



PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ SSN _____ U.S. Citizen ___ Yes ___ No

Occupation _____ Employer _____

Cell Phone _____ Home Phone _____

Email _____ Marital Status _____

If spouse is deceased, date of death _____

If you are a business owner, select business type _____

Spouse _____

Birthdate _____ SSN _____ U.S. Citizen ___ Yes ___ No

Occupation _____ Employer _____

Cell Phone _____

Email _____

If your spouse is a business owner, select business type _____

TAX INFORMATION

If married, do you and your spouse _____ File Taxes Jointly _____ File Taxes Separately

Your Income \$ _____ Spouse's Income \$ _____

Adjusted Gross Income \$ _____

Itemized Deductions \$ _____ Did you have AMT Exposure ___ Yes ___ No

CHILDREN

Child #1 Child of: ___ Both ___ _____
Name _____ Birthdate _____ SSN _____
Address _____
City _____ State _____ Zip _____
Phone _____ Married _____
Name of Spouse _____ Number of Children _____

Child #2 Child of: ___ Both ___ _____
Name _____ Birthdate _____ SSN _____
Address _____
City _____ State _____ Zip _____
Phone _____ Married _____
Name of Spouse _____ Number of Children _____

Child #3 Child of: ___ Both ___ _____
Name _____ Birthdate _____ SSN _____
Address _____
City _____ State _____ Zip _____
Phone _____ Married _____
Name of Spouse _____ Number of Children _____

Additional Children

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ADVISORS

Accountant

Name _____ Firm _____
Address _____ Phone _____
City _____ State _____ Zip _____

Attorney

Name _____ Firm _____
Address _____ Phone _____
City _____ State _____ Zip _____

Insurance Agent

Name _____ Firm _____
Address _____ Phone _____
City _____ State _____ Zip _____

PLANNING CONSIDERATIONS

Not Important										Very Important	
1	2	3	4	5	6	7	8	9	10		
Investment Advice _____										Building Wealth for Retirement _____	
Retirement Planning _____										Retirement Plan Distribution Planning _____	
Providing for heirs _____										Life/Disability/Liability/LTC Insurance _____	
Tax Planning _____										Concentrated Stock Planning _____	
Business Planning _____										Providing Educational Funds _____	
Stock Option Planning _____										Business Retirement Plans _____	
Budgeting/Cash Flow _____										Estate Planning/Review _____	
Debt Reduction _____										Philanthropic Planning _____	

RETIREMENT PLANNING

Are you retired? Yes No

If not, what is your expected retirement age? _____

Is your spouse retired? Yes No

If not, what is your spouses expected retirement age? _____

	In Today's Dollars	
	Pretax	After-tax
Desired annual income goal at retirement	\$ _____	\$ _____
Desired annual income to survivor	\$ _____	\$ _____

	Tax Deferred (401k, IRA, 457b, etc.)	Roth IRA	Taxable
Level of Annual Savings	\$ _____	\$ _____	\$ _____

What is your expected social security benefit? \$ _____

What is your spouse's expected social security benefit? \$ _____

Do you expect to receive pension or annuity benefits in retirement? Yes No

If yes, what amount do you expect to receive? \$ _____

Are you currently the beneficiary of a trust? Yes No

If yes, please provide details

Do you or your spouse anticipate an inheritance? Yes No

If yes, please provide details

Please provide any other details or goals you feel are important to plan for your retirement.

ESTATE PLANNING

	You		Your Spouse	
Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a revocable living trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a durable power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a health care power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a living will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What are the provisions of the wills/trusts? (Check all that apply)

<input type="checkbox"/> All to spouse	<input type="checkbox"/> To children (Held in trust: Yes/No)
<input type="checkbox"/> Use of Unified credit (credit shelter trust)	<input type="checkbox"/> Includes Charitable Bequests
<input type="checkbox"/> Assets transferred to nonspouse at first death	<input type="checkbox"/> Other (please specify)

Please describe how you've named beneficiaries on any retirement accounts or annuities

ASSETS

Cash Accounts (Checking, Savings, Money Market, etc.)

Description	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Additional Accounts

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Retirement Plans (401k, IRA, Roth, etc.)

Account owner	Description	Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Additional Accounts

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Taxable Investments (Individual, Joint, etc.)

Account Owner	Description	Value	Cost Basis
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____

Additional Accounts

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Real Estate

Property Owner	Description	Value	Cost
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____

Additional Properties

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ASSETS

Business Interests

Description	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Additional Businesses

Have you implemented buy/sell agreements on these entities? ___ Yes ___ No

Stock Options

Stock Owner	Company	Exercise Price	Grant Date
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____

Additional Stocks

Tangible Personal Property

Description	Value
1. Automobiles	\$ _____
2. Household Goods/Furniture	\$ _____
3. Collections/Jewelry	\$ _____

Additional Personal Property

Life Insurance

Insured	Company	Type	Death Benefit	Cash Value
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____
4. _____	_____	_____	\$ _____	_____

Additional Life Insurance Policies (please describe beneficiary designations)

ASSETS

Disability Insurance

	Insured	Company	Type	Elimination Period	Monthly Benefit
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

Additional Disability Insurance Policies

Other Insurance Policies

Do you have any long term care policies? Yes No

If yes, please provide details.

Do you have an umbrella liability policy? Yes No

If yes, please provide details.

LIABILITIES

	Account owner	Description	Balance
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Additional Liabilities

INVESTMENT CONSIDERATIONS

What is your projected time horizon for your investment portfolio?

- Up to 3 Years 10-15 Years
 4-9 Years Over 15 Years

Please describe the amount of annual savings and withdrawals you plan to make to your portfolio in the near term (next 1-2 years), mid term (3-5 years), and longterm (over 5 years).

1-2 Years 3-5 Years 5+ Years
_____ /yr _____ /yr _____ /yr

Over the next several years, you expect your household income to:

- Stay about the same
 Increase Moderately
 Increase Substantially
 Decrease Moderately
 Decrease Substantially

How would you rate your investment knowledge and experience?

- None Good
 Limited Extensive

If you found yourself without current income, how many months of current expenses could you cover with liquid assets?

- Less than 1 month 6 months to 1 yr
 1-3 Months 1-2 years
 3-6 Months Over 2 Years

Please describe the rate of return you hope to achieve with your investments and the level of risk you are willing to take to achieve your goals.

If the value of your portfolio decreased by 20% in one year, how would you react?

- I would find a new financial advisor
 I would be very concerned and would find another way to invest money
 I would be somewhat concerned and would reconsider the aggressiveness of my portfolio
 I would not be concerned if I felt it was a temporary fluctuation

INVESTMENT CONSIDERATIONS

Please rate your feelings to the following statements:

My portfolio may experience a negative return in 1 out of 4 years.

_____ Avoid at all cost

_____ Permissible under certain circumstance

_____ Acceptable in order to achieve my expected returns

My portfolio as a whole is meeting my expectations, but a particular investment declined in value by 50%.

_____ Avoid at all cost

_____ Permissible under certain circumstance

_____ Acceptable in order to achieve my expected returns

My portfolio outperforms the market when the market is not performing well, but it underperforms the market when the market is doing well.

_____ Avoid at all cost

_____ Permissible under certain circumstance

_____ Acceptable in order to achieve my expected returns

Select the choice that best represents how you feel about the following statement: "My portfolio should be managed for the long run and the volatility is less important than the end result."

_____ I disagree

_____ I am willing to accept some variability of return ,but never any loss of capital

_____ I am willing to accept an occasional year of negative return, in the interest of building capital

_____ I agree

For your investment portfolio, how do you rank the following?

Not Important

Very Important

1 2 3 4 5 6 7 8 9 10

_____ Preservation of purchasing power

_____ Consistency of return

_____ High long-term growth

_____ High dividend yield

_____ Low volatility

OTHER CONSIDERATIONS

What are your highest financial priorities and what would you like to accomplish through working with me?

What concerns do you have about your finances, your future, and the future of your loved ones?

Have you ever terminated a relationship with a financial adviser? If so, what was the cause and resolution?

What do you expect of me as your adviser?

What needs to happen in order for you to feel our relationship has been successful?

Signature _____

Date _____

Name _____