



OMNI

WEALTH ADVISORS, INC

REGISTERED INVESTMENT ADVISORS

FINANCIAL BLUEPRINT

PERSONAL & CONFIDENTIAL

INSTRUCTIONS

In order to fully determine your current financial position and future goals, complete this form in its entirety – if there are questions that are not applicable please put N/A in that space. Return the Blueprint with the following information to our office 4 -5 days prior to your consultation.

- Most recent investment statements.
- Retirement plan booklets, Summary Plan Description (SPD), and statements.
- Tax return for the past 2 years.
- Copies of Wills, Trusts, Living Wills, Power of Attorney, and other estate documents.
- Current financial statements and budgets, if available.

DATE: _____

FAMILY & GENERAL INFORMATION			
Name:		Marital Status:	
Address:		City:	Zip:
Social Security#	Age:	DOB:	Birthplace:
Employer Name:		Occupation:	
Employer Address:			
Home Phone:	Business Phone:	Cell Phone:	
Spouse's Name:			
Social Security#	Age:	DOB:	Birthplace:
Employer Name:		Occupation:	
Employer Address:			Phone:
E-mail address(es):			Cell Phone:

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CHILDREN					
Name	DOB	Grade	Dependent?	Self-Supporting?	
OTHER DEPENDENTS					
Name	DOB	Relationship			

ASSETS (FAIR MARKET VALUE) - ATTACH RECENT STATEMENTS

Estimated Net Worth : <i>(Assets – Liabilities)</i>	\$				
CASH	Amount	Ownership	STOCK	Amount	Ownership
Checking Accounts	\$		Common Stocks	\$	
Savings Accounts	\$		Preferred Stocks	\$	
Certificate of Deposit	\$		Mutual Funds	\$	
Bank Money Market	\$		Employee Options	\$	
Other Money Market	\$		Other:	\$	
Other (specify):	\$				
			LIMITED PARTNERSHIPS		
BONDS			Type:	\$	
Municipal Bonds	\$		Type:	\$	
Corporate Bonds	\$				
Government Bonds	\$		REAL ESTATE		
Bond Mutual Funds	\$		Residence	\$	
Other (specify):	\$		Rental Properties	\$	
			Other:	\$	
RECEIVABLES					
Mortgage Receivables	\$		OTHER ASSETS		
Notes Receivables	\$		Jewelry	\$	
Other:	\$		Furnishings	\$	
			Boat	\$	
RETIREMENT PLANS	Yourself	Spouse	Vehicle 1:	\$	
IRA	\$	\$	Vehicle 2:	\$	
401(k)/ PS Plan	\$	\$	Vehicle 3:	\$	
TSA/403(b) Plan	\$	\$	Collectibles	\$	
Employer/Company	\$	\$	Other:	\$	
Other:	\$	\$	Other:	\$	

LIABILITIES

CURRENT DEBT (DUE IN LESS THAN 1 YEAR)					
	Balance		Avg. Monthly Payment		Interest Rate
	\$		\$		%
Credit Card 1	_____		_____		_____
Credit Card 2	_____		_____		_____
Credit Card 3	_____		_____		_____
Notes Payable	_____		_____		_____
Other:	_____				
LONG TERM DEBT (GREATER THAN 1 YEAR)					
	Original Balance	Current Balance	Term	% Rate	Prin. + Interest
	\$	\$		%	\$
Home Mortgage	_____	_____	_____	_____	_____
Other Mortgage	_____	_____	_____	_____	_____
Car Loans	_____	_____	_____	_____	_____
Personal Loans	_____	_____	_____	_____	_____
Other:	_____				

INCOME SUMMARY

CURRENT GROSS INCOME					
	Yourselves	Spouse		Yourselves	Spouse
Salaries/Wages	\$ _____	\$ _____	Social Security	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____	Investments	\$ _____	\$ _____
Pension	\$ _____	\$ _____	Other (Specify):	\$ _____	\$ _____
Profit Sharing	\$ _____	\$ _____			

TAX INFORMATION

Taxable Income	2015: \$ _____	2014: \$ _____
Total Federal Tax	2015: \$ _____	2014: \$ _____

INSURANCE

LIFE INSURANCE	POLICY I PERSONAL POLICY	POLICY II PERSONAL POLICY	POLICY III PERSONAL POLICY	EMPLOYER PROVIDED INS.
Name of Insured	_____	_____	_____	_____
Year Issued & Company	_____	_____	_____	_____
Type (Term, Whole, Universal, Variable Universal, Other)	_____	_____	_____	_____
Face Value	\$ _____	\$ _____	\$ _____	\$ _____
Annual Premium	\$ _____	\$ _____	\$ _____	\$ _____

Current Cash Value	\$ _____	\$ _____	\$ _____	\$ _____
DO YOU HAVE PROPERTY INSURANCE? <input type="radio"/> YES <input type="radio"/> NO		DO YOU HAVE AUTO INSURANCE? <input type="radio"/> YES <input type="radio"/> NO		
DO YOU HAVE HEALTH INSURANCE? <input type="radio"/> YES <input type="radio"/> NO		DO YOU HAVE DISABILITY INSURANCE? <input type="radio"/> YES <input type="radio"/> NO		
DO YOU HAVE ANY SPECIAL HEALTH PROBLEMS? <input type="radio"/> YES <input type="radio"/> NO				
If YES, please describe.				

MAJOR FINANCIAL CONCERNS

On a scale of 1 to 5, indicate the importance you place on the following investment objectives. 1 is "not very important", 5 is "extremely important."

Current Income	1	2	3	4	5	Safety of Capital	1	2	3	4	5
Education Funding	1	2	3	4	5	Income Tax Relief	1	2	3	4	5
Financial Independence	1	2	3	4	5	Inflation Protection	1	2	3	4	5
Freedom from Money Management	1	2	3	4	5	Retirement Income for Future	1	2	3	4	5
Growth of Capital	1	2	3	4	5	Other 1 (specify):	1	2	3	4	5
						Other 2 (specify):	1	2	3	4	5

EXPENSE SUMMARY

HOUSING EXPENSES

Rent / Mortgage (Prin. & Int. only) \$ _____

Condo / Association dues _____

Home maintenance and repair _____

Water, Sewer, Garbage, Pest Control _____

Electricity, Gas, Fuel _____

Insurance _____

Domestic Help _____

TOTAL: \$ _____

TRANSPORTATION

Lease Payments (not loan payments) _____

Maintenance and Repair _____

License, Registration fees _____

Parking, Tolls _____

Insurance _____

Other: _____

TOTAL: \$ _____

MEDICAL/DENTAL

Doctor, Dentist, labs, x-rays _____

Prescriptions _____

Eyeglasses, contacts, solution, etc. _____

Health Insurance Premiums _____

Disability Insurance Premiums _____

TOTAL: \$ _____

FOOD (include dining out) TOTAL: \$ _____

CLOTHING (include dry cleaning) TOTAL: \$ _____

SUPPORT

OTHER BASIC EXPENSES

Telephone, Cellular phone _____

Internet _____

Cable Service _____

Bank Fees, Safe Deposit Box _____

Misc./Other: _____

TOTAL: \$ _____

CHARITABLE CONTRIBUTIONS

Cash - Religious, Charity _____

Non-cash donations _____

TOTAL: \$ _____

TAXES

Real Estate Property Taxes _____

Vehicle Excise/Property Taxes _____

TOTAL: \$ _____

ADDITIONS TO SAVINGS & INVESTMENTS

401(k) Plans _____

IRA Contributions _____

TSA/403(b) Plans _____

Mutual Funds, Stocks, Bonds _____

Certificates of Deposit _____

Money Market, Bank Savings _____

Other: _____

TOTAL: \$ _____

DECRETIONARY EXPENSES

Veterinarian, Pet Care _____

Recreation, Entertainment, Sports _____

Alimony _____
Child Support _____
Adult Support _____
Children: Medical _____
Day Care _____
Education _____
TOTAL: \$ _____

Children's lessons, camp, sports, etc. _____
Vacation, Travel _____
Gifts _____
Other: _____
TOTAL: \$ _____
TOTAL ANNUAL EXPENSES: \$ _____

RETIREMENT

Are you now retired? If yes, former employer and title

If you retired today, desired annual income? \$ Percent of today's expenses excluding taxes %

Desired Retirement Age? You: _____ Spouse: _____ Date? _____

Eligible for Social Security? You: Yes No Spouse: Yes No Date? _____

ESTATE PLAN

Do you have an Estate Plan? Yourself: Yes No Spouse: Yes No Date? _____

Do you have Wills? Yourself: Yes No Spouse: Yes No Date? _____

Do you have Living Trusts? Yourself: Yes No Spouse: Yes No Date? _____

Do you have Living Wills? Yourself: Yes No Spouse: Yes No Date? _____

Do you have Durable POA? Yourself: Yes No Spouse: Yes No Date? _____

Have a HealthCare POA? Yourself: Yes No Spouse: Yes No Date? _____

DISCOVERY INFORMATION

List your 3 most important financial goals: (Rank each goal)	1. _____	Primary	High	Medium	Low
	2. _____	Primary	High	Medium	Low
	3. _____	Primary	High	Medium	Low

Do you expect any significant changes within the next 5 years in:
Income? Yes No Dependents/Exemptions? Yes No Inheritances? Yes No Sale of Land? Yes No
Other (please specify): _____

How much cash do you feel comfortable keeping for emergencies? \$ _____

How much planning have you done? Extensive Some None

What are your biggest concerns in reaching your goals?

1. _____
2. _____
3. _____

Have you previously worked with an advisor? Yes / No

What do you expect from an advisor?

Have you ever been dissatisfied with a previous broker or advisor? If yes, please explain the circumstances and outcome.

What do you want your money to do for you?

YOUR INVESTMENT PERSONALITY

Please complete this section to identify your investment personality. Check one box for each question.

Name: _____

1. Assuming that you have \$100,000 to invest, how would you invest this money?

- _____ (1) The safety of my money is my primary objective. I would rather have a low, but fixed rate of return than jeopardize any portion of my principal.
- _____ (2) I want my investment to produce the current income I need, and my principal to remain relatively stable.
- _____ (3) I am willing to accept some fluctuation in my principal in exchange for higher returns over time.
- _____ (4) In order to receive the maximum return on my investment, I'm willing to accept a higher degree of risk.

2. Keeping in mind your primary financial goals, in approximately how many years would you expect to need this money?

- _____ (1) Less than 1 year
- _____ (2) 1-3 years
- _____ (3) 3-7 years
- _____ (4) 7+ years

3. Which one of the following describes your expected future earnings over the next five years?

- _____ (4) I expect my earnings increases will far outpace inflation (due to promotions, new job, etc.)
- _____ (3) I expect my earnings increases to stay somewhat ahead of inflation.
- _____ (2) I expect my earnings to keep pace with inflation.
- _____ (1) I expect my earnings to decrease (retirement, part-time work, economically-depressed industry, etc.).

4. How concerned are you that your savings and investment dollars can keep pace with inflation?

- _____ (1) Not concerned
- _____ (2) Slightly concerned
- _____ (3) Moderately concerned
- _____ (4) Highly concerned
- _____ (5) Very highly concerned

5. If you are looking for your investments to grow, approximately what annual rate of return would you want/need to meet your goals?

- _____ (4) 5%
- _____ (6) 5%-10%

_____ (8) 10%+

6. How would you react if your long-term investments declined by 5% in one year?

- _____ (1) I can't accept any declines in the value of my investments.
- _____ (2) If the income I received didn't change, I would not be too concerned about my principal declining short-term.
- _____ (3) I generally invest for the long term but would be concerned with this decline.
- _____ (4) I invest for the long term and would accept these fluctuations due to short-term market influences.

7. Which one of the following statements describes your feelings toward choosing an investment?

- _____ (2) I would select investments that have a low degree of risk associated with them.
- _____ (4) I prefer to diversify with a mix of investments placing an emphasis on those with a low degree of risk and a small portion in others that have a higher degree of risk, that may yield a greater return.
- _____ (6) I prefer to diversify with a balanced mix of investments.
- _____ (8) I prefer to diversify with an aggressive mix of investments including some that have a low degree of risk, but emphasizing those that may yield greater returns, and have a higher degree of risk.
- _____ (12) I would only select investments that have a higher degree of risk and a greater potential for higher returns.

8. Have you ever invested in individual bonds/stocks or bond/stock mutual funds?

- _____ (1) No, but if I had, the fluctuations would make me uncomfortable.
- _____ (2) No, but if I had, I would be comfortable with the fluctuations in order to receive the potential for higher returns.
- _____ (3) Yes I have, but I was uncomfortable with the fluctuations, despite the potential for higher returns.
- _____ (4) Yes I have, and I felt comfortable with the fluctuations, in order to receive the potential for higher returns.

TOTAL SCORE _____