WEALTH STRATEGIES

RETIREMENT ASSET MANAGEMENT

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Confidential Client Profile

Personal Information

First Name ______________________ Middle ________ Last _________________________________

Birth Date (mm/dd/yyyy) ____ /____ /________ Gender: ☐ Male ☐ Female

Address ________________________________ City ___________________ State ____ Zip ________

Daytime Phone # (____) ______-_________ Evening Phone # (____) ______-_________

Email __________________________ Preferred method of contact: ☐ Email ☐ Mail ☐ Phone

Retired: ☐ Yes ☐ No If working, Occupation ___________________ Employer __________________

Spouse/Partner Information

First Name ______________________ Middle ________ Last _________________________________

Birth Date (mm/dd/yyyy) ____ /____ /________ Gender: ☐ Male ☐ Female

Address ________________________________ City ___________________ State ____ Zip ________

Daytime Phone # (____) ______-_________ Evening Phone # (____) ______-_________

Email __________________________ Preferred method of contact: ☐ Email ☐ Mail ☐ Phone

Retired: ☐ Yes ☐ No If working, Occupation ___________________ Employer __________________

Dependents (Children or dependent adults)

First Name	Middle	Last Name	Age

CPA ___________________________________ Attorney ___________________________________

How did you hear about our office? ____

Check the background of your financial professional on FINRA's BrokerCheck (brokercheck.finra.org)

Estate Planning

	Client		Spouse/Partner	
Do you have a current will?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have a living trust?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have an Advanced Medical Directive?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have Financial Power of Attorney?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have medical insurance?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have disability insurance or sufficient cash assets to cover a disability?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have long-term care insurance?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have life insurance?	☐ Yes	☐ No	☐ Yes	☐ No
Death Benefit	$ ____________		$ ____________	
Cash Value	$ ____________		$ ____________	
Do you expect to receive an inheritance?	☐ Yes	☐ No	☐ Yes	☐ No
Do you plan to make a large donation to charity?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own or plan to purchase any international investments/assets? Please describe:	☐ Yes	☐ No	☐ Yes	☐ No

____

____

Please indicate the number of years of investment experience in each of the asset types listed below:

Mutual Funds ____________ Stocks ____________ Stock Options ____________

Bonds ____________ Annuities ____________ Employer Plans ____________

Advisor Managed Accounts ____________ Alternative Investments ____________

Do you have specific investment preferences, such as Environmental & Social Governance (ESG), tax efficient investments, investment themes or sectors, etc.?

____

____

____

What is your biggest concern regarding your financial future?

____

____

____

What do you expect/want from your financial professional? Is there anything specific that you would like help with?

____

____

____

Financial Information

	Client	Spouse/Partner
Estimated Monthly Expenses	____________	____________
Income Sources		
Employment	____________	____________
Pension	____________	____________
Social Security	____________	____________
Retirement Distributions	____________	____________
Other: ____________	____________	____________
____________	____________	____________
Income at Retirement		
Expected Retirement Age	____________	____________
Expected Pension/Annuity	____________	____________
Expected Social Security Benefits	____________	____________
Assets		
Cash		
Checking Accounts	____________	____________
Savings Accounts	____________	____________
Certificates of Deposit	____________	____________
Non-Retirement		
Stocks	____________	____________
Bonds	____________	____________
Mutual Funds	____________	____________
Annuities	____________	____________
Brokerage Accounts	____________	____________
Retirement		
401(k)	____________	____________
403(b) or 501(c)	____________	____________
IRA	____________	____________
IRA - Roth	____________	____________
Other: ____________	____________	____________
____________	____________	____________
____________	____________	____________

Property	Client	Spouse/Partner (separately owned property)
Primary Residence	______	______
Secondary Residence	______	______
Rental Property	______	______
Personal Property	______	______
Other Assets: ______	______	______
______	______	______
______	______	______

Liabilities

Loans & Mortgages		
Primary Residence	______	______
Reverse Mortgage	______	______
Secondary Residence	______	______
Rental Property	______	______
Business Loans	______	______
401(k) Loan	______	______

Short Term Credit		
Vehicle Loan(s)	______	______
Credit Card(s)	______	______
Home Line of Credit	______	______
Other Liabilities: ______	______	______
______	______	______
______	______	______

Risk Tolerance

Your risk tolerance is an indication of your level of comfort with different investment products. Check the box that best reflects your response to each of the following statements.

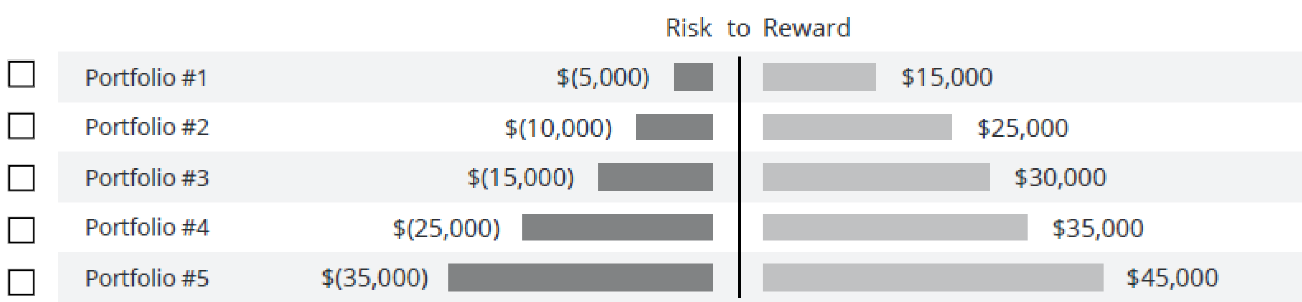
For these funds, which of the following most closely aligns with your current financial goals?

- ☐ Sustaining current income and account preservation
- ☐ Sustaining current income with possible growth opportunity
- ☐ Growing account value, not tied to current income needs
- ☐ Aggressive growth, maximizing accumulation

How long do you plan to keep these funds invested in order to achieve your financial goals?

- ☐ Less than 1 year
- ☐ 1 to 2 years
- ☐ 3 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 20 years
- ☐ Greater than 20 years

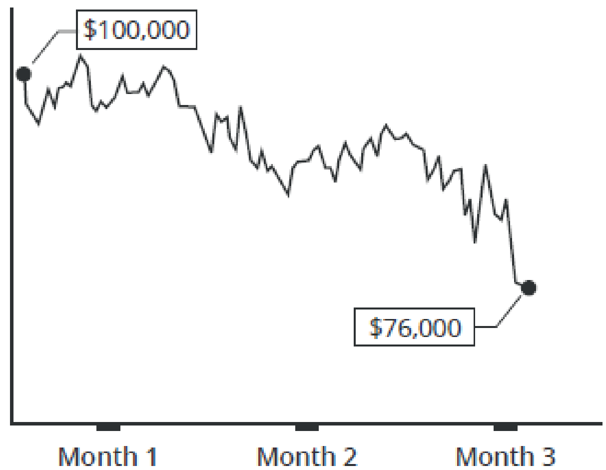
Every investment has an opportunity for both risk and reward. The chart below represents a one-year hypothetical risk and reward scenario for five portfolios with incremental levels of risk and reward for a hypothetical initial investment of $100,000. Select the option with which you are most comfortable. Note: these numbers are not representative of your potential target portfolios.



How would you respond to the following statement:
'I am comfortable investing during times of uncertainty.'

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

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



If your hypothetical investment of **$100,000** experienced a sudden and unexpected drop of **24%** over a three-month period, what would your reaction be?

- ☐ Sell All, Avoid Further Risk
- ☐ Sell Some, Reduce Exposure to Risk
- ☐ Sell Nothing, Remain Invested
- ☐ Buy More, Opportunity is Present

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

- ☐ 0 to 6 months
- ☐ 6 months to 1 year
- ☐ 1 to 3 years
- ☐ 3 years or more

Signature ____________________________ Date ________________

When reviewing the historical performance of various investments keep in mind that "past results are no indication or guarantee of future performance". Always read a current prospectus before investing.

Notes:

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