

# Client Questionnaire



Name:	_____
Birthdate:	_____
Address:	_____
City, State & Zip:	_____
Email:	_____
Phone:	_____
Employer:	_____

Spouse Name:	_____
Birthdate:	_____
Address:	_____
City, State & Zip:	_____
Email:	_____
Phone:	_____
Employer:	_____

Marital Status	
<input type="checkbox"/> Single	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Approximate Household Income	
_____	

Dependents Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approximate Annual Household Expenses	
_____	
Approximate Annual Savings Across All Accounts	
Type	Dollar Value or % of Income
Checking/Savings	_____
Your Work Retirement Plan	_____
Spouse's Work Retirement Plan	_____
IRA / Roth IRA's	_____
Other	_____

Which risk tolerance best suits you (check one)	
Conservative	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Aggressive	<input type="checkbox"/>

List each financial account and approximate value (ie. checking/savings, retirement accounts, investment accounts, college funds, etc)	
Type	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

At what age would you like to retire?	
You:	_____
Spouse:	_____

Other Assets (ie. house, boat, RV, etc)	
Type	Value
_____	_____
_____	_____
_____	_____

What is your primary goal for meeting with us?
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Debt (ie. mortgage, student loans, etc)		
Type	Amount	Interest Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance				
Owner	Type	Term	Cash Value	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Estate Planning				
Do you have updated wills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	
Have you established any trusts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	
Will you be receiving any inheritance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	
Have you set up any Power of Attorneys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	

General				
Are you anticipating any major lifestyle changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	
Are you happy with your current level of spending & lifestyle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	
Do you have any current significant health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	
Are you planning any major expenditures in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	

Which of the following best describes your financial goals? (check one)	
Preserving principal and earning a moderate amount of current income	<input type="checkbox"/>
Generating a high amount of current income	<input type="checkbox"/>
Generating some current income and growing assets over an extended period	<input type="checkbox"/>
Growing assets substantially over an extended period	<input type="checkbox"/>

Which of the following statements would best describe you if the value of your portfolio dropped 15% due to market fluctuations? (check one)	
I would be very concerned because I cannot accept fluctuations in my portfolio	<input type="checkbox"/>
If the amount of income I receive was unaffected, it wouldn't bother me	<input type="checkbox"/>
Although I invest for long-term growth, it would concern me	<input type="checkbox"/>
Because I invest for long-term growth, market fluctuations would not concern me	<input type="checkbox"/>

How did you hear about Ridgetown Investments?

**Don't hesitate to contact us if you have any questions (616) 606-9100.**

**Thank you and we look forward to helping you build a more confident tomorrow!**

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