

Date: _____

Client

Client

Name: _____

Age, Month / Year: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Prefer to be called at: Home __ Office __ Cell __ Home __ Office __ Cell __

Please complete the following for each child:

Name	Age	Dependent
_____	_____	yes __ no __
_____	_____	yes __ no __
_____	_____	yes __ no __
_____	_____	yes __ no __

Please list grandchildren with their approximate age. _____

1. What are the primary objectives of your portfolio?

- a. Retirement planning: years until retirement: _____ yrs.
 - b. Retirement Income:
 - c. Other: years until objective: _____ yrs.
-
-

2. The overall investment objective(s) of your Portfolio is to:

- a. Invest conservatively to preserve capital and avoid loss.
- b. Invest cautiously while striving to keep pace with inflation.
- c. Invest for moderate growth.
- d. Invest moderate to aggressively for growth.
- e. Invest aggressively to maximize growth potential.

3. Which range of returns listed below most closely reflect the characteristics that you feel would allow you to best reach your goals while still being able to sleep at night?

Investment	Return Characteristics	
<input type="checkbox"/> A	Range of annual returns: Largest consecutive 4-quarter decline: Approximate Long-Term Average:	-10% to 10% -14% +2.5%
<input type="checkbox"/> B	Range of annual returns: Largest consecutive 4-quarter decline: Approximate Long-Term Average:	-15% to 14% -20% +4.70%
<input type="checkbox"/> C	Range of annual returns: Largest consecutive 4-quarter decline: Approximate Long-Term Average:	-20% to 22% -37% +7.0%
<input type="checkbox"/> D	Range of annual returns: Largest consecutive 4-quarter decline: Approximate Long-Term Average:	-37% to 32% -48% +9.1%
<input type="checkbox"/> E	Range of annual returns: Largest consecutive 4-quarter decline: Approximate Long-Term Average:	-40% to 40% -72% +11.2

4. Which of the following statements best describes your level of comfort with negative stock or bond market fluctuation and its possible impact on the value of your assets? (choose one)

- a. I can only tolerate occasional minor losses.
- b. I can tolerate investment loss and volatility spanning a year or more during difficult periods of a market cycle.
- c. I can tolerate losses and volatility lasting several years or more during difficult periods of a market cycle.

6. Income and Taxation:

What was your approximate average total income over the past several years?

Do you anticipate any change to your annual income moving forward?

7. Is there a **minimum** level of annual income needed from your portfolio?

If yes, please indicate the dollar amount: \$_____

Description of Income and Assets

Annual Earned Income:

Company Name(s)		
Salary		
Bonus		
Other		

Qualified Retirement Assets / Pension Plans:

(List all – OR – Attach Statements)

IRA's (Roth & Traditional) _____

Employer Plan(s) (401k, 403(b), TSP, etc.) _____

Qualified Pension/Profit Sharing Plan _____

Social Security Benefit / Estimate:

* We'll estimate your SS if needed, personal reports are also available at: [SSA.gov/estimator](https://ssa.gov/estimator)

Traditional On Demand and Ultra Safe Haven Assets:

(Please list – or – **Attach Statements.** Please do not include Retirement Accounts from previous page)

Bank Savings Accounts _____

Checking Accounts _____

Bank Certificates of Deposit _____

FDIC Insured Money Markets _____

U.S. Savings Bonds (not Gov't Bonds) _____

Primary Residence

Vacation Home(s)

Automobile(s)

Other Tangible Personal Property

Expected Inheritance

Insurance

Life Insurance: (Include employer coverage, list all – OR - **Attach Statements**)

Long Term Care Insurance: (Please list details – OR – **Attach Statements**)

Disability Insurance: (Please list details – OR – **Attach Statements**)

Liability & Property Casualty Insurance: (Please list the liability coverage amounts on your home(s), auto(s), boats(s), etc.)

Debt / Future Obligations

Mortgages: (terms, rates) _____

Other Loans: _____

Future Obligations: (This includes the care of elderly parents, and, or adult children, along with any other possible future liability, or obligation)

Monthly / Annual Budget

Here is a link to our [Budget Worksheet](#) (bottom of page under Planning, Budgeting...)

Estate Planning

Name and Phone number of attorney:

Do you have a Last Will and Testament?

Are you a beneficiary under any Will or Trust?

If you have established a trust(s) please provide brief detail. – OR – **Attach copies**

• Do you have a Medical Power of Attorney? yes / no

• Do you have a Living Will? yes / no

• Do you have a General Power of Attorney? yes / no

Have you made annual gifts? yes / no

Closely Held Business Interests

Business #1

a) Type of Interest: Sole Proprietor / Partnership / LLC / S or C Corp

b) Name of Business: _____

c) Ownership Percentage: _____

d) Fair Market Value: _____

Description of Company:

Is there a buy/sell agreement (death protection)?

Is there a business succession plan, or sale consideration?

Business Loans / liability Exposure / Future Objectives / Additional Information:
