

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? _____

Christopher Rand, Marc Gallo and Carol Ann Donahue offer Investment advisory services through WCG Wealth Advisors (WCG), a SEC Registered Investment Advisor. Carol Ann Donahue is registered with, and securities offered through LPL Financial, Member FINRA/SIPC. WCG and FIDES Wealth Strategies Group are separate entities from LPL Financial.

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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