



CONFIDENTIAL CLIENT INFORMATION

Date completed: _____

CLIENT

Name _____ U.S. Citizen Yes No

Physical Address _____

City _____ State _____ Zip _____

Mailing Address: _____

(H) Phone _____ Cell Phone _____ E-mail _____

Preferred person to contact? _____

Preferred method of contact? Home Work By? Phone Fax Email Cell

How long in your current home? _____ Any plans to move? Yes No

Date of Birth _____ Single Married Widowed Divorced (married how many years?____)

If married, how long? _____ Is this your first marriage? Yes No

Social Security # _____ Driver's License # _____ State ____ Exp date _____

What name do you go by? _____

Occupation _____ Employment stable? Yes No

Name of Employer _____ How long? _____

Business Address _____ (W) Phone _____

_____ (W) Email _____

SPOUSE/SIGNIFICANT OTHER

Name _____ U.S. Citizen Yes No

(H) Phone _____ Cell Phone _____ E-mail _____

Date of Birth _____ Is this your first marriage? Yes No (If Divorced, married how many years?____)

Social Security # _____ Driver's License # _____ State ____ Exp date _____

What name do you go by? _____

Occupation _____ Employment stable? Yes No

Name of Employer _____ How long? _____

Business Address _____

(W) Phone _____ (W) Email _____

CHILDREN/GRANDCHILDREN

Name	Date of Birth	SS#	Relationship	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of these (grand)children require any special care? Yes No

If Yes, please explain

CHILDREN'S/GRANDCHILDREN'S EDUCATION

What type of grade school/high school do you plan for your (grand)children? Public Private

What type of college/university education do you plan for your (grand)children?

In state Out of state Public Private

Do you have a specific college/university/trade school in mind? _____

Will you pay for your (grand)child(ren)'s college? Yes If yes, what % _____ No Undecided

Will you pay for post-graduate school? Yes If yes, what % _____ No Undecided

Have assets been set-aside for your (grand)child(ren)? Yes No

(Grand)Child	Type of Account	Account Balance	Current Contribution
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$

HEALTH

How do you feel about your current physical and mental health?

Describe any concerns about your health in later stages of life.

Describe any issues that may impact your life expectancy.

Describe any health issues affecting other family members/dependents.

HEALTH (Continued)

Will you provide financial help or other assistance to these family members/dependents?

Yes No Don't Know

When, and for how long, will this help be required? _____

If Yes, how much annual financial support will you provide? _____

What ages are these potential dependents? _____

INCOME

CURRENT	Client	Spouse	Total Annual
Salary/Draw	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Investment	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Do you think you have adequate emergency reserves? Yes No

What are your current emergency reserves? (Do not include investment or retirement balances)

\$ _____ Where are these assets held? _____

Over the next five years you expect your **earned income** to:

Increase: substantially a little no change

Decrease: substantially a little no change

How much do you spend annually, excluding savings and taxes? \$ _____

Will money be needed for such items as a home purchase, college funds, debt repayment, weddings, gifts, home remodeling, or other one-time expenses?

Within three years \$ _____ purpose _____

Three to five years \$ _____ purpose _____

5 to 10 years \$ _____ purpose _____

Have funds been set aside? Yes No If yes, where? _____

LIABILITIES

Debtor	Creditor	Balance Owed	Monthly Payments	Interest Rate
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %

PERSONAL PROPERTY

APPROXIMATE VALUE:	Client	Spouse	Jointly Owned
Home Furnishings	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats, Trailers, Airplanes	\$ _____	\$ _____	\$ _____
Clothing, Furs	\$ _____	\$ _____	\$ _____
Jewelry, Silver, Antiques	\$ _____	\$ _____	\$ _____
Other Items	\$ _____	\$ _____	\$ _____

PERSONAL REAL ESTATE

Primary Residence: Owner (s) _____ Market Value _____
 Original Cost \$ _____ Purchase date _____ Mortgage Balance \$ _____
 % Interest _____ Remaining Term _____ Monthly Payment _____

Second Residence: Owner (s) _____ Market Value _____
 Original Cost \$ _____ Purchase date _____ Mortgage Balance \$ _____
 % Interest _____ Remaining Term _____ Monthly Payment _____

INVESTMENT REAL ESTATE

Owner(s)	Income	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

What is the monthly net income from your investment real estate? \$ _____

PLEASE ATTACH LIST OF PROPERTY ADDRESSES AND COST BASIS

BUSINESS INTERESTS

Owner	Address	Market Value	Income
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Do you plan to sell the business? Yes No When? _____ For how much? \$ _____

If no, what are your plans for the business?

What would happen to your business in the event of your disability or death? _____

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death?
 Yes No If yes, is it funded? Yes No For how much? \$ _____

ASSET INFORMATION

What are some of your financial concerns? _____

CASH AND CASH EQUIVALENTS:	Client	Spouse	Jointly Owned
Cash in Checking Account(s)	\$ _____	\$ _____	\$ _____
Savings or Credit Union	\$ _____	\$ _____	\$ _____
Money Market Fund(s)	\$ _____	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____	\$ _____
Insurance Cash Values	\$ _____	\$ _____	\$ _____

PERSONAL ACCOUNTS & ANNUITIES: Please list any non-retirement brokerage, limited partnerships, or investment accounts you own, where they are held, and the total account value..

Owner	Held at	Account value	*Cost Basis	Contributions
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr

***REQUIRED FOR EACH ASSET!**

Please contact your account custodian if you do not have your cost basis

STOCK OPTIONS: Please attach a schedule of the options you have been granted

RETIREMENT ACCOUNTS: *Type refers to: IRA, SEP-IRA, Roth IRA, Simple IRA, Profit Sharing, 401(k), 403(b), or Deferred Comp (including 457)

Owner	Type*	Vested Amount	Contributions	Employer Match
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)

PLEASE ENCLOSE THE MOST RECENT ACCOUNT STATEMENTS

In the next few years do you plan to take money out of your accounts? Yes No

If yes, explain: _____

Have you confirmed all of your account beneficiary designations in the past year? Yes No

RETIREMENT GOALS

What are three things you want to do that you've been putting off?

Why have you been putting these off? _____

At what age do you want to retire? _____ Is this age flexible? Yes No

At what age does your spouse want to retire? _____ Is this age flexible? Yes No

How do you think you and your spouse/partner may be affected if you don't retire at the same time?

How much annual **gross** income, in today's dollars, will you **want** at retirement? \$ _____

How much annual **net** income, in today's dollars, will you **want** at retirement? \$ _____

How do you feel about possibly working in retirement? _____

Do you plan to work after retirement? Yes No

Earning \$ _____ Until what age? _____

Does your spouse plan to work after retirement? Yes No

Earning \$ _____ Until what age? _____

If you have to choose, would you: work longer retire with less income

Think about where you'll live when you retire? Describe what changes you envision compared to where you currently live. _____

Will your home be paid off before you retire? Yes No Don't Know

If eligible, would you like us to include Social Security in your retirement plan? Yes No

Do you anticipate receiving a **Pension**? Yes No If yes, please describe below:

Owner _____	Payable from whom? _____	Age _____
Amount per Mo/Yr \$ _____	Inflating over time? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % _____

Owner _____	Payable from whom? _____	Age _____
Amount per Mo/Yr \$ _____	Inflating over time? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % _____

Owner _____	Payable from whom? _____	Age _____
Amount per Mo/Yr \$ _____	Inflating over time? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % _____

Have you confirmed all of your pension beneficiary designations in the past year? Yes No

RISK MANAGEMENT

LIFE INSURANCE: *For Type **T** = term, **W** = whole life, **V** = variable life, **U** – universal life

Policy Owner	Insured	Beneficiary	Company	Death Benefit	Type*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you confirmed all of the beneficiary designations in the past year? Yes No

Are any of these policies owned by a Trust? Yes No

Please check all of the obligations that you want paid in full upon death of:

Client	Spouse		Client	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Children's Education	<input type="checkbox"/>	<input type="checkbox"/>	Student Loans
<input type="checkbox"/>	<input type="checkbox"/>	Home Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any obligations that will be forgiven in full at death? Please list. _____

What annual **gross** income does your household need if one spouse were to die? \$ _____

What annual **gross** income does your household need if one spouse were to die after the children are financially independent? \$ _____

Will the surviving spouse return to work? Client: Yes No Earning? \$ _____ Until what age? _____
 Spouse: Yes No Earning? \$ _____ Until what age? _____

AUTO & HOMEOWNERS INSURANCE

Property	Coverage Amount	Liability Amount	Company
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Do you have an Umbrella Liability policy? Yes No What is the amount \$ _____

HEALTH INSURANCE

Company _____

Is there any reason we need to review this policy? Yes No

Will this coverage continue until you qualify for Medicare? Yes No

DISABILITY INSURANCE

Insured	Monthly Benefit	Benefit Period	Company
	\$		
	\$		

In the event of a long-term disability, how much annual **gross** income would your household need to maintain your present standard of living in today's dollars? \$ _____

If you leave your employment can you maintain this coverage? Yes No Don't Know

Is there any reason that we need to review this policy? Yes No

LONG-TERM CARE INSURANCE

Insured	Monthly Benefit	Benefit Period	Company
	\$		
	\$		

If you leave your employment can you maintain this coverage? Yes No Don't Know

Is there any reason that we need to review this policy? Yes No

When were your various insurance policies last reviewed? _____ By whom? _____

ESTATE PLANNING

Do you or your spouse have the following?

	Client	Spouse
A Will	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Trust	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Medical Directive	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Durable Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Personal Property Memorandum	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____

When were these documents last reviewed? _____ By whom? _____

Are you expecting inheritances from any family members? Yes No Don't Know

Who	Amount
	\$ _____
	\$ _____

Do you have a plan to pay your Estate taxes? Yes No

What is it? _____

GIFTS MADE OR RECEIVED

Do you anticipate making or receiving a gift? Yes No If yes, please give details below.

Donor	Date of Gift	Donee(s)	Value of Gift	Tax Liability
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____

Name some charities or causes that are important to you. _____

INVESTMENT TEMPERAMENT

Are you a long-term investor? Yes No

Are you concerned about short-term swings in the market? Yes No

How much financial worry or stress do you presently feel? _____

Are you comfortable with the amount of financial wealth you have presently attained? Yes No

How much additional financial wealth do you desire in the future? _____

By when? _____ Purpose? _____

Please rank the following questions from six to one:

Earning a long-term total return that will allow my capital to grow faster than the inflation rate is one of my most important objectives.	Client	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Spouse	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

I do not require more current income from my investments. My major investment goals are long-term growth (greater than 10 years.)	Client	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Spouse	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

I am willing to tolerate sharp up-and-down changes in total return on my investments in order to seek potentially higher return.	Client	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Spouse	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Which statement best describes your portfolio allocations (that is, the relative amount held in each asset class)?

Client Spouse

- My portfolio has remained fairly consistent over time.
- My portfolio has changed, but not dramatically over time.
- My portfolio has changed significantly over time.

If your portfolio has changed over time, please check all of the applicable reasons for these changes:

Client Spouse

- I have learned more about investments.
- I had a lifestyle change, or I met a major financial goal (for example, retirement).
- I was attempting to achieve superior returns through market timing.
- I did not have enough funds to invest in certain asset classes.
- I did not pursue an asset allocation policy.
- Other, please explain: _____

INVESTMENT TEMPERAMENT (Continued)

Are there any particular investments for which you have either a preference or objection? Please explain.

How often do you review the value of your investments?

Daily Weekly Monthly Quarterly Annually

During a general market correction, imagine that one of your investments drops 10 percent shortly after it is purchased. What would you do?

Client Spouse

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sell it so you don't have to worry about it declining more. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hold onto it and wait patiently for it to regain its original value. |
| <input type="checkbox"/> | <input type="checkbox"/> | Buy more, assuming nothing has fundamentally changed in the specific investment or the original motives for its purchase. |

If you were to have a sizable financial loss, you probably would:

Client Spouse

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Take some time to recover and to feel OK again |
| <input type="checkbox"/> | <input type="checkbox"/> | Take a longer time to recover and be more cautious and protective |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain your optimism knowing that your portfolio will recover |

With this in mind, you are prepared to live with a market recovery time of:

- | | |
|--|--|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> Between one and two years |
| <input type="checkbox"/> Between two and three years | <input type="checkbox"/> More than three years |

PROFESSIONAL ADVISORS

Accountant/Firm _____

Attorney/Firm _____

Stockbroker/Firm _____

Portfolio Manager(s)/Firm(s) _____

Banker/Bank _____

Other Professional Advisors _____

Please indicate those we may contact for additional information.

Is there anything else we should know in order to evaluate or better understand your situation?

Client: _____ **Date** _____ **Client:** _____ **Date** _____