

Cetera Advisors LLC

John B. Keeble, IV, CFP®, ChFC, CLU
Registered Investment Advisor

Personal Financial Data Form

Name: _____ **Date:** _____

Anything of value is worth an investment of thought, planning, time as well as potentially other resources. In order to provide for the most productive and meaningful financial evaluation, your effort in completing this form is requested.

The information requested herein is intended to allow the CERTIFIED FINANCIAL PLANNER practitioner to better understand the quantitative and qualitative data with which to produce a picture of where you are now and to attempt to assist you in addressing which direction you want your financial journey to go, in light of the *Seven Principles of Financial Planning*, by making recommendations related to your specific personal concerns and objectives.

This data gathering form is designed to allow us to address the *Seven Principles of Financial Planning*, including Protection of Assets, Estate Planning, Retirement Income, Taxes, Investments, Diversification of Advisors and Custodians, and Legacy and Giving.

Please complete the Personal Financial Data Form and return it to:

John Keeble
Cetera Advisors LLC
2900 Paces Ferry Rd., Suite B-104
Atlanta, Georgia 30339

or by email to:

johnkeeble@ceteraadvisors.com

John B. Keeble, IV, CFP®, ChFC, CLU
Registered Investment Advisor
Registered Principal
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2900 Paces Ferry Rd., Suite B-104
Atlanta, Georgia 30339
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johnkeeble@ceteraadvisors.com

Personal and Family Information

<u>First Name</u>	<u>M.I.</u>	<u>Last Name</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Social Security Number</u>
Client A: _____	_____	_____	___/___/___	M or F	_____
Client B: _____	_____	_____	___/___/___	M or F	_____
Home Address: _____			City _____	State _____	Zip _____
Home Phone _____					
Preferred contact method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____					

Client A

Cell Phone: _____

Work Phone: _____

email: _____

Occupation: _____

Employer: _____

Employment City and State: _____

City/ State of Birth _____

Are you a US Citizen? Yes No

State of Residence: _____

Hobbies/Interests: _____

Client B

Cell Phone: _____

Work Phone: _____

email: _____

Occupation: _____

Employer: _____

Employment City and State: _____

City/ State of Birth _____

Are you a US Citizen? Yes No

State of Residence: _____

Hobbies/Interests: _____

Marital Status: Single Married Divorced Widowed Other (If married, anniversary date: _____)

Children (Please list dependents and grown children)

Name	Birth Date	Address	Child of
_____	___/___/___	_____	<input type="checkbox"/> Client A <input type="checkbox"/> Client B
_____	___/___/___	_____	<input type="checkbox"/> Client A <input type="checkbox"/> Client B
_____	___/___/___	_____	<input type="checkbox"/> Client A <input type="checkbox"/> Client B
_____	___/___/___	_____	<input type="checkbox"/> Client A <input type="checkbox"/> Client B
_____	___/___/___	_____	<input type="checkbox"/> Client A <input type="checkbox"/> Client B

Tax Planning

Tax Filing Status: Single Married Filing Jointly (PLEASE bring copy of tax return)

Name of Tax Preparer: _____ Fee: \$ _____ Est. Federal Tax Rate _____ %

Tax Return highlights (referenced Line Numbers) Tax Year: _____

37 Adjusted Gross Income (AGI): \$ _____	45 Alternative Min. Tax (AMT): \$ _____
40 Itemized Deductions (Sc.h A/Std.): \$ _____	54 Total Credits: \$ _____
42 Exemptions: \$ _____	61 Total Tax: \$ _____
43 Taxable Income \$ _____	Tax Bracket/ Eff. Tax Rate: _____ % _____ %

Assets

Cash, Retirement and Investment Assets

	Owner (Client A;B;Joint)	Account Type	Institution Name	Value
Checking, Savings, CD's and other Bank assets				
				\$
				\$
				\$
				\$
				\$
Non-Qualified / Non-Retirement Investment / Brokerage Accounts				
				\$
				\$
				\$
				\$
				\$
				\$
Retirement Accounts such as 401(k), 403(b), TSA, IRA, ROTH IRA, etc.				
				\$
				\$
				\$
				\$
				\$
				\$

Real Estate

Property Type (Primary Residence, 2 nd Home, condo, rental, farm)	Owner A/B or Joint	Initial Cost Plus Improvements	Estimated Market Value	Mortgage and /or 2 nd Mortgage?	Interest Rate	Monthly Payment PITI
		\$	\$	\$	%	\$
		\$	\$	\$	%	\$
		\$	\$	\$	%	\$
		\$	\$	\$	%	\$
		\$	\$	\$	%	\$
		\$	\$	\$	%	\$

Liabilities/Debts

Loan Type (Home Equity, Credit cards,Auto loans, etc.)	Owner A/B or Joint	Original Amount	Term	Current Balance/Payoff	Interest Rate	Monthly Payment
		\$		\$	%	\$
		\$		\$	%	\$
		\$		\$	%	\$
		\$		\$	%	\$

Risk Management / Insurance Continued:

Long Term Care Insurance (Client B): Insurance Co. _____ Policy Date: _____
Benefit:\$ _____ Cash Value: _____ Premiums: _____ (Annual /Qrtly /Monthly)

Long Term Care Insurance (Client B): Insurance Co. _____ Policy Date: _____
Benefit:\$ _____ Cash Value: _____ Premiums: _____ (Annual /Qrtly /Monthly)

Disability Insurance (Client A): Insurance Company: _____ Policy Date: _____
Future Benefit: \$ _____/Mo. To age 65 or _____

Disability Insurance (Client B): Insurance Co. _____ Policy Date: _____
Future Benefit: \$ _____/Mo. To age 65 or _____

Property & Casualty Insurance (Home and Automobile) (Client A&B):

Insurance Co. _____ Total Liability Coverage:\$ _____ Uninsured Motorist Coverage \$ _____

Health Insurance: _____

Estate Planning

Do you have a (will / estate plan)? Yes No Approximate Date Prepared _____

What is the name of the law firm / attorney which/who prepared your will / estate plan? _____

Who are named as fiduciaries in your will / estate plan (ie, Executor / Executrix, Trustees, etc)? _____

Do you have a Living Will and a Durable Power of Attorney? Yes No

(In Georgia, these two documents have been replaced with an “Advance Directive for Healthcare”)

Do you have any “special needs” children or family members? Yes No

Do you have provisions in your estate plan which would protect assets if one of your children were divorced?
 Yes No If yes, Describe: _____

Do you have any charitable organizations which you would like to receive a portion of your estate upon you death? Yes No If so, what are the names of the charitable organizations? _____

Have you written out how you would want your funeral to be directed? Yes No

Have you written your loved ones a final letter and placed it with your will? Yes No

Have you written what your desired legacy would be to leave for your family? Yes No

Briefly describe your estate planning objectives with respect to your heirs: _____

Investment Policy Questionnaire

Investment Objectives: *(Please check appropriate items)*

Capital Preservation Income Total Return Growth Aggressive Growth

Risk Tolerance:

Conservative Moderately Conservative Moderate Moderately Aggressive High Risk

Investment Time Horizon (When you will start spending a measurable amount of the investments)

4 Years or less 5 to 8 years More than 8 years

Investment Attitudes

Please circle a number 1-5 for each question with "1" being Strongly Disagree and "5" being Strongly Agree

Feel free to circle more than one number, such as a range of numbers

I am willing to hold my investments in my portfolio for at least five years.....1 2 3 4 5

It is important that I am able to convert all my investments into cash on short notice.....1 2 3 4 5

I am concerned that inflation may erode the value of my investments.....1 2 3 4 5

I am comfortable holding onto and investment during market fluctuations in order to attempt to achieve long term objectives.....1 2 3 4 5

I am uncomfortable with the possibility that my portfolio may lose value.....1 2 3 4 5

It is important that my portfolio earn the highest rate of return possible.....1 2 3 4 5

I do not need current income from my investments.....1 2 3 4 5

It is important that my portfolio generates the maximum income possible.....1 2 3 4 5

I am most comfortable when my portfolio contains many different investments.....1 2 3 4 5

Tax-advantaged investments are very important to me.....1 2 3 4 5

Signed (Client A): _____ **Date:** _____

Signed (Client B): _____ **Date:** _____