



## Confidential Profile

### Family Information

Your Name \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Children's Names & Ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Personal E-mail \_\_\_\_\_

### Occupation

Your Job Title \_\_\_\_\_ Employer (last, if retired) \_\_\_\_\_ # of Years \_\_\_\_\_ Retirement Date \_\_\_\_\_

Spouse's Job Title \_\_\_\_\_ Employer (last, if retired) \_\_\_\_\_ # of Years \_\_\_\_\_ Retirement Date \_\_\_\_\_

### Personal Advisors

Current Financial Advisors Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Do you have a preference or a commitment to this advisor? \_\_\_Yes \_\_\_No

Attorney's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Do you have a preference or a commitment to this attorney? \_\_\_Yes \_\_\_No

Accountant's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Do you have a preference or a commitment to this accountant? \_\_\_Yes \_\_\_No

## What is important about money to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Objectives & Concerns

## General

Are you anticipating any major lifestyle changes? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain (i.e., marriage, divorce, retirement, moving, college, etc.)

If so, what changes are you expecting? \_\_\_\_\_

Are you comfortable with your current cash flow? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain

## Retirement Planning

What minimum income will you need or want at retirement (in today's dollars)? \$ \_\_\_\_\_

Are you contributing to an IRA/401K? \_\_\_\_\_ How much/month \$ \_\_\_\_\_

Do you have a pension? \_\_\_ Yes \_\_\_ No Monthly income at 65 \$ \_\_\_\_\_

## Protection

Disability Income Insurance: Monthly Income Benefit: \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_ / month

Personal Liability Coverage: Amount of coverage: \_\_\_\_\_ Premium \$ \_\_\_\_\_ / month

Life Insurance: Death Benefit: \$ \_\_\_\_\_ # Term years remain at current cost: \_\_\_\_\_

Premium / month \$ \_\_\_\_\_. Any Whole Life or Universal Life? \_\_\_\_\_

Do you have long-term care insurance for nursing home expenses? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain

## Estate Planning

Do you have current wills? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain

Have you established any trusts? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain

Are you the beneficiary of any trusts? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain

# Family Balance Sheet

## Assets

### Investments (Non-Retirement)

Cash \$ \_\_\_\_\_

Stocks \$ \_\_\_\_\_

Bonds \$ \_\_\_\_\_

Mutual Funds \$ \_\_\_\_\_

ETF \$ \_\_\_\_\_

Business \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

### Investments (Retirement)

IRA \$ \_\_\_\_\_

401(k) / 403(b) \$ \_\_\_\_\_

Roth (IRA) \$ \_\_\_\_\_

Profit Sharing \$ \_\_\_\_\_

## Liabilities

### Short-Term:

Credit Cards, Auto's, Etc. \$ \_\_\_\_\_

### Long-Term:

Home Mortgage \$ \_\_\_\_\_

Business Debt \$ \_\_\_\_\_

Additional Properties \$ \_\_\_\_\_

# Family Income Statement

### Annual Income:

Earned Income \$ \_\_\_\_\_

Investment Income \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Real Estate / Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

### Annual Expenses:

Fixed \$ \_\_\_\_\_

Variable \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

# Risk Profile

Please circle the appropriate response for each question.

1. What is your investment experience with stocks, stock ETF's or equity mutual funds?

None       A Little       A Fair Amount       A Great Deal

2. What is your investment experience with bonds, bond ETF's or bond mutual funds?

None       A Little       A Fair Amount       A Great Deal

3. What is your investment goal?

Retirement       Saving for a major purchase       Gifting  
 More current income      Other: \_\_\_\_\_

4. How many years do you have until retirement?

Already Retired       Less than 5 Years       5 to 10 Years       More than 10 years

5. What are your major objectives for your investments?

Current and Future Income       Keeping ahead of inflation       Preserving Capital  
 Increasing Returns       Building Wealth for Heirs

6. When do you expect to use the bulk of the money you are accumulating in your investments?

At any time now in the coming Months. Liquidity is highly important.  
 In 1 to 5 Years       In 6 to Ten Years       In 11 to 20 Years

7. Over the next several years, do you expect your household annual income to:

Stay About the Same       Decrease Moderately       Grow Moderately       Decrease Substantially       Grow Substantially

8. I am expecting an inheritance of approximately \$\_\_\_\_\_ in:

0 to 5 Years       5 to 10 Years       10 to 15 Years       More than 15 Years

9. Due to a general market correction, if one of your investments loses 25% of its value a short time after you buy it, what do you do?

Sell the investment       Hold it and wait for it to climb back up then sell       Hold it       Buy more at the new lower price

10. Some people need their investment portfolio to generate current income to meet ongoing needs. This typically tilts the investment portfolio toward bonds and dividend paying stocks. How accurately does this describe your objectives?

Very Accurate       Moderately Accurate       Slightly Accurate       Not Accurate at All

11. You have just reached the \$100,000 plateau on a TV game show. Now you must choose between quitting with the \$100,000 in hand or betting the entire amount on one of the three scenarios below. Which do you choose?

Take the money and run       A 20% chance of winning \$750,000  
 A 50% chance of winning \$500,000       A 5% chance of winning \$1,000,000

12. By what percentage do you expect your portfolio to grow **annually** over the long term, 10+ years?

4%-6%       6%-8%       8%-10%       10%-12%       12%-14%

13. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

10% decline (portfolio value is \$90,000)       15% decline (portfolio value is \$85,000)  
 20% decline (portfolio value is \$80,000)       25% decline (portfolio value is \$75,000)

# Personal Goal Planning

How can we help you? On a scale of 1 to 5 (1 being low and 5 being high) please rate the following:

- Increase my net worth by 50%
- Reduce my tax burden
- Pay education expenses for my children
- Financial security at retirement
- Purchase real estate
- Plan for long-term care
- Provide for my family in the event of my (or my spouse's) death
- Minimize the cost of probate and estate taxes
- Fund a charitable endeavor

If you could change three things about your current financial situation what would you change?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Investment Goals

## Priority Level

Return should exceed inflation rate	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Principal should be safe	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Investments should be liquid	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Diversification is important	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Professional asset management	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Reduce my taxable income	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Build tax-free income	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Long-term growth	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent
Urgent short-term profits	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Urgent

## Risk Tolerance

## Low

## High

Rate Your Risk Tolerance Level on a Scale of 1 to 10    1   2   3   4   5   6   7   8   9   10

Signature

Printed Name

Date

Referred By