

Helping you reach your financial dreams.



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Thank you for taking time to fill out The Discovery Profile™. Please take some time and complete the profile as thoroughly as possible so that we will have a better understanding of how we can help you. Also, please make sure to list any questions and or concerns that you would like to specifically address at the meeting.

The information you provide is strictly confidential and will only be used for your specific individual planning.

Today's Date:

How did you hear about us?

Legal Name: _____ Nickname: _____

Birthday: ____ / ____ / ____ Current Age: _____ Social Security #: _____ - _____ - _____

When is your wedding anniversary? _____

Driver's License #: _____ State: _____ Issue Date: _____ Expiration Date: _____

Home Address: _____

Mailing Address: _____

Are you retired? _____ Are you working full or part time? _____

Employer: _____ Job Title: _____ # Years: _____

Employer Address: _____

Cell Phone: _____ 2nd Phone: _____

Email Address: _____

Best Way to Reach You: _____ Best Time to Reach You: _____

Emergency Contact: (A trusted friend other than your spouse): _____

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Your Spouse's Information

Legal Name: _____ Nickname: _____

Birthday: ____ / ____ / ____ Current Age: _____ Social Security #: _____ - _____ - _____

When is your wedding anniversary? _____

Driver's License #: _____ State: _____ Issue Date: _____ Expiration Date: _____

Are you retired? _____ Are you working full or part time? _____

Employer: _____ Job Title: _____ # Years: _____

Employer Address: _____

Cell Phone: _____ 2nd Phone: _____

Email Address: _____

Best Way to Reach You: _____ Best Time to Reach You: _____

Emergency Contact: (A trusted friend other than your spouse): _____

Estate Documents

Do you have Wills? _____ When were they last reviewed or updated? _____

Do you have a Living Trust? _____ When was it last reviewed or updated? _____

Do you have Powers of Attorney? _____ When were they last reviewed or updated? _____

Do you have any other types of Trusts? _____ When were they last reviewed or updated? _____

Retirement

How many years have you been investing into the 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
- Over 10 years

What age would you like to retire at? _____ Your Spouse: _____

What do you think inflation will average in the future? _____

What is your annual income needs for retirement in today's dollars? _____

Do you anticipate working in retirement? _____ Expected Income: _____

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What interest rate would you like to earn on your investments? _____

Are you concerned about Long Term Care and the possibility of future nursing home expenses? _____

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? _____

What age did you start? _____ Other: _____

Are you currently receiving Medicare benefits? _____ Which Plans are you using? _____

Would you like for us to also review your Medicare benefits and see if there are any new benefits or savings that may be available to you? _____

Your Retirement

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? _____

Are you currently receiving Medicare benefits? _____ Which Plans are you using? _____

Would you like for us to also review your Medicare benefits and see if there are any new benefits or savings that may be available to you? _____

Your Spouse's Retirement

Taxes: (Please include a copy of your most recent tax returns, i.e., state, and federal)

What is your Filing Status? (Married, Single, etc.) _____

Do you know what your federal tax bracket? _____

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Do you know what is your state tax bracket? _____

Do you know what is your effective tax rate? _____

Do you know if you are taking the "Standard" or "Itemized" deductions? _____

Deduction Amount: \$ _____

Income:

Your Wages: \$ _____ Source: _____

Your Social Security: \$ _____ Started at age: _____

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

Your Spouses Social Security: \$ _____ Started at age: _____

Other Income: \$ _____ Source: _____

Other Income: \$ _____ Source: _____

Other Income: \$ _____ Source: _____

Other Income: \$ _____ Source: _____

Expenses: (For your convenience, please fill out either the detailed or estimated expenses)

Estimated monthly household expenses: \$ _____

- \$0 - \$5,000 \$6,000 - \$10,000 \$11,000 - \$16,000 \$17,000 - \$21,000 \$22,000 +

Detailed monthly household expenses: (Please use detailed expenses if working on financial plan)

Auto / Transportation: \$ _____ Bills / Utilities: \$ _____

Mortgages / Rents: \$ _____ Insurance: \$ _____

Charitable Giving: \$ _____ Groceries / Food: \$ _____

Dining Out: \$ _____ Clothes: \$ _____

Fuel: \$ _____ Travel / Vacation: \$ _____

Dues and Subscriptions: \$ _____ Health / Beauty / Fitness: \$ _____

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Gifts: \$ _____ Education: \$ _____

Other: \$ _____ Description: _____

Other: \$ _____ Description: _____

Do you anticipate any “special expenses” in the near future, i.e., new house, vacation, remodel, vehicle purchase?

\$0 - \$25,000 \$26,000 - \$50,000 \$51,000 - \$75,000 \$ _____

When do you anticipate needing these funds for this expense?

Within 2 years 3 - 5 years 6 – 10 years Over 10 years

Total Net worth: \$ _____ (Estimated value of your total estate minus liabilities)

Liquid Net Worth: \$ _____ (Estimated value of your liquid accounts, i.e., bank, savings, investments, bonds, cd’s, retirement accounts, etc.)

Assets: (i.e., real-estate, vehicles, equipment, etc.)

Description	Year Purchased	Purchase Price	Current Value	Has Loan
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
		\$	\$	<input type="radio"/>
Total:		\$	\$	

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Investments: (i.e. retirement, 401k, IRA, 403b, pensions, TRS, 457, stocks, bonds, CD's, brokerage, mutual funds, etc.)

Ownership

Description	Current Value	Ownership		
		(You)	(Joint)	(Spouse)
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$			

Financial Information

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

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

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Liabilities: (i.e., home, business, school loans, long term debt, credit cards, etc.)

Description	Term – Months	Payment	Balance	Interest %	link to asset
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
		\$	\$		<input type="radio"/>
Total:		\$	\$		

Financial Information

How would you describe “Great or Excellent service?”

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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Hutton Wealth Management Risk Tolerance Questionnaire

Thank you for taking time to fill out your personal Risk Tolerance Questionnaire. The questionnaire is designed to help your personal risk tolerance and investment objective.

Your Name: _____ Today's Date: _____

Question 1: (Purpose of Investment) **SCORE**

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

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

Question 2: (Time Horizon) **SCORE**

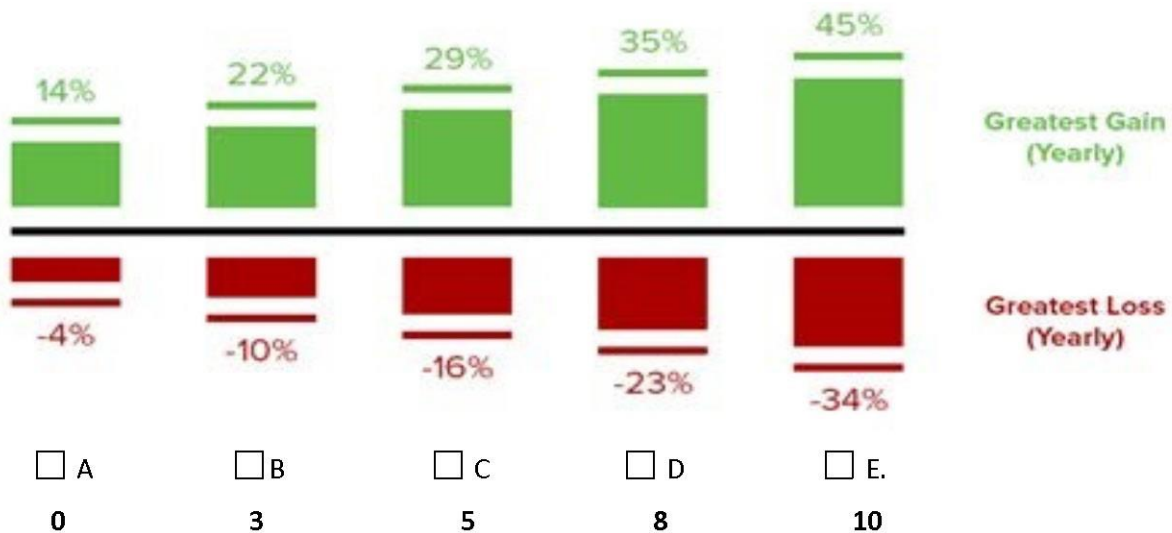
How long do you plan to keep these funds invested to achieve your financial goal?

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

Question 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 most comfortable with from a risk/return perspective. Note that these numbers are not representative of your potential target portfolios.



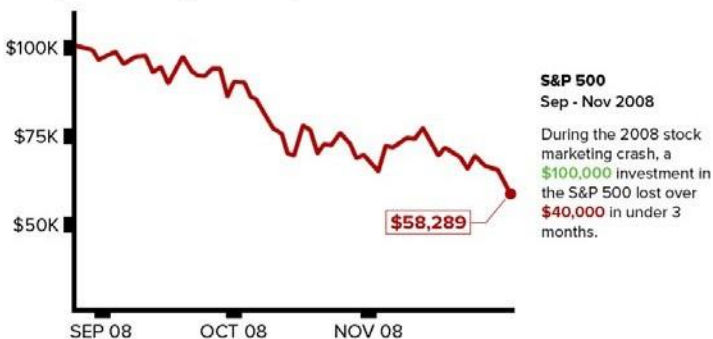
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Question 4: (Reaction in Adverse Markets)

SCORE

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

- Sell All, Avoid Further Risk 0
- Sell Some, Reduce Exposure to Risk 3
- Sell Nothing, Remain Invested 7
- Buy More, Opportunity is Present 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?

Question 5: (Measuring Investor Patience)

SCORE

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

- 0 to 6 months 0
- 6 months to 1 year 3
- 1 to 3 years 7
- 3 years or more 10

Question 6: (Client Comfort with Uncertainty)

SCORE

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

- I strongly disagree 0
- Disagree 3
- Agree 7
- I strongly agree 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	Moderate
61 through 80	Capital Growth	Moderately Aggressive
81 through 100	Maximum Growth	Aggressive

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