

# Helping you reach your financial dreams.



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Thank you for taking time to fill out The Discovery Profile™. Please take some time and complete the profile as thoroughly as possible so that we will have a better understanding of how we can help you. Also, please make sure to list any questions and or concerns that you would like to specifically address at the meeting.

*The information you provide is strictly confidential and will only be used for your specific individual planning.*

Today's Date:

How did you hear about us?

Your Personal Information

Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

When is your wedding anniversary? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

Are you retired? \_\_\_\_\_ Are you working full or part time? \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ # Years: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

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

Best Way to Reach You: \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

Emergency Contact: (A trusted friend other than your spouse): \_\_\_\_\_

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Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

When is your wedding anniversary? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you retired? \_\_\_\_\_ Are you working full or part time? \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ # Years: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

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

Best Way to Reach You: \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

Emergency Contact: (A trusted friend other than your spouse): \_\_\_\_\_

Do you have Wills? \_\_\_\_\_ When were they last reviewed or updated? \_\_\_\_\_

Do you have a Living Trust? \_\_\_\_\_ When was it last reviewed or updated? \_\_\_\_\_

Do you have Powers of Attorney? \_\_\_\_\_ When were they last reviewed or updated? \_\_\_\_\_

Do you have any other types of Trusts? \_\_\_\_\_ When were they last reviewed or updated? \_\_\_\_\_

How many years have you been investing into the stock market, real-estate etc., I.e., investment accounts, 401k, retirement accounts, bank CD's, savings accounts, etc.?

- N/A
- Within 2 years
- 3 - 5 years
- 6 - 10 years
- Over 10 years

What age would you like to retire at? \_\_\_\_\_ Your Spouse: \_\_\_\_\_

What do you think inflation will average in the future? \_\_\_\_\_

What is your annual income needs for retirement in today's dollars? \_\_\_\_\_

Do you anticipate working in retirement? \_\_\_\_\_ Expected Income: \_\_\_\_\_

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What interest rate would you like to earn on your investments? \_\_\_\_\_

Are you concerned about Long Term Care and the possibility of future nursing home expenses? \_\_\_\_\_

Are you making contributions into your employer retirement plan? \_\_\_\_\_

How much are you contributing into your employer retirement plan? % \_\_\_\_\_ or \$ \_\_\_\_\_

Are you receiving a company match on your retirement plan? \_\_\_\_\_ How much: \_\_\_\_\_

Are you currently receiving a government pension like Social Security or TRS Benefits? \_\_\_\_\_

What age did you start? \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently receiving Medicare benefits? \_\_\_\_\_ Which Plans are you using? \_\_\_\_\_

Would you like for us to also review your Medicare benefits and see if there are any new benefits or savings that may be available to you? \_\_\_\_\_

Your Retirement

Are you making contributions into your employer retirement plan? \_\_\_\_\_

How much are you contributing into your employer retirement plan? % \_\_\_\_\_ or \$ \_\_\_\_\_

Are you receiving a company match on your retirement plan? \_\_\_\_\_ How much: \_\_\_\_\_

Are you currently receiving a government pension like Social Security or TRS Benefits? \_\_\_\_\_

Are you currently receiving Medicare benefits? \_\_\_\_\_ Which Plans are you using? \_\_\_\_\_

Would you like for us to also review your Medicare benefits and see if there are any new benefits or savings that may be available to you? \_\_\_\_\_

Your Spouse's Retirement

**Taxes:** (Please include a copy of your most recent tax returns, i.e., state, and federal)

What is your Filing Status? (Married, Single, etc.) \_\_\_\_\_

Do you know what your federal tax bracket? \_\_\_\_\_

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Do you know what is your state tax bracket? \_\_\_\_\_

Do you know what is your effective tax rate? \_\_\_\_\_

Do you know if you are taking the "Standard" or "Itemized" deductions? \_\_\_\_\_

Deduction Amount: \$ \_\_\_\_\_

**Income:**

Your Wages: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Your Social Security: \$ \_\_\_\_\_ Started at age: \_\_\_\_\_

Your Spouse's Wages: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Your Spouses Social Security: \$ \_\_\_\_\_ Started at age: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Expenses: (For your convenience, please fill out either the detailed or estimated expenses)

Estimated monthly household expenses: \$ \_\_\_\_\_

- \$0 - \$5,000
- \$6,000 - \$10,000
- \$11,000 - \$16,000
- \$17,000 - \$21,000
- \$22,000 +

Detailed monthly household expenses: (Please use detailed expenses if working on financial plan)

Auto / Transportation: \$ \_\_\_\_\_ Bills / Utilities: \$ \_\_\_\_\_

Mortgages / Rents: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_

Charitable Giving: \$ \_\_\_\_\_ Groceries / Food: \$ \_\_\_\_\_

Dining Out: \$ \_\_\_\_\_ Clothes: \$ \_\_\_\_\_

Fuel: \$ \_\_\_\_\_ Travel / Vacation: \$ \_\_\_\_\_

Dues and Subscriptions: \$ \_\_\_\_\_ Health / Beauty / Fitness: \$ \_\_\_\_\_

Financial Information

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Gifts: \$ \_\_\_\_\_ Education: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Description: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Description: \_\_\_\_\_

Financial Information

Do you anticipate any “special expenses” in the near future, i.e., new house, vacation, remodel, vehicle purchase?

\$0 - \$25,000    \$26,000 - \$50,000    \$51,000 - \$75,000    \$ \_\_\_\_\_

When do you anticipate needing these funds for this expense?

Within 2 years    3 - 5 years    6 – 10 years    Over 10 years

Total Net worth: \$ \_\_\_\_\_ (Estimated value of your total estate minus liabilities)

Liquid Net Worth: \$ \_\_\_\_\_ (Estimated value of your liquid accounts, i.e., bank, savings, investments, bonds, cd’s, retirement accounts, etc.)

**Assets:** (i.e., real-estate, vehicles, equipment, etc.)

Description	Year Purchased	Purchase Price	Current Value	Has Loan
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
<b>Total:</b>		\$	\$	

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What are your primary concerns that you would like to discuss?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

When we sit back down 5 years from today (Date: \_\_\_\_\_) and evaluate your progress, what has to change for you to feel happy about your progress?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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# Hutton Wealth Management Risk Tolerance Questionnaire

Thank you for taking time to fill out your personal Risk Tolerance Questionnaire. The questionnaire is designed to help your personal risk tolerance and investment objective.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Question 1: (Purpose of Investment)** **SCORE**

Which of the following statements is closest to what aligns with your current financial goal?

- |   |    |
|---|----|
| <input type="checkbox"/> Sustaining current income and account preservation         | 0  |
| <input type="checkbox"/> Sustaining current income with possible growth opportunity | 10 |
| <input type="checkbox"/> Growing account value, not tied to current income needs    | 20 |
| <input type="checkbox"/> Aggressive growth, maximizing accumulation                 | 30 |

**Question 2: (Time Horizon)** **SCORE**

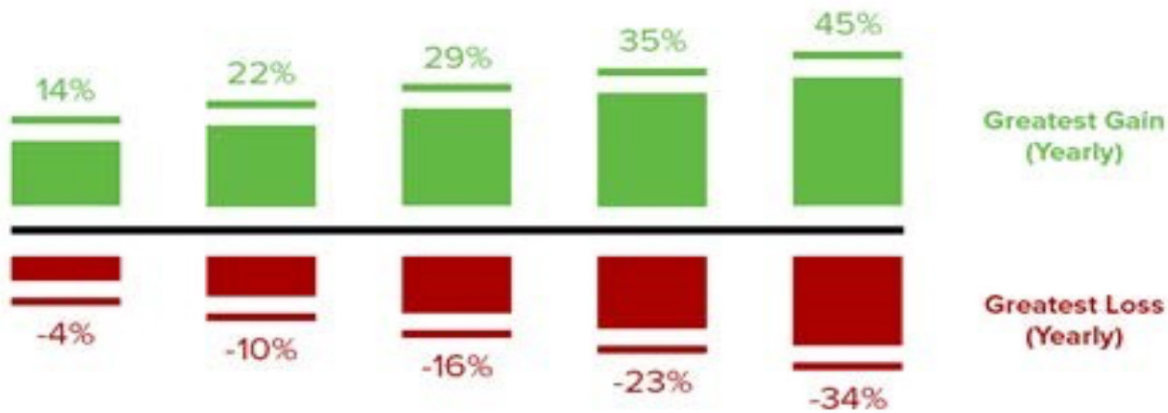
How long do you plan to keep these funds invested to achieve your financial goal?

- |  |    |
|--|----|
| <input type="checkbox"/> Less than 1 year      | 0  |
| <input type="checkbox"/> 1 to 2 years          | 3  |
| <input type="checkbox"/> 3 to 5 years          | 8  |
| <input type="checkbox"/> 6 to 10 years         | 15 |
| <input type="checkbox"/> 11 to 20 years        | 23 |
| <input type="checkbox"/> Greater than 20 years | 30 |

**Question 3: (Risk & Reward)**

How much risk are you comfortable with for the funds you are about to invest?

The chart below shows the potential one-year loss or gain for five hypothetical portfolios. Select the option you are most comfortable with from a risk/return trade-off perspective. Note that these numbers are not representative of your potential target portfolios.



- |                            |                            |                            |                            |                             |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E. |
| 0                          | 3                          | 5                          | 8                          | 10                          |

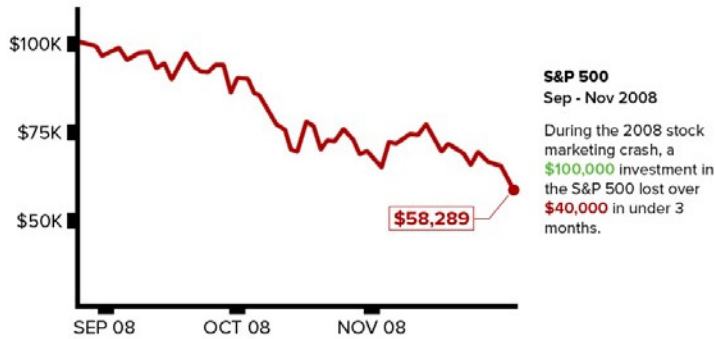
**Question 4: (Reaction in Adverse Markets)** **SCORE**

How would you react to a significant fall in the value of the stock market?

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- Sell All, Avoid Further Risk 0
- Sell Some, Reduce Exposure to Risk 3
- Sell Nothing, Remain Invested 7
- Buy More, Opportunity is Present 10



If the stock marketing were to drop 40% in value and your stock holdings did the same, what would you do with your stock investments for this goal?

**Question 5: (Measuring Investor Patience) SCORE**

How soon would you need these funds to recover after experiencing a sudden meaningful loss in value?

- 0 to 6 months 0
- 6 months to 1 year 3
- 1 to 3 years 7
- 3 years or more 10

**Question 6: (Client Comfort with Uncertainty) SCORE**

How do you respond to the following statement? **"I am comfortable investing during times of uncertainty."**

- I strongly disagree 0
- Disagree 3
- Agree 7
- I strongly agree 10

**Total Score**

Question #1 Score: \_\_\_\_\_

Question #2 Score: \_\_\_\_\_

Question #3 Score: \_\_\_\_\_

Question #4 Score: \_\_\_\_\_

Question #5 Score: \_\_\_\_\_

Question #6 Score: \_\_\_\_\_

**Total Score:** \_\_\_\_\_

Points	Investment Objective	Risk Tolerance
1 through 20	Capital Preservation	Conservative
21 through 40	Current Income	Moderately Conservative
41 through 60	Balanced	Moderate
61 through 80	Capital Growth	Moderately Aggressive
81 through 100	Maximum Growth	Aggressive

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