

**Learning more about You.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Annual Income \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Annual Income \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Tax Bracket \_\_\_\_\_

Dependents \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Your Financial Goals:**

What are your primary goals at this time?

- |   |  |  |                     |
|---|--|--|---------------------|
| <input type="checkbox"/> Home Purchase        | <input type="checkbox"/> Reduce Taxes    | <input type="checkbox"/> College Education | Years to Need _____ |
| <input type="checkbox"/> Capital Preservation | <input type="checkbox"/> Increase Income | <input type="checkbox"/> Retirement        | Years to Need _____ |
| <input type="checkbox"/> Diversification      | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Other             | _____               |

**Your Investment Objectives:**

The following best describes my overall investment objective?

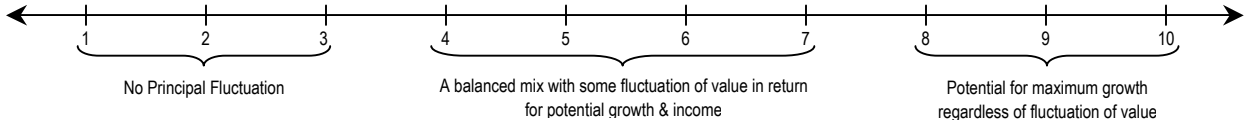
- |   |    |
|---|----|
| <input type="checkbox"/> Maximum capital appreciation with little or no need for current income | 15 |
| <input type="checkbox"/> Long term moderate growth with the opportunity for some current income | 11 |
| <input type="checkbox"/> Total return from a balance of capital appreciation and current income | 6  |
| <input type="checkbox"/> Emphasis on preservation of capital with current income                | 1  |

**Your Risk Tolerance:**

Which one of the following statements best describes your feeling about investment risk? I prefer:

- |  |   |
|--|---|
| <input type="checkbox"/> An aggressive mix of investments with emphasis on a higher degree of risk that may yield greater returns  | 5 |
| <input type="checkbox"/> A balanced mix of investments, some with a low degree of risk and others with a higher degree of risk that may yield greater returns                        | 4 |
| <input type="checkbox"/> A mix of investments with emphasis on a low degree of risk and a smaller portion of others that have a higher degree of risk that may yield greater returns | 2 |
| <input type="checkbox"/> A conservative mix of investments with a low degree of risk that are less likely to lose my original investment   | 1 |

Where do you place yourself on the following scale in terms of what you want to achieve and the risk you are willing to take?



Which type of savings and investments are you most comfortable investing in?

- |   |   |
|---|---|
| <input type="checkbox"/> Stocks or mutual funds of newer growing companies        | 5 |
| <input type="checkbox"/> Stocks or mutual funds of older established companies    | 4 |
| <input type="checkbox"/> Balance of stocks, bonds and annuities                   | 3 |
| <input type="checkbox"/> Annuities, municipal bonds or high-grade corporate bonds | 2 |
| <input type="checkbox"/> Money Market or bank deposit accounts                    | 1 |

**Total Points** \_\_\_\_\_

**Suggested Portfolios**

- |   |   |
|---|---|
| 4 - 10 <input type="checkbox"/> Capital Preservation / Tax Deferred | 15 - 24 <input type="checkbox"/> Balanced |
| 11 - 14 <input type="checkbox"/> Income                             | 25 - 35 <input type="checkbox"/> Growth   |

**Your Current Assets.**

Asset	Location	Interest Rate	Original Date	Maturity Date	Purpose	Value
Checking						
Money Market						
Savings						
CDs						
Fixed Annuities						
Variable Annuities						
Mutual Funds						
Bonds						
Stocks						
IRAs						
401K/ Qualified Plans						
Trust Accounts						
Other Accounts						
Real Estate Investments						
Total						

**Today's Suggested Investment:**

\$ \_\_\_\_\_  
 \_\_\_\_\_

In case of an emergency, your liquid assets would cover expenses for how many months?

Are you comfortable with this amount?  Yes  No

Is reducing or deferring current tax dollars important to you?  Yes  No

Are your Social Security Benefits currently being taxed?  Yes  No

What assets will you be utilizing after age 59 1/2? \_\_\_\_\_

When was the last time your will was reviewed? \_\_\_\_\_

When was the last time your trusts were reviewed? \_\_\_\_\_

Who are the primary beneficiaries of your estate? \_\_\_\_\_

When was the last time you reviewed your beneficiaries? \_\_\_\_\_

**Your Current Liabilities.**

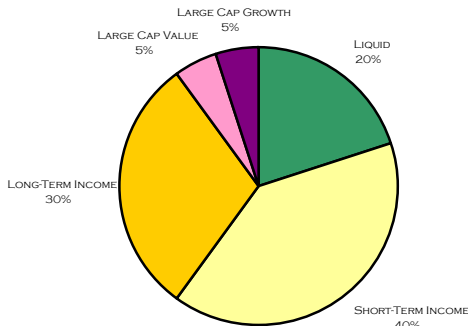
Liabilities	Location	Interest Rate	Maturity Date	Monthly Payment	Balance
Mortgage					
2nd Mortgage					
Auto Loans					
Revolving Debt					
Other					

**Your Current Life Insurance**

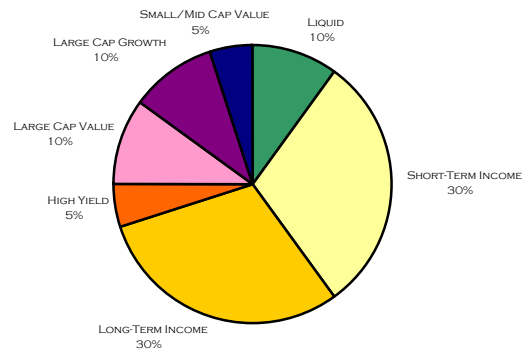
Policies / Type	Owner	Insured	Beneficiary	Last Reviewed	Face Value
Personal					
Personal					
Personal					
Group					
Group					

**Portfolio Allocations.**

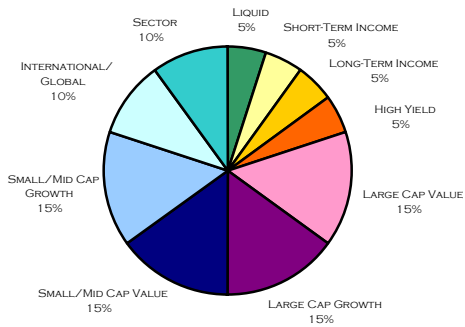
**Capital Preservation**



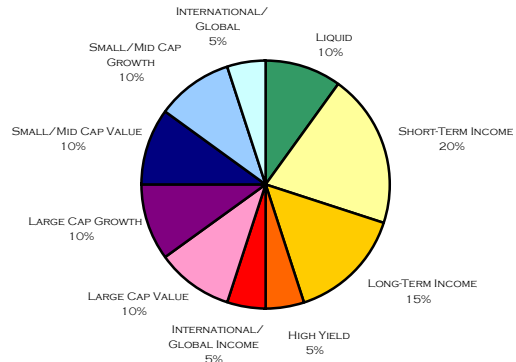
**Income**



**Growth**



**Balanced**



Referred to: \_\_\_\_\_

Next Review Date: \_\_\_\_\_