



# Helping You Reach Your Financial Dreams

## Integrity, Honesty, & Loyalty

These three words define our values. With a client-first approach and trademarked processes, your financial dreams are our main focus—you gain a dedicated team committed to your goals.

At Hutton Wealth Management, our primary focus is on fostering the growth, preservation, and safeguarding of our clients' wealth while guiding them towards the realization of their financial aspirations both in the present and the future.

### ▶ The Financial Planning Process

Our approach to financial life planning is holistic and all-encompassing. We guide individuals in budgeting, saving, investing, borrowing, and managing finances.

- **Assessment Of Financial Situation**
- **Setting Financial Goals**
- **Development Of A Financial Plan**
- **Implementation**
- **Monitoring And Review**

### ▶ Our Vision

Caring about peoples dreams and helping them make informed decisions through education, communication, and service which exceeds their expectations.

### ▶ Reach Your Financial Goals:

- ☎ Weatherford, TX: 817-238-6995  
Borger, TX: 806-273-3981
- 🌐 [www.huttonwealth.com](http://www.huttonwealth.com)
- ✉ [info@huttonwealth.com](mailto:info@huttonwealth.com)

# Helping You Reach Your Financial Dreams



## 📍 Borger Office:

Phone: 806.273.3981 | Fax: 806.275.7570

## 📍 Weatherford Office:

Phone: 817.238.6995 | Fax: 817.238.6996

Please complete the profile as thoroughly as possible so we have a better understanding of how we can help you. Take time list any questions or concerns that you would like to specifically address.

Today's Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## ▶ YOUR PERSONAL INFORMATION

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

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

Are You a US Citizen?:  Yes  No

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

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

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

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

Trusted Contact: Would you like to designate someone to have access to your accounts?:  
\_\_\_\_\_

Relationship to You: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Info@huttonwealth.com | www.HuttonWealth.com**

431 Deahl Street, Borger, TX 79007 | 208 North Main Street, Suite 200, Weatherford, TX 76086

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**▶ SPOUSE INFORMATION**

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

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

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

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

Trusted Contact: Would you like to designate someone to have access to your accounts?:  
\_\_\_\_\_

Relationship to You: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_\_\_

**▶ FINANCIAL INFORMATION**

**Income:**

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

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

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

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

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

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

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

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

**Expenses:** (Please fill out either the detailed or estimated expenses)

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

- <\$6,000    \$6,000-<\$11,000    \$11,000-<\$17,000    \$17,000-<\$22,000    \$22,000+



**▶ WHO WOULD YOU LIKE TO LIST AS YOUR BENEFICIARIES?**

**1. Name:** \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Primary/Contingent: \_\_\_\_\_ Percentage: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Primary/Contingent: \_\_\_\_\_ Percentage: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Primary/Contingent: \_\_\_\_\_ Percentage: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**4. Name:** \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Primary/Contingent: \_\_\_\_\_ Percentage: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# Risk Tolerance Questionnaire

Thank you for taking time to fill out your **Risk Tolerance Questionnaire**. This is designed to understand your personal risk tolerance & investment goals.

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

## ▶ 1. Purpose of Investment:

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

- |   |    |
|---|----|
| <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 |

## ▶ 2. Time Horizon

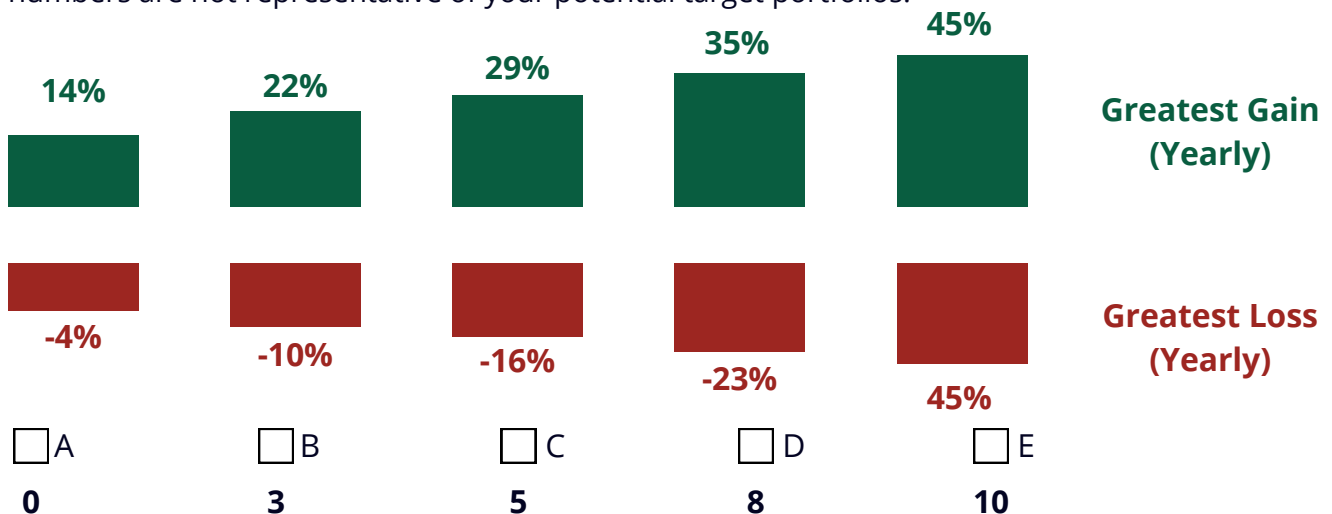
How long do you plan to keep funds invested to achieve your financial goal? SCORE

- |  |    |
|--|----|
| <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 |

## ▶ 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 the most comfortable with from a risk/return trade-off perspective. Note these numbers are not representative of your potential target portfolios.



## 4. Reaction in Adverse Markets

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

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

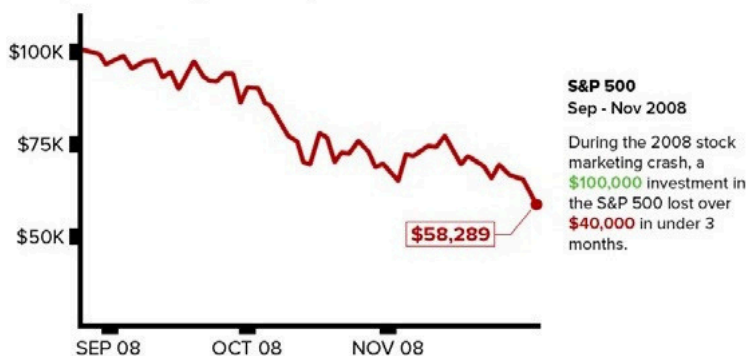
SCORE

0

3

7

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?

## 5. Measuring Patience

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

SCORE

0

3

7

10

## 6. Comfort with Uncertainty

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

- I Strongly Disagree
- Disagree
- Agree
- I Strongly Agree

SCORE

0

3

7

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 Capital	Moderate
61 through 80	Growth Maximum	Moderately Aggressive
81 through 100	Growth	Aggressive



## The following pages are optional unless you're seeking assistance with retirement or financial planning

They aren't required to open an account, but completing them can help us customize our services and recommendations to better suit your needs.

### ▶ ESTATE DOCUMENTS

Do you have wills?: \_\_\_\_\_ If Yes, when were they last reviewed or updated?: \_\_\_\_\_

Do you have a living trust?: \_\_\_\_\_ If Yes, when was it last reviewed or updated?: \_\_\_\_\_

Do you have powers of attorney?: \_\_\_\_\_ If Yes, when were they last reviewed or updated?: \_\_\_\_\_

Any other types of trusts?: \_\_\_\_\_ If Yes, when were they last reviewed or updated?: \_\_\_\_\_

### ▶ RETIREMENT

How many years have you been investing?

*(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       More than 10 years

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

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

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

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

Have you thought about future Long-Term Care expenses and plans?: \_\_\_\_\_

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**▶ CURRENT RETIREMENT CONTRIBUTIONS**

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?: \_\_\_\_\_

If yes, what age did you start?: \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently receiving Medicare benefits?: \_\_\_\_\_ Which Plans?: \_\_\_\_\_

Would you like for us to also review your Medicare for additional benefits?: \_\_\_\_\_

**▶ SPOUSE'S RETIREMENT CONTRIBUTIONS**

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?: \_\_\_\_\_

If yes, what age did you start?: \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently receiving Medicare benefits?: \_\_\_\_\_ Which Plans?: \_\_\_\_\_

Would you like for us to also review your Medicare for additional benefits?: \_\_\_\_\_

**▶ INSURANCE** (i.e. term (T), whole life (WL), universal life (UL), index universal life (IUL), long-term-care (LTC), disability (D))

Description	Year Purchased	Current Value	Death Benefits	Cash Value	Type
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	



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

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**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?**

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**How would you describe "Great or Excellent service?"**

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**What's the one financial decision you made in the past that you wish you could revisit, and how would you approach it differently today?**

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**What does financial success look like for you in the next 5-10 years, and how do you want your investments to support that vision?**

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**How do you envision your wealth shaping the lives of those around you - family, friends, or even your community-beyond just leaving a legacy?**

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\_\_\_\_\_  
Printed Name(s)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

## **Hutton Wealth Management**

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Serving with Integrity, Honesty, and Loyalty