

Confidential

Client Financial Profile Data Gathering Book

Client Name: _____

Date: _____



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Requested Documents Checklist

The **highlighted** items are documents that you will need in order to complete the Confidential Questionnaire with me. The task is easiest if you assemble all of your documents before we start to work. You may not have all the items listed, and there may be some items not highlighted that may be applicable.

Investment Statements

- Stocks
- Bonds
- Mutual Funds
- ☐ Real Estate
- ☐ Limited Partners
- Saving / CD's Statements
- Other _____

Insurance Policies

- Life
- ☐ Disability
- ☐ Medical & Hospitalization
- Automobile & Homeowners
- Annuities
- Long Term Care

Employee Benefits

- Pension
- Employee Stock Ownership
- Insurance Benefits
- ☐ Employee Benefit Book
- ☐ Deferred Comp. Plan

Retirement Plan

- IRA, Keogh
- 401(k) /Profit Sharing
- Social Security Verification or Estimate
- ☐ Annual Benefits Statements
- ☐ Company Plans
- ☐ Other _____

Income Tax Returns

- Most Recent tax Return

Expenses ☐

- ☐ Checkbook & Cash Receipts
- ☐ Credit Card Statements
- Mortgage Records
- Auto Loans
- Personal/Family Budget
- ☐ Other _____

Estate Items

- Will/Codicils
- Trust/Agreements
- ☐ Trust Tax Return
- ☐ Gift/Estate Tax Return
- Power of Attorney Agreements
- ☐ Other _____

Miscellaneous Documents

- ☐ Divorce Settlement
- ☐ Including Alimony & Child Support
- ☐ Prenuptial Agreements
- ☐ Appraisals of Personal Property
- ☐ Notes Payable
- ☐ Purchase/Sale/Lease
- Last two Pay stubs
- ☐ Advisors
- ☐ Other _____

Business Documents

- ☐ Valuations
- ☐ Buy-sell Agreements
- ☐ Partnership Agreement & Tax Return
- ☐ Employment Agreement
- ☐ Deferred Comp. Agreement
- ☐ Financial Statements
- ☐ Incorporation Papers
- ☐ By-Laws
- ☐ Other _____

Objectives

The questions in this section aid us in defining your financial and investment objectives. Your responses will be used to formulate any recommended plan of action.

1. Rank in order of importance the following financial planning goals (1=most important):
(6=least important):

_____ Retire comfortably
_____ Provide for my children's education
_____ Save on income taxes
_____ Provide for survivors in the event of my death
_____ Structure my estate to minimize estate taxes

Other: _____

2. How important are the following investment objectives? Please rank in the order of importance.
(1=most important 6=least important):

_____ Increase current income
_____ Diversify (i.e., spread risks among investments)
_____ Have cash available for emergencies or investment opportunities
_____ Accumulate funds that will keep pace with inflation or do better than inflation
_____ Use borrowed funds to increase return from my investments
_____ Minimize the time I have to spend managing my investments

3. What is your attitude toward risk? Check the one that best describes your attitude.
(1=most important 4=least important):

_____ Strongly dislike risk, prefer very safe investments.
_____ Prefer little risk. I want to know how much my investments will pay
_____ Willing to assume some risk
_____ Prefer greater risk

4. Do you expect any inheritances, legal settlements or gifts that may affect your financial plan? If so, please explain:

Personal Information

1. Client #1 Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #:

Email Address:

Address

Street: City: State: Zip Code:

Client #1 Employer Info

Employer Name Title: Salary & Bonus

Occupation: Business and Cell #

Address

Street: City: State: Zip Code:

2. Client #2 Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #:

Email Address:

Address

Street: City: State: Zip Code:

Client #2 Employer Info

Employer Name Title: Salary & Bonus

Occupation: Business and Cell #

Address

Street: City: State: Zip Code:

If you receive social security or a pension, how much?

Dependents

1. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:
Address (if different from clients)
Street: City: State: Zip Code:

2. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:
Address (if different from clients)
Street: City: State: Zip Code:

3. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:
Address (if different from clients)
Street: City: State: Zip Code:

4. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:
Address (if different from clients)
Street: City: State: Zip Code:

Other Professional Advisors that you work with

1. Professional Advisor CPA

Name: Practice Name:
Email Address: Business Phone #
Street Address:
State: Zip Code:

2. Professional Advisor **Attorney**

Name:	Practice Name:
Email Address:	Business Phone #
Street Address:	
State:	Zip Code

Estate Planning

Do you have a:

- ☐ Will
- ☐ Trust
- ☐ Living Will
- ☐ Power Of Attorney
- ☐ Last Updated __/__/__
- ☐ Location of Estate Documents _____

Advanced Estate Issues:

Please note any special details that we should know about your estate or beneficiaries.

Securities offered through LPL Financial, Member FINRA/SIPC. Investment Advice offered through Prairie Sky Financial Group, a registered investment advisor and separate entity from LPL Financial.

Prairie Sky Financial Group and LPL Financial do not provide legal or tax advice.

Please consult your legal or tax advisor regarding your specific situation. Please note that any references to FINRA and SIPC on a website must be a hyperlink to the respective websites. FINRA should link to www.finra.org and SIPC should link to www.sipc.org