

## I: PERSONAL DATA

Name: \_\_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_  
First Middle Initial Last

Referred By: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Health: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_ Driver's License Issue Date: \_\_\_\_\_

Do You Smoke? Yes \_\_\_\_ No \_\_\_\_ Driver's License Exp. Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Check One: Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widow(er) \_\_\_\_

Prior Marriages: Yes \_\_\_\_ No \_\_\_\_

Spouse's Name: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Health: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_ Driver's License #: \_\_\_\_\_

Does Your Spouse Smoke? Yes \_\_\_\_ No \_\_\_\_ Driver's License Issue Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's License Exp. Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

How Long Have You Been Married? (To Present Spouse): \_\_\_\_\_ years

Any Pre-nuptial Agreements? Yes \_\_\_\_ No \_\_\_\_ Prior Marriages: Yes \_\_\_\_ No \_\_\_\_

Do you wish to provide a Trusted Contacted Person? (A Trusted Contact Person has no authority on accounts and may only be consulted when the advisor is having difficulty communicating with the client or believes the client may be a victim of fraud.)

Trusted Contact Name: \_\_\_\_\_  
First Middle Initial Last

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Please attach a copy of your driver's license and a copy of a voided check, or email the copies to [Mike@AgnelloFinancial.com](mailto:Mike@AgnelloFinancial.com).

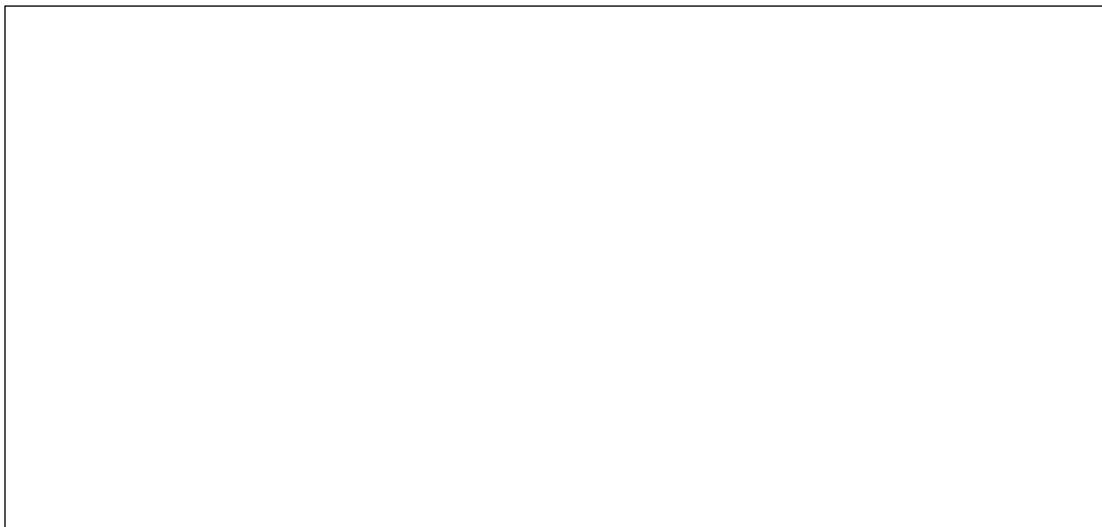
**Copy of Driver's License:** (for record keeping purposes)

A large, empty rectangular box with a thin black border, intended for the user to upload a copy of their driver's license.

**Copy of Spouse's Driver's License:** (for record keeping purposes)

A large, empty rectangular box with a thin black border, intended for the user to upload a copy of their spouse's driver's license.

**Copy of Voided Check:** (for setting up ACH/bank linking instructions)

A large, empty rectangular box with a thin black border, intended for the user to upload a copy of a voided check.

Children's Names and/or Beneficiaries:

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ Beneficiary: Yes: \_\_ No: \_\_

Social Security # (If Beneficiary): \_\_\_\_\_ Relationship (If Non-Child): \_\_\_\_\_

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

**II: FINANCIAL CONDITION**

Current Value

Bank Accounts . . . . . \$ \_\_\_\_\_

Non-Retirement Accounts (Individual, Jointly Held, Annuity, 529 Plan, etc.)

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

Retirement Accounts (IRA, Roth IRA, 401k, etc.)

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

\_\_\_\_\_ . . . . . \_\_\_\_\_

Business/Professional Practices (Fair Market Value) . . . . . \_\_\_\_\_

Cash Value-Life Insurance (Provide details under "Supplemental Information") . . . . . \_\_\_\_\_

Partnerships . . . . . \_\_\_\_\_

Home - Fair Market Value:

\$ \_\_\_\_\_ Less Mortgage \$ \_\_\_\_\_ . . . . . \_\_\_\_\_

Other Real Estate - Fair Market Value:

\$ \_\_\_\_\_ Less Mortgage \$ \_\_\_\_\_ . . . . . \_\_\_\_\_

Personal Property (autos, home furnishings, jewelry etc.) . . . . . \_\_\_\_\_

Other Assets: \_\_\_\_\_

Approximate Total Liabilities Not Including Mortgages: \_\_\_\_\_

Approximate Net Worth . . . . . \$ \_\_\_\_\_

### **III: ANNUAL INCOME**

|  | Client   | Spouse   |
|--|----------|----------|
| Salary.....  | \$ _____ | \$ _____ |
| Bonus .....  | _____    | _____    |
| Self-Employment Income - Net. ....                                       | _____    | _____    |
| Fees/Commissions.....  | _____    | _____    |
| Social Security .....  | _____    | _____    |
| Pension .....  | _____    | _____    |
| Rental Income .....  | _____    | _____    |
| Dividends and Interest.....  | _____    | _____    |
| Trust Income .....   | _____    | _____    |
| Other _____.....   | _____    | _____    |
| Total Income.....  | \$ _____ | \$ _____ |
| Annual Living Expenses (not including income taxes): \$ _____            |          |          |
| Approximate Federal Taxes Paid Last Year: \$ _____                       |          |          |
| Liquidity Needs: Very Important ___ Important ___ Somewhat Important ___ |          |          |

### **IV: ESTATE PLANNING**

Do you have a will? Yes      No

- If yes, what year was it executed? \_\_\_\_\_
- If yes, in what state was it executed? \_\_\_\_\_

Does your spouse have a will? Yes      No

- If yes, what year was it executed? \_\_\_\_\_
- If yes, in what state was it executed? \_\_\_\_\_

Have you (and/or your spouse, if applicable) established any trusts? Yes      No

Attorney's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Accountant's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

## **V: SUPPLEMENTAL INFORMATION**

### Insurance

| Company | Type | Face Amount | Annual Premium |
|---------|------|-------------|----------------|
|---------|------|-------------|----------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PLEASE LIST ANY CONCERNS, QUESTIONS AND OBJECTIVES YOU MAY HAVE.

#### **Concerns / Questions:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### **Objectives:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Years of Investment Experience: \_\_\_\_\_ Expected years to achieve your financial goals: \_\_\_\_\_

Investment Objectives (check all that apply):

Speculation      Growth      Income      Tax Advantage

Risk Tolerance (check one):

Conservative      Moderately Conservative      Moderate      Moderately Aggressive      Aggressive

Are you planning any major expenditures greater than 10% of your investment assets during the next twelve (12) months?    Yes    No

Are you planning to provide for your children's or grandchildren's higher education?    Yes    No

If yes, what percent? \_\_\_\_\_ (1-100%)

Are you responsible for the financial welfare of anyone other than your immediate family (i.e. alimony, child/parental support etc)?    Yes    No

If yes, briefly explain: \_\_\_\_\_

1. For these funds, which of the following closely aligns with your current financial goal? *Please select one.*

- 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

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

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

3. 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. Please select one.*



Portfolio #1

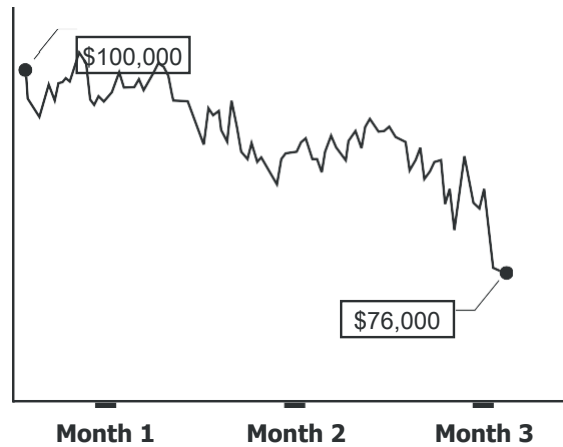
Portfolio #2

Portfolio #3

Portfolio #4

Portfolio #5

4. 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

5. 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

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

- Strongly disagree
- Disagree
- Agree
- Strongly agree