sell my risky investments immediately if they suffered substantial declines.
- ☐ Even if my investments suffered a significant decline over several years, I would continue to follow my long-term investment strategy.
- ☐ I would consider buying more of an investment that had suffered a substantial decline.

6. Choose the answer that best describes your response to the following statement: "I am comfortable with investments that will periodically decline in value if there is a po-

tential for high returns."

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

7. Overtime, inflation can have a significant negative impact on how much your income can buy. If your investments earn higher returns, your income from those investments is more likely to keep pace with inflation and maintain buying power. However, higher returns can generally only be achieved by accepting greater risk.

Which of the following choices best reflects your attitude toward inflation and accepting greater risk to maintain buying power?

- ☐ My main goal is to avoid losses, even though my income might not keep pace with inflation.
- ☐ My main goal is to have my income keep pace with inflation, which may require me to take on a moderate level of risk.
- ☐ My main goal is to increase my portfolio's value beyond what is necessary to have my income keep pace with inflation, so I am willing to take on higher levels of risk and tolerate investment losses.

8. Assume your monthly income is a fixed percentage of your portfolio value, and the amount of your monthly income will increase or decrease as the portfolio value increases or decreases. If your original income was \$1,000 per month and your portfolio value declines, how much will your monthly income have to decline in the first year before you would consider becoming more conservative with your investments?

- ☐ When my monthly income declines 3% to \$970.
- ☐ When my monthly income declines 6% to \$940.
- ☐ When my monthly income declines 10% to \$900.
- ☐ When my monthly income declines 18%

to \$820.

- ☐ I would not make changes in the first year.

9. "If the U.S. stock portion of my portfolio were to lose 10% of its value over a one-month period, consistent with the overall market, I would prefer to cut my losses and shift into a more conservative investment strategy." How do you feel about the previous statement?

- ☐ Strongly agree
- ☐ Agree
- ☐ Somewhat agree
- ☐ Disagree
- ☐ Strongly disagree

10. Inflation can have a significant negative impact on the purchasing power of your income stream. Below are three model portfolios and their risk-return tradeoffs that take into account purchasing power after inflation. Which would you choose?

- ☐ Investment X: On average, my income stream will increase by 2% with a low likelihood of a small (4%) decline.
- ☐ Investment Y: On average, my income stream will increase by 6% with a moderate likelihood of a moderate (5%) decline.
- ☐ Investment Z: On average, my income stream will increase by 8% with a moderate likelihood of a larger (9%) decline.

11. When do you expect to begin withdrawing money from your investment account?

- ☐ Less than 5 years
- ☐ 5 to 7 years
- ☐ 8 to 10 years
- ☐ 11 years or more

12. Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?

- ☐ I plan to take a lump sum distribution
- ☐ 1 to 4 years
- ☐ 5 to 7 years
- ☐ 8 to 10 years
- ☐ 11 years or more

## DOCUMENT CHECKLIST

The following documents can assist us in creating your financial plan. You can skip the corresponding section in the fact finder for information provided in the documents. Please provide copies of the following documents.

### 1. BANK AND BROKERAGE STATEMENTS

- ☐ Checking Account Statements
- ☐ Savings/CDs/Money Market Statements
- ☐ Brokerage Account Statements
- ☐ Loan Statements (Personal Residence, Primary Residence, Home Equity/Other Mortgage, Real Estate, Investment/Margin, Credit Card, Automobile)
- ☐ IRA/Roth IRA Statements
- ☐ Social Security Statement

### 2. EMPLOYMENT DOCUMENTS

- ☐ Payroll Statements
- ☐ Employee Benefits Statement
- ☐ Group Term Life Insurance
- ☐ Group Disability Coverage
- ☐ Retirement Plan Statements (401(k), 403(b), 457)
- ☐ Pension Plan Statements
- ☐ Section 125 Plan (Cafeteria, MSA)
- ☐ Stock Option Plan

### 3. INSURANCE COMPANY (MOST RECENT STATEMENT OR DECLARATION PAGE FOR EACH)

- ☐ Life
- ☐ Annuity
- ☐ Health
- ☐ Disability Income
- ☐ Long Term Care
- ☐ Homeowners
- ☐ Auto
- ☐ Umbrella/Excess Liability
- ☐ Professional Liability

### 4. TAX AND LEGAL DOCUMENTS

- ☐ Latest Income Tax Returns (Last 2 years)
- ☐ Loan Documents
- ☐ Wills
- ☐ Trust Documents
- ☐ Settlement Agreements
- ☐ Pre- and Post-Nuptial Agreements
- ☐ Divorce Settlements (alimony and child support)
- ☐ Powers of Attorney
- ☐ Prepaid Legal Fees
- ☐ Business Agreements/Loans
- ☐ Employment Contracts

### 5. BUSINESS DOCUMENTS

- ☐ Buy-Sell Agreements
- ☐ Deferred Compensation Plans
- ☐ Stock Option/Stock Bonus Plan