

Part A: Financial Profile

Step 1. Personal Information

Client Name		Birth Date	/	/
		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Spouse Name		Birth Date	/	/
		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other				
Address				
Telephone Number	Business Telephone	E-mail		
Account(s)				
Account(s)				

Financial Advisor

Name	Title	Branch
Name	Title	Branch

If You Have Children and/or Grandchildren, Please Provide Information (to detail education planning, please see Financial Goals & Priorities on page 4)

Name	Birth Date	Relationship	Dependent for support	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health Information

Notes

Do you or your spouse have any health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, define:
Does a close family member have any health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, define:
Are you financially responsible for the medical expenses for another person besides your own children or grandchildren?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, relation:

Step 2. Taxation/Employment

Client

Spouse

Employment	Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed	<input type="checkbox"/> Not Employed
		<input type="checkbox"/> Retired		<input type="checkbox"/> Retired	
	Occupation				
	Employer/Employer State				

Tax Information

Status (Single, Married Filing Jointly, Head of Household, Married Filing Separately)

Citizenship/Filing State	
Gross Income/Net Income (e.g., \$250,000 pretax / \$180,000 post tax)	
% of Gross Income Needed Post-Retirement (typically 80–105%)	
Effective Tax Rates: Federal/State/Local (Example: 23% / 3.1% / 2.7%)	
(Total Tax/Adjusted Gross Income)	Approximate Deductions

Additional Sources of Income (Rents, royalties, trusts, fees, bonuses, etc.)	Owner	Annual Amount	Start Age	End Age	Annual Increase (COLA) %

Step 3. Assets & Liabilities (* For any accounts with statements attached.)

Bank Accounts (Cash, Savings, Checking, Certificates, etc.)

Account Type	Bank	Owner(s)	Value	Notes
<i>Example: Checking Account</i>	<i>First Bank</i>	<i>Client</i>	<i>\$100,000</i>	
			\$	
			\$	
			\$	
			\$	

Investment Accounts (Brokerage Accounts, Mutual Fund Accounts, Stock Options, Individual Security Accounts)

Firm Name	Owner(s)	Value	Cost Basis (approx.)	Notes
<i>Example: Account (1234-4321)*</i>	<i>Client</i>	<i>\$750,000</i>	<i>\$450,000</i>	<i>Add \$5,000 to account per year</i>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Retirement Accounts (Pension Plans, IRAs, 401(k)s, Deferred Compensation Plans, 403(b)s, Profit Sharing)

Description	Owner	Beneficiaries	Value	Notes	
<i>Example: IRA</i>	<i>Client</i>	<i>Spouse</i>	<i>\$500,000</i>	<i>\$5,000 (maximum contribution) + \$1,000 catch up</i>	<input type="checkbox"/> Roth?
			\$		<input type="checkbox"/> Roth?
			\$		<input type="checkbox"/> Roth?
			\$		<input type="checkbox"/> Roth?
			\$		<input type="checkbox"/> Roth?
			\$		<input type="checkbox"/> Roth?
			\$		<input type="checkbox"/> Roth?

Real Estate

Description	Location	Owner	Value	Cost Basis	Notes
<i>Example: Primary Residence</i>	<i>New Jersey</i>	<i>Joint</i>	<i>\$500,000</i>	<i>\$300,000</i>	<i>Sell next year - Downsize to \$300,000 home</i>
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Business Interests

Description	Owner	Percent Ownership	Value of Interest	Cost Basis	Notes
<i>Example: My Company</i>	<i>Client</i>	<i>50%</i>	<i>\$1,500,000</i>	<i>\$500,000</i>	<i>Leaving to heirs (See Part D, Business Owners)</i>
		%	\$	\$	
		%	\$	\$	
		%	\$	\$	

Comments:

Personal Property (Vehicles, Furniture, Collectibles, etc.)

Description	Owner(s)	Value	Notes
<i>Example: Car</i>	<i>Client</i>	<i>\$35,000</i>	<i>Bought for cash in January 2010</i>
		\$	
		\$	
		\$	

Expected Inheritances, Windfalls & Settlements

Description	From	Value	Year Expected	Notes
<i>Example: Mother's Estate</i>	<i>Client's Mother</i>	<i>\$200,000</i>	<i>2011</i>	<i>Expect to receive in December, 2011</i>
		\$		
		\$		
		\$		

Debts and Liabilities

Liability Name	Owner	Origination Date	Original Loan Amount	Balance	Interest Rate %	Monthly Payment (principal and interest)	Years Remaining	Pay Off at Death
<i>Example: Primary Mortgage</i>	<i>Joint</i>	<i>6/29/2001</i>	<i>\$400,000</i>	<i>\$300,000</i>	<i>5 %</i>	<i>\$2,500</i>	<i>15</i>	<input checked="" type="checkbox"/> Yes
				\$	%	\$		<input type="checkbox"/> Yes
				\$	%	\$		<input type="checkbox"/> Yes
				\$	%	\$		<input type="checkbox"/> Yes
				\$	%	\$		<input type="checkbox"/> Yes
Real Property-Related	Annual Property Taxes		Annual Homeowners Insurance			Annual Misc. Expenses		Notes
<i>Example: Investment Land, 5 acres</i>	\$1,050		\$250			\$1,200 (upkeep)		

Comments: _____

Step 4. Financial Goals & Priorities

What are your near-term goals and/or priorities (1–5 years)?

What are your long-term goals and/or priorities (over 5 years)?

Other Goals/One-Time Expenses

Description	Amount	Start Year	End Year
<i>Example: Home Improvements, Travel</i>	\$100,000	2011	2011
	\$		
	\$		
	\$		

Rank in Order of Importance (1–6, with 1 being the highest priority)

Rank	Planning Need	Notes
	Retirement Income	
	Asset Allocation	
	Education of Children	
	Estate Planning	
	Capital Needs (Life Insurance)	
	Other (Specify)	

Retirement Goals

	Client	Spouse
RETIREMENT AGE		
IDEAL Retirement Age is		
ACCEPTABLE Retirement Age is		
RETIREMENT INCOME (after tax, in today's dollars)		
IDEAL Retirement Income (after tax, in today's dollars)	\$	
ACCEPTABLE Retirement Income (after tax, in today's dollars)	\$	
LEGACY: I would like to leave an estate worth at least	\$	

Education Funding Goals

Student/Relationship	Date of Birth	Years in School	Type of College	School Name	Total Annual Cost	Accumulated Savings	Fund Goal
<i>Example: John/Son</i>	<i>1/1/1995</i>	<i>2017–2021</i>	<input type="checkbox"/> Public <input type="checkbox"/> Private	<i>State University</i>	<i>\$22,000</i>	<i>\$0</i>	<i>100%</i>
			<input type="checkbox"/> Public <input type="checkbox"/> Private		\$	\$	
			<input type="checkbox"/> Public <input type="checkbox"/> Private		\$	\$	
			<input type="checkbox"/> Public <input type="checkbox"/> Private		\$	\$	
			<input type="checkbox"/> Public <input type="checkbox"/> Private		\$	\$	
			<input type="checkbox"/> Public <input type="checkbox"/> Private		\$	\$	

Step 5. Retirement Income

Description (Social Security, Pension, Annuities)	Owner	Retirement Income Amount (\$ / Year)	Start Age	End Age	Annual Increase (COLA) %	Joint & Survivor %	Taxable by State	Don't Know
<i>Example: Pension AB Company</i>	<i>Client</i>	\$22,000	65	Life	2%	50%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Social Security 1		\$		Life	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Social Security 2		\$		Life	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Pension 1		\$			%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Pension 2		\$			%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		\$			%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		\$			%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		\$			%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Other Income

Description	Owner	Income Amount (\$ /Year)	Start Age	End Age	Annual Increase (COLA)%
<i>Example: Part-time Income</i>	<i>Client</i>	\$15,000	65	70	Assume Inflation Rate
		\$			
		\$			
		\$			

Step 6. Annual Contributions/Savings (Unless otherwise indicated, your future contributions/savings will be modelled based upon your responses from the Risk Tolerance Questionnaire on page 8)

Description	Owner	Annual Amount	Start Year	End Year	Annual Increase (COLA) %	Employer Match \$
<i>Example: 401(k) Savings</i>	<i>Spouse</i>	\$22,000	2015	2021	0%	\$7,500
Investment/Savings Plan (Investment Account, Checking)		\$			%	
		\$			%	
		\$			%	
		\$			%	
Retirement Plans (401(k), 403(b), IRA, etc.)		\$			%	
		\$			%	
		\$			%	
		\$			%	
Education Plans (529, UGMA/UTMD)		\$			%	
		\$			%	
		\$			%	
		\$			%	
Other (Custom)		\$			%	
		\$			%	
		\$			%	
		\$			%	

Comments:

Step 8. Risk Profile (Please choose the answer that best describes you.)

1. What is your primary investment objective? Circle One

- Preservation of Capital (You are willing to accept lower returns to avoid losses) (3)

- Income (You are primarily looking for income from your investment portfolio, through interest and dividends) (4)

- Growth & Income (You would like to generate income in your portfolio but are willing accept some risk to increase your overall portfolio) (5)

- Growth of Capital (You are seeking market returns and can tolerate a moderate level of risk) (6)

- High Potential Returns (You are seeking above average market returns and are willing to accept an above average level of risk) (7)

2. How would you categorize your prior investment experience?

- Little Experience (You have little or some knowledge, not in-depth) (1)

- Moderate/Somewhat Experienced (Familiar with basic investments) (2)

- Experienced (You possess knowledge of major asset classes, sources of risk and are well versed in investment and portfolio process) (3)

3. Understanding that investment returns may vary between accounts, taken as a whole, what is your expected return for your overall investment portfolio?

- Low (Your portfolio returns are less important than preservation of capital) (1)

- Conservative (Your portfolio returns should match inflation rates) (2)

- Moderate (Your portfolio returns should be aligned with primary benchmark returns) (3)

- High (Your portfolio returns should be in excess of primary benchmark returns) (4)

- Very High (Your portfolio returns should be matched with speculative returns) (5)

4. Which statement below best describes your attitude about the trade-off between short-term risk and the possibility of achieving your long-term goals?

- Risk is More Important than Return (Avoiding short-term losses is more important to you than achieving your long-term investment goals) (1)

- Risk and Return Are Equally Important (You are equally concerned with avoiding short-term losses and meeting your long-term goals) (3)

- Return is More Important than Risk (You can accept short-term losses to maximize the potential that you will achieve your long-term goals) (5)

This scale can be used to determine an appropriate model portfolio based solely on your risk tolerance. The actual investment portfolio recommended by your Financial Advisor may differ. Your Financial Advisor will determine your actual investment portfolio based on your risk profile and other factors that make up your total financial picture.

Use the scale below to find your appropriate asset allocation.

Risk Scale	Min.	Max.
Current Income	8	9
Balanced Income	10	11
Growth & Income Conservative	12	14
Growth & Income Moderate	15	19
Growth	20	24
Aggressive Growth	25	27
All Equity Moderate	28	30
All Equity Aggressive	31	32

5. How would you categorize yourself as an investor?

- Very Conservative (0)

- Conservative (1)

- Moderate (3)

- Aggressive (4)

- Speculative (5)

6. What percent of your overall net worth is represented by your investment portfolio?

- 75% or Greater (1)

- 25% – 75% (2)

- 25% or Less (3)

7. When do you anticipate withdrawing substantial and recurring portions of your assets (greater than 5%)?

- Within 2 Years (1)

- 2 Years – 5 Years (2)

- 5 Years – 10 Years (3)

- 10 Years or Longer (4)

Based on your total, does the corresponding portfolio profile accurately assess your risk? Yes No **Total**

If no, which profile better reflects your tolerance:
 Signature(s) _____

 Client Signature Date Client Signature Date