



CONFIDENTIAL

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?

--

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

--

What keeps you up at night?

--

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.

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

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?

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)

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	\$
--	----	--	---	----

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)

--

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

Wealth Management Services

Agency Name: _____

Investment adviser representative (IA-rep): _____

Client Name: _____

Select the statement that best describes your answer to each of the following questions.

POINTS

1) What is your objective for this account?

- ☐ a. Preserving initial investment potential1
- ☐ b. Generating income and achieving slight growth2
- ☐ c. Achieving moderate to substantial growth3
- ☐ d. Seeking maximum growth potential4

2) When do you expect to tap into your account?

- ☐ a. In less than 5 years1
- ☐ b. In 6–10 years2
- ☐ c. In 11–15 years3
- ☐ d. In 16–20 years4

3) Over the next 10 years, do you expect your income to:

- ☐ a. Decline (due to raising children, retirement, slow economy)?1
- ☐ b. Keep pace with inflation?2
- ☐ c. Outpace inflation and grow steadily?3
- ☐ d. Increase considerably?4

4) If the value of your account dropped suddenly by 30 percent, would you:

- ☐ a. Sell all of your investments and move to cash?1
- ☐ b. Transfer some of your money to more conservative investments?2
- ☐ c. Do nothing and wait for the value to come back?3
- ☐ d. Add to your investments to take advantage of low prices?4

5) You can live off your current cash savings and investments for:

- ☐ a. 0–3 months1
- ☐ b. 4–6 months2
- ☐ c. 7–12 months3
- ☐ d. More than 1 year4

6) How much risk are you willing to take to achieve a potentially higher return?

- ☐ a. None. You are risk-averse.1
- ☐ b. A little risk. You are concerned about significant market fluctuations.2
- ☐ c. Moderate risk. You understand the relationship between risk and reward.3
- ☐ d. A lot of risk. You are not concerned with market fluctuations.4

7) How knowledgeable do you consider yourself to be about economic issues, personal finance, and investing?

- ☐ a. Virtually no understanding of the economy, personal finance, and investing.1
- ☐ b. Not very knowledgeable.2
- ☐ c. Somewhat knowledgeable3
- ☐ d. Very knowledgeable4

TOTAL SCORE: _____

What is your investment objective profile?

SCORE



● Income with Limited Growth

7-10

I am willing to accept limited risk to my investment principal in this account, even if that means this account does not generate significant returns and may not keep pace with inflation. This objective generally focuses on the generation of current income. Accounts with this objective may be invested primarily in fixed income/ bonds, with up to 25% in equities/ stocks, but actual investment allocations will differ based on individual client goals, concerns, and market conditions. This objective has historically been the most conservative on a relative basis and has exhibited lower volatility than objectives that allocate a greater portion of investments to the equity/stock markets; however, past performance is no guarantee of future results.

● Income with Moderate Growth

11-14

I am willing to accept relatively low risk to my investment principal and will tolerate some volatility to seek a modest level of income and/or objective returns. This objective generally focuses on asset appreciation sufficient to offset inflation over time while also generating current income. This objective may consist of a majority of fixed income/bonds, with up to 45% in equities/stocks, but actual investment allocations will differ based on individual client goals, concerns, and market conditions. This objective has historically exhibited modest volatility compared with objectives that allocate a greater portion of investments to the equity/stock markets over time; however, past performance is no guarantee of future results.

● Growth and Income

15-18

I am willing to accept moderate risk and volatility to my investment principal to seek higher returns. This objective generally targets a balanced asset allocation approach that seeks to provide growth potential and generation of interest or dividend income. This objective may consist of up to 65% in equities/stocks, with the remainder in fixed income/bonds, but actual investment allocations will differ based on individual client goals, concerns, and market conditions. This objective has historically exhibited less overall volatility than objectives that allocate a greater portion of investments to the equity/stock markets over time; however, past performance is no guarantee of future results.

● Primarily Growth

19-23

I am willing to accept a relatively higher risk to my investment principal, including greater volatility, to seek higher returns over time. This objective generally targets growth of the portfolio, which may or may not focus on the generation of interest or dividend income. This objective may consist of up to 85% in equities/stocks, with the remainder in fixed income/bonds, but actual investment allocations will differ based on individual client goals, concerns, and market conditions. This objective has exhibited greater market value fluctuations than objectives that allocate a greater portion of investments to the fixed income markets; however, past performance is no guarantee of future results.

● Growth

24-28

I am willing to accept significant risk to my initial principal in order to aggressively seek maximum returns. This objective generally seeks maximum growth potential or generation of income from equities or alternative investments. This long-term-oriented objective is typically invested almost entirely in equities/stocks, with the remainder, if any, in fixed income/ bonds or alternative investments, but actual investment allocations will differ based on individual client goals, concerns, and market conditions. This objective has historically offered the highest level of risk and widest market value fluctuations compared to other objectives, especially in the short term; however, past performance is no guarantee of future results.

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