

Date: \_\_\_\_\_

## PERSONAL INFORMATION

### Client A

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Favorite Charity: \_\_\_\_\_

Favorite Beverage: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_

### Work Info

Employer: \_\_\_\_\_

Work Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Client B

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Favorite Charity: \_\_\_\_\_

Favorite Beverage: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_

### Work Info

Employer: \_\_\_\_\_

Work Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## DEPENDENT INFORMATION

Name 1: \_\_\_\_\_ DOB: \_\_\_\_\_ Previous Marriage? \_\_\_\_\_ SN? \_\_\_\_\_

Name 2: \_\_\_\_\_ DOB: \_\_\_\_\_ Previous Marriage? \_\_\_\_\_ SN? \_\_\_\_\_

Name 3: \_\_\_\_\_ DOB: \_\_\_\_\_ Previous Marriage? \_\_\_\_\_ SN? \_\_\_\_\_

Name 4: \_\_\_\_\_ DOB: \_\_\_\_\_ Previous Marriage? \_\_\_\_\_ SN? \_\_\_\_\_

## I HAVE...

Check all that Apply	Type of Advisor	Advisor Name	Advisor's Company	Advisor's Phone Number
<input type="checkbox"/>	Tax Professional (CPA)			
<input type="checkbox"/>	Investment Advisor			
<input type="checkbox"/>	Life Insurance Agent			
<input type="checkbox"/>	Property Insurance Agent			
<input type="checkbox"/>	Estate Planning Attorney			

Check all that Apply	What	Prepared By	Last Updated
<input type="checkbox"/>	Written Financial Plan		
<input type="checkbox"/>	Will / Trust		

## PRIMARY GOALS

- |   |   |
|---|---|
| <input type="checkbox"/> Financial Independence, Retirement | <input type="checkbox"/> Education for Children or Grandchildren      |
| <input type="checkbox"/> Comprehensive Financial Strategy   | <input type="checkbox"/> Lifestyle in the Event of Death / Disability |
| <input type="checkbox"/> Sell or Transfer Business          | <input type="checkbox"/> Legacy for Family or Charity                 |
| <input type="checkbox"/> Increase Cash Flow / Pay Off Debt  | <input type="checkbox"/> Care of Someone with Special Needs           |

Any Other Goals: \_\_\_\_\_

Lead Advisor: \_\_\_\_\_ Contract Type: \_\_\_\_\_

## QUESTIONS FOR CLIENTS TO ANSWER

1. How do you like to be communicated with? (via phone / email / text / in person)
2. How confident are you that you're in a position to meet your financial goals?
3. What's the number one financial issue you'd like help with right now?
4. What did money mean to you and your family growing up?
5. What kind of experiences have you had working with financial advisors or other financial professionals?
6. Where do you get most of your financial education and advice from?

7.What's your vision for the future?

8.What's your vision of a worry-free retirement?

9.What are a few things that you value most in life?

10.How do you define success?

11.If you have children, what did / do you teach them about the value of money?

12.What qualities do you look for in a great advisor?

13. What needs to happen over the next few years in order for you to feel our relationship has been successful?

14. Do you have investment experience? Circle YES / NO

If Answer is yes, how many years of experience do you have? \_\_\_\_\_

Which of the following do you have experience investing in? (Check all that Apply)

Annuities \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Margin \_\_\_\_\_ Stock \_\_\_\_\_

Partnerships \_\_\_\_\_ Bonds \_\_\_\_\_ Options \_\_\_\_\_ Other \_\_\_\_\_

## ADDITIONAL INFORMATION NEEDED FOR INPUT PURPOSES

### Assumptions:

- When do you want to retired / have financial independence? Client A \_\_\_\_\_ Client B \_\_\_\_\_
- What do you want to assume for your life expectancy age? Client A \_\_\_\_\_ Client B \_\_\_\_\_
- Current annual employment income? Client A \_\_\_\_\_ Client B \_\_\_\_\_
- Projecting monthly Social Security income at FRA? Client A \_\_\_\_\_ Client B \_\_\_\_\_
- Current annual living expenses (not including liabilities, taxes or savings): \$ \_\_\_\_\_
- Do you anticipate any major purchases in the near future? (If so, please list what, when and how much you expect to spend below)
- Do you anticipate any inheritances that you want to plan for? (If so list how much and when below)

### Home Information:

Current Market Value: \_\_\_\_\_ Check Box if you want us to use Zillow:

Purchase Price of Home: \_\_\_\_\_ Purchase Year: \_\_\_\_\_

*\*\*Please fill out a separate piece of paper with all this information if you have more than 1 property\*\**

### Education Assumptions:

Child Name	College Goal Amount (\$) or College Attending	How many years attending college	How much of education do you want to plan to pay for?

### Business Information (If Application):

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

What is the market value you want to assume? \_\_\_\_\_

What growth rate do you want to assume on current value? \_\_\_\_\_

What do you plan to do with business once you retire? \_\_\_\_\_



If you own a home, do you have more than 30% equity?

- No  
 Yes
- 

Which of the following best describes your current employment situation?

- Full-Time  
 Part-Time  
 Retired  
 Unemployed
- 

From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?

- I would look for a way to invest more  
 I would take no action  
 I would be some what concerned  
 I would avoid any investment that could suddenly lose 15% of its value (Choose last answer for next question)
- 

Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?

- I would look for a way to invest more  
 I would take no action  
 I would be some what concerned  
 I would probably sell  
 I would never have made this investment (chosed last answer on previous question)
- 

Have you invested in Equities?

- No  
 Yes
- 

Have you invested in Fixed Incomes?

- No  
 Yes
-

Have you invested in Mutual Funds?

- No
  - Yes
- 

Have you invested in Options, Futures or Derivatives?

- No
  - Yes
- 

How would you describe your level of investment knowledge?

- None
  - Limited
  - Good
  - Extensive
- 

How much investment experience do you have?

- None
  - Limited (1 to 3 years)
  - Good (3to 5years)
  - Extensive ( > 5 years)
- 

Do you have current income needs from this investment?

- No
  - Yes
- 

When will you begin to use the money from your goal?

- Less than two years
- Two to five years
- Five to ten years
- More than 10 years