



***Personal Information  
Client***

***Client***

Name:	
Home address:	
Home Phone:	
Cell Phone:	
Contact E-mail:	
Employer:	
Title:	
Work Address	
Work Phone:	
Work Fax:	
Any health concerns?	
Wedding Anniversary date	
Mother's age, if living:	
Father's age, if living:	
Are your parent's currently self-supporting?	
Will your parents need financial assistance in the future?	

***Parental  
information***



### ***Determine Risk Tolerance***

*(Circle which choice suits your comfort level.)*

What is the primary goal for your investment portfolio?

1. Preserve Value
2. Current income need
3. Growth

How much volatility is acceptable to you?

1. As little as possible
2. Some ups and downs (5% - 10%)  
2 to 3+ year **average** recovery time
3. OK (if 30%+ swings)  
5-7+ year average recovery time

What is your time horizon before you need access to your investments?

1. Need access to money in 0-2 years
2. Need access to money in 3-10 years
3. Don't need access to money for more than 10 years

Required return will be completed later, but what rate of return do you believe is needed to complete your goals?

1. In order to meet my objectives/goals I need a return of less than 5%
2. In order to meet my objectives/goals I need a return of more than 5%
3. In order to meet my objectives/goals I need a return of more than 10%

***Personal and spiritual questions***

What makes you secure (happy) when it comes to money?

What makes you afraid about your future and your money?

Are you tempted to buy something that is too expensive (for your budget)? And why?

Do you tell yourself the “truth” as to why you buy the things you do?

What are your recent and most immediate concerns? Please list them.

How has your faith affected your experiences during your life so far?

Are your family relationships a source of support during this time?

Have you ever had any problems with addictions / abuse and so forth?



***Personal Information  
Spouse***

***Spouse***

Name:	
Home address:	
Home Phone:	
Cell Phone:	
Contact E-mail:	
Employer:	
Title:	
Work Address	
Work Phone:	
Work Fax:	
Any health concerns?	

***Parental  
information***

Mother's age, if living:	
Father's age, if living:	
Are your parent's currently self-supporting?	
Will your parents need financial assistance in the future?	

***Spouse Only - Determine Risk Tolerance***

*(Circle which choice suits your comfort level.)*

What is the primary goal for your investment portfolio?

1. Preserve Value
2. Current income need
3. Growth

How much volatility is acceptable to you?

1. As little as possible
2. Some ups and downs (5% - 10%)  
2 to 3+ year **average** recovery time
3. OK (if 30%+ swings)  
5-7+ year average recovery time

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***Personal and spiritual questions***

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What are your recent and most immediate concerns? Please list them.

How has your faith affected your experiences during your life so far?

Are your family relationships a source of support during this time?

Have you ever had any problems with addictions / abuse and so forth?

## *Risk Management*



Have you thought about the consequences living a long life will have on your family (the need for long-term care insurance)? *Explain below.*

Yes / No

In what sports and hobbies do you and your family engage?

In what other activities (civil and/or other) do you and your family engage?

Are there any contractual obligations that you or your family have assumed?

Yes / No

*Please explain.*

Do you have any “attractive nuisances” on your property (i.e. pool / sauna)?

Yes / No

*Please list.*



Do you have any dangerous pets? *Please explain.* Yes / No

Do you employ anyone at your home (domestics, contractors, etc.)? Yes / No

Do you carpool? Yes / No

Do you have any sources of professional liability? Yes / No

How are your driving habits?

Do you wear a seatbelt? Yes / No

Do you keep at least 6 seconds (car length) distance at 60 mph between you and the car ahead of you? Yes / No

**Professional  
Contacts**



<b>Accountant</b>	Firm Name:	
	Contact Name:	
	Contact Information: <i>(address, website, phone numbers)</i>	
<b>Attorney</b>	Firm Name:	
	Contact Name:	
	Contact Information: <i>(address, website, phone numbers)</i>	
<b>Realtor Agent</b>	Firm Name:	
	Contact Name:	
	Contact Information: <i>(address, website, phone numbers)</i>	
<b>Trust Officer</b>	Firm Name:	
	Contact Name:	
	Contact Information: <i>(address, website, phone numbers)</i>	

**Giving**  
*(monthly amounts)*

<b>Charitable/Church Giving</b>	\$
<b>Other Giving</b>	\$



**Income**

*other than regular salary  
please provide annual amounts*

**Client**

<b>Number of paychecks per year</b>	
<b>Employer's retirement plan match</b>	%
<b>Bonus or Commission</b>	\$
<i>Explain details</i>	
<b>Rental properties</b>	\$
<b>Partnerships</b>	\$
<b>Pension/Retirement Benefits</b>	\$
<b>Social Security Benefits</b>	\$
<b>Alimony/Child support</b>	\$
<b>Other</b> <i>(inheritance / gifts, actual or anticipated)</i>	\$

**Spouse**

<b>Number of paychecks per year</b>	
<b>Employer's retirement plan match</b>	%
<b>Bonus or Commission</b>	\$
<i>Explain details</i>	
<b>Rental properties</b>	\$
<b>Partnerships</b>	\$
<b>Pension/Retirement Benefits</b>	\$
<b>Social Security Benefits</b>	\$
<b>Alimony/Child support</b>	\$
<b>Other</b> <i>(inheritance / gifts, actual or anticipated)</i>	\$

<i>Are there expected changes to income source?</i>	
<i>Do you have a formal budget?</i>	
<i>What is your yearly savings or investment target goal?</i>	\$

## Contingency Funds



Are you allowed to borrow from your 401(k) / 403(b) balances? Yes / No

*Note:*

*Loans up to 50% need to be paid back in five (5) years. Taxes are due if you change jobs. Loans are paid back with after-tax dollars, and are taxed again when taken at retirement.*

*If you are under age 55, there is a 10% penalty if the loan is not paid back if/when you leave the job.*

*IRC Rule 72(t) allows substantially equal payments over life expectancy (5-year minimum), no penalties.*

You are not allowed to borrow from your IRA balances, but withdrawals are an option.

*Note:*

*Under Roth IRA rules, if you are under age 59 ½, you can withdraw original cost without taxes or penalties. After age 59 ½ and five (5) years of investment, all monies can be withdrawn without taxes or penalties.*

*Traditional IRA rules, taxes and penalties apply after 60 days, 10 percent penalty before age 59 ½.*

*IRC Rule 72(t) allows substantially equal payments over life expectancy (5-year minimum), no penalties.*

Are there any other funds you can borrow from? List below:


<i>Client: does your employer offer a severance package?</i>	
<i>Spouse: does your employer offer a severance package?</i>	



**Account  
Information**

*Please attach latest  
statements for all accounts*

<b>Account Description</b>	<b>Owner(s)</b>	<b>Title (single; JTWROS)</b>	<b>Primary Beneficiary</b>	<b>Contingent Beneficiaries</b>
Checking Account				
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Savings Account				
CD				
CD				
CD				
Retirement Account (401k, IRA, 403b, 457, TSP)				
Retirement Account (401k, IRA, 403b, 457, TSP)				
Retirement Account (401k, IRA, 403b, 457, TSP)				
Retirement Account (401k, IRA, 403b, 457, TSP)				



***Personal  
Residence***

*Please attach settlement sheet  
and latest statement*

*Information on your **main residence.***

Owner(s)	
Title <i>(tenancy by entirety; tenancy in common; joint tenancy)</i>	
Date Acquired	
Purchase Price	\$
Current Market Value	\$
Monthly mortgage payment <i>(principal + interest + taxes + insurance)</i>	\$
Annual Real Estate Taxes <i>(if not paid in escrow)</i>	\$
Annual Homeowners Insurance <i>(only list if not included in mortgage payment)</i>	\$
Annual Condo, Association, or other fees	\$
How long do you plan to remain in this residence?	

***Mortgage  
information***

	<i>Original Balance</i>	<i>Current Balance</i>	<i>1<sup>st</sup> payment date</i>	<i>Interest rate</i>	<i>Term (no. of payments)</i>
<i>Current Mortgage</i>					
<i>If adjustable rate, describe terms.</i>					
<i>Second Mortgage or home equity line.</i>					
<i>If adjustable rate, describe terms.</i>					



## ***Household Assets***

*estimate to the nearest \$1,000)*



<b><i>Foyer</i></b>	\$
<b><i>Study/Den</i></b>	\$
<b><i>Kitchen</i></b>	\$
<b><i>Dining Room</i></b>	\$
<b><i>Family/Great Room</i></b>	\$
<b><i>Living Room</i></b>	\$
<b><i>Bedrooms</i></b>	\$
<b><i>Bathrooms</i></b>	\$
<b><i>Lawn/Landscape</i></b>	\$
<b><i>Other Personal Property</i></b>	\$
<b><i>Loans Due to you</i></b>	\$
<b><i>Jewelry</i></b>	\$
<b><i>Musical Instruments</i></b>	\$
<b><i>Other High Value Items</i></b>	\$



<b>Auto Description (1)</b>	Car make/model/year:	
	Current mileage:	
<b>Auto Loan Details</b>	Original loan amount	\$
	Interest rate	%
	Terms of Loan (length of period)	
	1 <sup>st</sup> Payment Date	
	Current Balance	\$
<b>Auto Description (2)</b>	Car make/model/year:	
	Current mileage:	
<b>Auto Loan Details</b>	Original loan amount	\$
	Interest rate	%
	Terms of Loan (length of period)	
	1 <sup>st</sup> Payment Date	
	Current Balance	\$
<b>Auto Description (3)</b>	Car make/model/year	
	Mileage	
<b>Auto Loan Details</b>	Original loan amount	\$
	Interest rate	%
	Terms of Loan (length of period)	
	1 <sup>st</sup> Payment Date	
	Current Balance	\$
<b>Other loans</b>		\$
<b>Business debt (guaranteed)</b>		\$
<b>Loans against insurance policies</b>		\$
<b>Loans against 401(K)</b>		\$
<b>Alimony/Child support</b> (paid to others)		\$
<b>Long Term Debt</b>		\$

## ***Household Expenses***

*(provide monthly amount based on an average of the last 12 month actual spending)*



<i>Electricity</i>	\$
<i>Gas</i>	\$
<i>Internet</i>	\$
<i>Cable / Satellite TV</i>	\$
<i>Telephone</i>	\$
<i>Water</i>	\$
<i>Homeowners Assoc.</i>	\$
<i>Homeowners Insurance</i>	\$
<i>Real Estate Taxes</i>	\$
<i>Monthly home repairs and maintenance expenses</i>	\$
<i>Yearly home repairs and maintenance expenses</i>	\$
<i>Cleaning (month – ex. maid)</i>	\$
<i>Cleaning (annual – ex. Windows)</i>	\$
<i>Home decoration / landscaping</i>	\$
<i>Other home expense</i>	\$
<i>Groceries</i>	\$
<i>Grooming / sundries</i>	\$
<i>Pet expenses</i>	\$
<i>Transportation (auto)</i>	
<i>Gas</i>	\$
<i>Car Rentals</i>	\$
<i>Maintenance</i>	\$
<i>Personal property tax</i>	\$
<i>Registration</i>	\$
<i>Replacement</i>	\$
<i>Satellite radio</i>	\$
<i>Tolls</i>	\$
<i>Clothing (adults only)</i>	\$
<i>Medical</i>	



<i>Copays</i>	\$
<i>Premiums</i> (do not include if Payroll Deductions)	\$
<i>Dental</i> (do not include if Payroll Deductions)	\$
<i>Physicians</i> (general & specialists)	\$
<i>Vision</i>	\$
<i>Other</i>	\$
<i>Fitness</i>	\$
<i>Child related expenses</i>	
<i>Allowances</i>	\$
<i>Babysitting</i>	\$
<i>Clothing</i>	\$
<i>Education</i> (tuition, college savings)	\$
<i>Other</i> (camp, music lessons, athletics)	\$
<i>Miscellaneous</i>	
<i>ATM Cash</i>	\$
<i>Entertainment</i> (movies, dining out)	\$
<i>Hobbies</i>	\$
<i>Magazines</i>	\$
<i>Newspaper</i>	\$
<i>Photos</i>	\$
<i>Stamps</i>	\$
<i>Other</i>	\$

## Wish List



### *Do you want or need to achieve savings for any of the following:*

- |                                                                                                                                                         |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Establish an emergency fund of 3-6 months of expenses?                                                                                                  | Yes / No |
| Pay off existing consumer debt?                                                                                                                         | Yes / No |
| Save to purchase a major item of furniture?                                                                                                             | Yes / No |
| Save to purchase a computer?                                                                                                                            | Yes / No |
| Save to purchase jewelry?                                                                                                                               | Yes / No |
| Save to purchase clothing?                                                                                                                              | Yes / No |
| Save to purchase a car?                                                                                                                                 | Yes / No |
| Save to purchase a boat?                                                                                                                                | Yes / No |
| Save for a vacation or other travel plans?                                                                                                              | Yes / No |
| Save to purchase / start a business?                                                                                                                    | Yes / No |
| Save to return to school? (Self and/or spouse)                                                                                                          | Yes / No |
| Save for a child's education (K-12)?                                                                                                                    | Yes / No |
| Save for a daughter's wedding?<br><i>Conservative est. is \$15,000</i>                                                                                  | Yes / No |
| Save for College Planning?<br><i>A portion of student-earned income is protected by an "income protection allowance" when calculating financial aid</i> | Yes / No |
| Save for a son's wedding (rehearsal dinner, etc)?<br><i>Conservative est. is \$2,000</i>                                                                | Yes / No |
| Other?                                                                                                                                                  |          |







Are you satisfied with your investment results? Yes / No

Is “rate of return” important to you? Yes / No  
*(High-risk tolerance)*

Is “diversification” important to you? Yes / No  
*(Moderate risk tolerance)*

Is “safety of principal” important to you? Yes / No  
*(Low risk tolerance)*

How do you currently arrive at investment decisions?

Are any assets currently earmarked for a specific use (ex: college education, home purchase), at this point?

## Retirement



When do you plan to retire? \_\_\_\_\_

When does your spouse plan to retire? \_\_\_\_\_

Will you keep your current home: Yes / No

What worries you about being in retirement?

Not having enough money? Yes / No

Running out of money too soon? Yes / No

Not maintaining my/our health? Yes / No

How to productively fill the hours and days in retirement? Yes / No

Having to help children/grandchildren financially?  
Or Boomerang kids Yes / No

Missing the social and work relationships? Yes / No

Feeling lonely? Worthless? Yes / No

Fear of death of yourself or your spouse? Yes / No

What are your “dreams, hobbies, desires” in retirement? Explain.

*Major purchases and dream vacations and other “dollar-valued” goals will be listed under a separate schedule, Major Purchases/Wish List, not here*



Do you have a will?

Yes / No

When was it last reviewed?

\_\_\_\_\_

Does spouse have a will?

Yes / No

How do the wills distribute property?

Have you set up any trusts? Explain.

If so, do you or your family receive any income from these trusts? List names and amount:

<b><i>Name of Trust</i></b>	<b><i>Amount</i></b>
	\$
	\$
	\$
	\$
	\$
	\$

Does anyone have a *Remainder Trust* in any property? If so, explain.

What amounts do you or your spouse expect in inheritances beyond 1 year? List.

Are you / do you expect to be the beneficiary of an inherited IRA? Yes / No

*Note: Special IRS tax rules apply to inherited IRAs including requirements for RMDs (required minimum distributions) depending on the age of the original owner.*



<i>Children</i>	Child's Name	Date of Birth	Health Concerns	Are you financially responsible for this child's education?
<i>Children with date of birth</i>				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
<i>Grandchildren with date of birth</i>				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No



Are there any concerns that might suggest *unequal* distribution of estate?

Please provide details of any gifts where you filed a *gift tax return*.

Do you have a durable power of attorney? Yes / No

Does your spouse have a durable power of attorney? Yes / No

Do you have an Advanced Medical Directive? Yes / No

Does your spouse have an Advanced Medical Directive? Yes / No

Who, besides your immediate family, would you like to provide for in your estate plan?