



Kipp Financial Group

RETIREMENT & WEALTH MANAGEMENT SOLUTIONS

Financial Freedom by Design

Discovery Workbook

CLIENT 1 NAME

CLIENT 2 NAME

ADVISOR NAME

DATE

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INTRODUCTION AND INSTRUCTIONS

*The time spent completing **The Discovery Workbook** will contribute significantly to the formal establishment of our relationship.*

Experience has shown that to successfully customize financial planning strategies, *it is essential for us to learn about your financial experiences and circumstances.* **The Discovery Workbook** is designed to help us define and prioritize your goals, to establish your planning time horizon, and to understand your ability to accept risk and loss.

We ask that you take some time to thoughtfully and carefully complete the following sections in the Workbook:

- Family Information
- Objectives
- Client (and Spouse, where applicable) Profilers
- Risk Tolerance Questionnaire

Your answers to these questions will provide us with insight into your prior financial experience, and will enable us to more closely align our recommendations with your goals and preferences.

In addition, we need copies of the following financial documents to assist us in the Discovery process. We would be happy to make copies for you in our office. If you prefer, you may choose to fill in the corresponding pages in the **The Discovery Workbook**.

- The most recent quarterly or annual *Investment Account* statements for your bank; taxable, tax-deferred (e.g. IRA, 401k) and tax-free (e.g. Roth IRA, 529 plan) investments; annuities; deferred compensation; and stock options
- Your complete Federal and State *Income Tax Returns* (personal and business, if applicable).
- For business owners, the most recent *Financial Statements* for your business
- The most recent *Annual Policy Statements* for your Life, Long-term Care, Disability and Medical Insurance
- Statements for *Other Assets* (e.g. Notes Receivable, Collectibles) and *Loans*
- Current *Mortgage and Home Equity Statements*.

Please also complete the *Income and Expenses* sections of the **Workbook** (or provide us with your personal cash flow or budget statement from Quicken or similar programs).

Finally, complete the *Estate Planning* sections of the **Workbook** that apply to you (Wills and Gifting, Trusts and Partnerships) or provide copies of the corresponding documents.

*The information developed from **The Discovery Workbook** will be carefully analyzed and will establish the foundation for your Financial Plan. Clearly defined planning objectives and implementation recommendations will be outlined in our Proposal.*

PRIVACY STATEMENT

Preserving trust is a core value. We recognize that you expect us to protect the information you provide us and to use it responsibly. We are strongly committed to fulfilling the trust that is the foundation of your expectations. For that reason, we have adopted and adhere to the following policy regarding the privacy of your nonpublic personal information and personally identifiable information (collectively, "Nonpublic Personal Information").

A. INFORMATION THAT WE COLLECT

We may collect Nonpublic Personal Information from you, including, but not limited to:

- Your first and last name;
- Your home address or other physical address
- Your email address;
- Your telephone number;
- Your social security number;
- Any other identifier that permits us to physically contact you, or to contact you online;
- Salary and employment information;
- Lists of assets, financial statements, holdings reports, and investment records; and
- Banking and insurance reports and records.

B. HOW WE COLLECT INFORMATION

We collect Nonpublic Personal Information about you from some or all of the following sources:

- Information we receive from you on new account forms, fact finding questionnaires, product and service applications, and other forms;
- Information we receive from you, in writing, electronically, through the telephone, or through our website, when you communicate with us, or request information about our products and services;
- Your transactions with us, our affiliates, and those product sponsors with whom we have selling agreements or other arrangements for the provision of services to you;
- Consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

C. INFORMATION THAT WE DISCLOSE

Generally, to the extent allowed by law, we disclose Nonpublic Personal Information to affiliates and unaffiliated third parties that provide services to us in order that we may more effectively and efficiently service your account. We may also disclose your Nonpublic Personal Information to affiliated or unaffiliated third parties with whom we have contractual relationships that allow us to provide the products or services that you have requested through us. Examples of third parties with whom we may share your Nonpublic Personal Information include:

- Mutual fund companies, insurance companies, and other product sponsors to effect purchases and sales and allow for the servicing of your accounts;
- The broker/dealer through whom we execute equity and fixed income security transactions;
- Clearing Agencies through whom we clear and settle securities transactions;
- Companies providing account performance and/or reporting services on your accounts;
- Third party investment advisory firms with whom we have relationships for the management of customer accounts;
- Banks and other financial institutions with whom we have arrangements for the marketing and sale of our products and services;
- Companies that provide services to us to assist with the maintenance of required books and records, and facilitate mailings on our behalf;
- State, Federal, and other regulatory and self-regulatory authorities, where required by law or regulation; and
- Other companies, associations, agencies, third parties, and institutions that provide services to us in order that we may more effectively and efficiently service your account; and those companies, associations, agencies, third parties, and institutions with which we or our Representatives are licensees, registrants, or Members.

Where we share your Nonpublic Personal Information with third parties for the purposes noted above, we ensure that there are contractual restrictions prohibiting their use and disclosure of that information for any purpose other than those for which they were hired. Except under the circumstances outlined above, we will not share Nonpublic Personal Information with affiliated or unaffiliated third parties concerning our current and former customers for marketing purposes or otherwise.

D. STEPS WE TAKE TO PROTECT YOUR INFORMATION

We have security practices and procedures in place to prevent unauthorized use or access to your Nonpublic Personal Information. Internally, your information is available to employees requiring access to the information for various business purposes, such as processing or servicing transactions, and those fulfilling compliance, legal or audit functions. Our computer systems utilize password protection to prevent access by unauthorized personnel, and we employ other physical, electronic, and procedural safeguards to ensure the protection of your Nonpublic Personal Information in accordance with state and federal privacy regulations.

E. AMENDMENTS TO OUR PRIVACY POLICY

When we make material amendments to our Privacy Policy we will post an appropriate notice on our website. In addition we may send you an amended version of our Privacy Policy through the mail.

CLIENT 1 INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS		DATE OF BIRTH	
CITY	STATE	ZIP	
GENDER (M/F)	MARITAL STATUS (MARRIED, SINGLE, WIDOW, ETC.)		
HOME PHONE	CELL PHONE	CITIZENSHIP	
OCCUPATION	EMPLOYER		
BUSINESS ADDRESS	BUSINESS PHONE	EXT	
CITY	STATE	ZIP	
E-MAIL ADDRESS	YEARS WITH EMPLOYER		
Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No At what age do you plan to retire? _____			
Where would you like us to send your mail?			
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Alternate (<i>please provide below</i>)			
ALTERNATE ADDRESS		CITY	STATE ZIP

CLIENT 2 INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS		DATE OF BIRTH	
CITY	STATE	ZIP	
GENDER (M/F)	MARITAL STATUS (MARRIED, SINGLE, WIDOW, ETC.)		
HOME PHONE	CELL PHONE	CITIZENSHIP	
OCCUPATION	EMPLOYER		
BUSINESS ADDRESS	BUSINESS PHONE	EXT	
CITY	STATE	ZIP	
E-MAIL ADDRESS	YEARS WITH EMPLOYER		
Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No At what age do you plan to retire? _____			
Where would you like us to send your mail?			
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Alternate (<i>please provide below</i>)			
ALTERNATE ADDRESS		CITY	STATE ZIP

DEPENDENTS

	<u>Name</u>	<u>Relationship</u>	<u>M/F</u>	<u>Date of Birth</u>	<u>Marital Status</u>
1.	_____	_____	___	_/_/___	_____
2.	_____	_____	___	_/_/___	_____
3.	_____	_____	___	_/_/___	_____
4.	_____	_____	___	_/_/___	_____

OTHER ADVISORS (Attorney, Accountant, Financial Advisor, Insurance Agent, etc.)

Name: _____ Firm: _____
 Address: _____ Phone: _____
 City: _____ FAX: _____
 State: _____ Zip: _____ eMail: _____

(On a scale of 1 – 10, rate your advisor's effectiveness in serving your needs.)

Type of Advisor: _____ Rating: Client 1 ___ Client 2 ___

Name: _____ Firm: _____
 Address: _____ Phone: _____
 City: _____ FAX: _____
 State: _____ Zip: _____ eMail: _____

(On a scale of 1 – 10, rate your advisor's effectiveness in serving your needs.)

Type of Advisor: _____ Rating: Client 1 ___ Client 2 ___

Name: _____ Firm: _____
 Address: _____ Phone: _____
 City: _____ FAX: _____
 State: _____ Zip: _____ eMail: _____

(On a scale of 1 – 10, rate your advisor's effectiveness in serving your needs.)

Type of Advisor: _____ Rating: Client 1 ___ Client 2 ___

Name: _____ Firm: _____
 Address: _____ Phone: _____
 City: _____ FAX: _____
 State: _____ Zip: _____ eMail: _____

(On a scale of 1 – 10, rate your advisor's effectiveness in serving your needs.)

Type of Advisor: _____ Rating: Client 1 ___ Client 2 ___

Please specify any publicly traded company of which you are director, 10% shareholder or policy-making officer:

Please specify any securities firm with which you are affiliated:

CLIENT OBJECTIVES

1. What about your current circumstances is motivating you to seek advice and counsel?

2. What is important to you? Why?

3. What are your primary goals and objectives?

4. Where would you like to be five years from now?

5. What areas would you most like to improve upon?

6. What is your most exciting memory from the past twelve months?

Additional Concerns and Comments:

FINANCIAL OBJECTIVES

Rate the importance of each item according to the following scale:

Retirement:	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets if you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate:	Low	Med	High
Distributing assets to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business:	Low	Med	High
Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business on to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifestyle:	Low	Med	High
Maintaining your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding your ability to retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never running out of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining your current lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to travel annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for possible long term care expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Identified Issues <i>(please fill in):</i>	Low	Med	High
_____	<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"/>

CLIENT PROFILER

(To be completed by Client 1)

Client 1 Name: _____

Today's Date: ____/____/____

	Agree		Disagree	
	Strongly	Somewhat	Somewhat	Strongly
1. I usually get depressed after making a financial decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I spend money whenever I'm frustrated or angry and it releases the tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People can always make money if they learn more about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would like to play an important and active role in managing my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Saving my money generally gives me greater satisfaction than spending it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I enjoy the feeling of "Thrill" associated with gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I often reflect on my past financial results of decisions before I proceed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel there is no such thing as luck where money is concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel panicky when I have to make a financial decision I wasn't expecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If people try hard enough, they will usually reach their financial goals in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I like to be highly involved in my investments and financial projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I'm not looking for a secret way to get rich-I'm quite satisfied with the money I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel it's a good idea to save my money instead of spending it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. While making financial decisions, I think about recent past financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The fact that chance or luck plays a significant role in my wealth is impossible for me to believe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am driven to acquire prestige with my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. All in all, I am inclined to feel that I am a financial failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Most people are basically honest when it comes to money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I wish financial decisions did not bother me so much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I would like my financial pursuits to buy me fame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I live within my financial means and am content with what I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel that I don't have much to be proud of as far as financial success is concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Most people will act as "good Samaritans" with their money if given the opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I want to use my money to become an important person in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I spend money when I'm unhappy and it makes me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. People can be as successful with money as the time they're willing to devote to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have as much money as I need to be happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Most people do not hesitate to go out of their way to help someone in financial trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT PROFILER

(To be completed by Client 2)

Client 2 Name: _____

Today's Date: ____/____/____

	Agree		Disagree	
	Strongly	Somewhat	Somewhat	Strongly
1. I usually get depressed after making a financial decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I spend money whenever I'm frustrated or angry and it releases the tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People can always make money if they learn more about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would like to play an important and active role in managing my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Saving my money generally gives me greater satisfaction than spending it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I enjoy the feeling of "Thrill" associated with gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I often reflect on my past financial results of decisions before I proceed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel there is no such thing as luck where money is concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel panicky when I have to make a financial decision I wasn't expecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If people try hard enough, they will usually reach their financial goals in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I like to be highly involved in my investments and financial projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I'm not looking for a secret way to get rich-I'm quite satisfied with the money I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel it's a good idea to save my money instead of spending it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. While making financial decisions, I think about recent past financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The fact that chance or luck plays a significant role in my wealth is impossible for me to believe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am driven to acquire prestige with my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. All in all, I am inclined to feel that I am a financial failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Most people are basically honest when it comes to money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I wish financial decisions did not bother me so much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I would like my financial pursuits to buy me fame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I live within my financial means and am content with what I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel that I don't have much to be proud of as far as financial success is concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Most people will act as "good Samaritans" with their money if given the opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I want to use my money to become an important person in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I spend money when I'm unhappy and it makes me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. People can be as successful with money as the time they're willing to devote to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have as much money as I need to be happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Most people do not hesitate to go out of their way to help someone in financial trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK TOLERANCE QUESTIONNAIRE

(To be completed *jointly* by Client 1 & Client 2)

Investment Objectives

1. The following best describes my overall investment objective?

- | | | | |
|---|--|-----------------|----------------------|
| A | Maximum capital appreciation with little or no need for current income | Enter 12 points | |
| B | Long term moderate growth with the opportunity for some current income | Enter 9 points | <input type="text"/> |
| C | Total return from a balance of capital appreciation and current income | Enter 6 points | |
| D | Emphasis on preservation of capital with current income | Enter 3 points | |

2. What do you plan to do with the income generated by your investments?

- | | | | |
|---|--|-----------------|----------------------|
| A | Reinvest all income back into my investments | Enter 12 points | <input type="text"/> |
| B | Receive a portion and reinvest a portion | Enter 8 points | |
| C | Take all income | Enter 4 points | |

3. I believe that my non-investment income (i.e. salary, rental income, Social Security, pension) stream for the foreseeable future is best described as:

- | | | | |
|---|---|----------------|----------------------|
| A | Very stable | Enter 6 points | <input type="text"/> |
| B | Fairly stable | Enter 4 points | |
| C | Not very stable | Enter 2 points | |
| D | Not possible to reasonably predict at this time | Enter 1 points | |

Risk Tolerance

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

- | | | | |
|---|---|----------------|----------------------|
| A | An aggressive mix of investments with emphasis on a higher degree of original investment risk that may yield greater returns | Enter 7 points | |
| B | A balanced mix of investments, some with a low degree of risk and others with a higher degree of original investment risk that may yield fair returns | Enter 5 points | <input type="text"/> |
| C | A mix of investments with emphasis on a low degree of risk and a smaller portion of others that have a higher degree of original investment risk that may yield lower returns | Enter 3 points | |
| D | A conservative mix of investments with a low degree of risk that are less likely to lose my original investment | Enter 1 points | |

5. What best describes your response when your portfolio valued at \$100,000 quickly declines 15% to \$85,000?

- | | | | |
|---|--|----------------|----------------------|
| A | I invest for long-term growth and accept temporary changes due to market fluctuation | Enter 7 points | <input type="text"/> |
| B | I invest for long-term growth but would be concerned about a temporary decline | Enter 5 points | |
| C | If the amount of income I received was unaffected, it would not bother me | Enter 3 points | |
| D | I would be worried because I am unwilling to accept value fluctuations in my portfolio | Enter 1 points | |

6. The statements below represent three different ways in which your portfolio returns may fluctuate year to year.

- | | | | |
|---|--|----------------|----------------------|
| A | Most aggressive, big ups and downs | Enter 7 points | <input type="text"/> |
| B | More balanced, moderate ups and downs | Enter 4 points | |
| C | Most Stable, conservative ups and no downs | Enter 1 points | |

7. How would you describe your outlook for the U.S. economy in the foreseeable future?

- | | | | |
|---|----------------------------------|----------------|----------------------|
| A | Very optimistic | Enter 7 points | <input type="text"/> |
| B | More optimistic than pessimistic | Enter 5 points | |
| C | Neutral | Enter 3 points | |
| D | Pessimistic | Enter 1 points | |

8. Which type of securities are you most comfortable investing in?

- | | | | |
|---|--|----------------|----------------------|
| A | Stocks or mutual funds of newer growing companies | Enter 7 points | <input type="text"/> |
| B | Stocks or mutual funds of older established companies | Enter 5 points | |
| C | U.S Government securities, municipal bonds or high-grade corporate bonds | Enter 3 points | |
| D | Money Market or bank deposit accounts | Enter 1 points | |

Time Horizon

9. What is your current age?

- | | | | |
|---|----------|-----------------|----------------------|
| A | Under 45 | Enter 15 points | <input type="text"/> |
| B | 45-55 | Enter 12 points | |
| C | 56-65 | Enter 8 points | |
| D | Over 65 | Enter 4 points | |

10. When do you plan to start withdrawing funds from your investment portfolio outside of current income?

- | | | | |
|---|--------------------|-----------------|----------------------|
| A | More than 20 years | Enter 20 points | <input type="text"/> |
| B | 11 - 20 years | Enter 15 points | |
| C | 6-10 years | Enter 10 points | |
| D | Less than 5 years | Enter 4 points | |

ESTATE INFORMATION

Do you have a Will? Yes No

Date of Will _____ Prepared by _____ Last Reviewed _____
 ___/___/_____

Do you have a Power of Attorney? Yes No

Date _____ Prepared by _____ Last Reviewed _____
 ___/___/_____

Do you have a Living Trust? Yes No

Date of Trust _____ Prepared by _____ Last Reviewed _____
 ___/___/_____

Do you have any other Trust (CRT, etc.)? Yes No Type: _____

Date of Trust _____ Prepared by _____ Last Reviewed _____
 ___/___/_____

Are you the trustee or successor trustee on any other trust? Yes No

Date of Trust _____ Owner _____ Prepared by _____ Last Reviewed _____
 ___/___/_____

BANK ACCOUNTS, SAVINGS & LOANS, CREDIT UNIONS

(Non-IRA Savings, Checking, Money Markets, CDs)

Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1. _____	_____	_____	_____ %	\$ _____
2. _____	_____	_____	_____ %	\$ _____
3. _____	_____	_____	_____ %	\$ _____
4. _____	_____	_____	_____ %	\$ _____
5. _____	_____	_____	_____ %	\$ _____
6. _____	_____	_____	_____ %	\$ _____
7. _____	_____	_____	_____ %	\$ _____
8. _____	_____	_____	_____ %	\$ _____

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Non-IRA)

Name of Brokerage Firm or Mutual Fund Company	Owner of Account	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____

STOCKS AND BONDS

(Non-IRA)

Name of Stock or Bond	Owner of Account	Number of Shares	Approximate Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____

RETIREMENT ACCOUNTS

Account Type & Location	Owner	Annual Contribution	Approximate Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____

ANNUITIES

Annuity Company	Annuitant/Owner	Interest Rate	Approximate Value	Purchase Date
1. _____	_____	____ %	\$ _____	___/___/___
2. _____	_____	____ %	\$ _____	___/___/___
3. _____	_____	____ %	\$ _____	___/___/___
4. _____	_____	____ %	\$ _____	___/___/___
5. _____	_____	____ %	\$ _____	___/___/___
6. _____	_____	____ %	\$ _____	___/___/___

LIMITED OR GENERAL PARTNERSHIPS

Name of Partnership	Type of Investment	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

NOTES RECEIVABLE

Description	Original Amount	Balance Due	Interest Rate	Term
1. _____	\$ _____	\$ _____	_____%	_____
2. _____	\$ _____	\$ _____	_____%	_____
3. _____	\$ _____	\$ _____	_____%	_____
4. _____	\$ _____	\$ _____	_____%	_____
5. _____	\$ _____	\$ _____	_____%	_____
6. _____	\$ _____	\$ _____	_____%	_____

OTHER ASSETS

Description	Owner	Approximate Current Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

RESIDENCE AND OTHER REAL ESTATE OWNED

Property 1 Description	Original Cost	Current Value	Debt	Interest Rate %	Term Yrs
	\$	\$	\$		

How long are you planning to use this home? _____ Annual Association Fees \$ _____
 Year home was acquired _____ Annual Property Taxes \$ _____
 Initial loan balance on purchase of home \$ _____ Monthly Mortgage Payment \$ _____
 Year last refinance was done _____

Property 2 Description	Original Cost	Current Value	Debt	Interest Rate %	Term Yrs
	\$	\$	\$		

How long are you planning to use this home? _____ Annual Association Fees \$ _____
 Year home was acquired _____ Annual Property Taxes \$ _____
 Initial loan balance on purchase of home \$ _____ Monthly Mortgage Payment \$ _____
 Year last refinance was done _____

Property 3 Description	Original Cost	Current Value	Debt	Interest Rate %	Term Yrs
	\$	\$	\$		

How long are you planning to use this home? _____ Annual Association Fees \$ _____
 Year home was acquired _____ Annual Property Taxes \$ _____
 Initial loan balance on purchase of home \$ _____ Monthly Mortgage Payment \$ _____
 Year last refinance was done _____

Property 4 Description	Original Cost	Current Value	Debt	Interest Rate %	Term Yrs
	\$	\$	\$		

How long are you planning to use this home? _____ Annual Association Fees \$ _____
 Year home was acquired _____ Annual Property Taxes \$ _____
 Initial loan balance on purchase of home \$ _____ Monthly Mortgage Payment \$ _____
 Year last refinance was done _____

OTHER LOANS OR LIABILITIES

Description	Loan Amount	Balance Due	Interest Rate %	Term Yrs	Monthly Payment
1.	\$	\$			\$
2.	\$	\$			\$
3.	\$	\$			\$
4.	\$	\$			\$
5.	\$	\$			\$

- Are you planning on incurring any new debt in the near future that we should be aware of?
- Do you know your credit score?
- When was the last time your credit score was checked?

LIFE INSURANCE

Name of Insured _____ (Client 1)

	Policy 1	Policy 2
Insurance Company Name		
Trust or individually Owned		
Death Benefit Amount		
Annual Premiums		
Purchase date		
Type (term, whole life, universal,....)		
Cash Value		
Purpose (income, estate,...)		
Beneficiaries		

Name of Insured _____ (Client 1)

	Policy 3	Policy 4
Insurance Company Name		
Trust or individually Owned		
Death Benefit Amount		
Annual Premiums		
Purchase date		
Type (term, whole life, universal,....)		
Cash Value		
Purpose (income, estate,...)		
Beneficiaries		

Name of Insured _____ (Client 2)

	Policy 1	Policy 2
Insurance Company Name		
Trust or individually Owned		
Death Benefit Amount		
Annual Premiums		
Purchase date		
Type (term, whole life, universal,....)		
Cash Value		
Purpose (income, estate,...)		
Beneficiaries		

Name of Insured _____ (Client 2)

	Policy 3	Policy 4
Insurance Company Name		
Trust or individually Owned		
Death Benefit Amount		
Annual Premiums		
Purchase date		
Type (term, whole life, universal,....)		
Cash Value		
Purpose (income, estate,...)		
Beneficiaries		

LONG TERM CARE INSURANCE

	Client 1	Client 2
Insurance Company Name		
Joint or Individual Benefit		
What is the daily benefit		
For how many years coverage		
Current Annual Premium		

DISABILITY INCOME INSURANCE

	Client 1	Client 2
Insurance Company Name		
Company or Personally Funded		
Do you need Business Overhead Insurance		
What is your Monthly benefit		
Coverage to what Age		
Current Annual Premium		

MEDICAL INSURANCE

	Client 1	Client 2
Insurance Company Name		
Company or Personally Funded		
Current Annual Premium		

MEDICARE SUPPLEMENTAL INSURANCE

	Client 1	Client 2
Insurance Company Name		
What Medicare Part(s)		
Current Annual Premium		

OTHER CONSIDERATIONS

- Are there any special needs?.._____
- Are there health conditions to consider? _____

HOMEOWNERS INSURANCE

Present Insurance Company: _____ Expiration Date: ____/____/____

Present Coverage Amounts:

Dwelling: \$ _____ Other Structures: \$ _____

Personal Property: \$ _____ Loss of Use: \$ _____ Liability: \$ _____

Deductible: \$ _____

Workers Compensation (Full Time Residence Employees): Yes ___ No ___ *If Yes, Number of Employees: _____

Earthquake Coverage: Yes ___ No ___ Annual Premium: \$ _____

Do you have any Jewelry, Fine Arts, Silverware, etc. which you need covered? Yes ___ No ___

* If Yes, approximate values: _____

When was the last conversation with Insurer? ____/____/____

AUTOMOBILE INSURANCE

Present Insurance Company: _____ Expiration Date: ____/____/____

Present Coverage Limits:

Bodily Injury Liability : \$ _____(Each Person) \$ _____(Each Accident)

Property Damage Liability: \$ _____(Each Accident) Medical Payments \$ _____(Each Person)

Comprehensive Deductible: \$ _____(Each Auto) Collision Deductible: \$ _____(Each Accident)

Annual Premium: \$ _____

When was the last conversation with Insurer? ____/____/____

PERSONAL EXCESS LIABILITY INSURANCE (UMBRELLA)

Present Insurance Company: _____ Expiration Date: ____/____/____

Present Coverage Amount: \$ _____

Annual Premium: \$ _____

When was the last conversation with Insurer? ____/____/____

MONTHLY GROSS INCOME

Client 1	\$ per Month	Source	Start Yr	End Yr
Earned income	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Other income	_____	_____	_____	_____
Client 2	\$ per Month	Source	Start Yr	End Yr
Earned income	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Other income	_____	_____	_____	_____
Other (rent, etc.)	\$ per Month	Source	Start Yr	End Yr
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

MONTHLY HOUSEHOLD EXPENSES

Food/Groceries	\$ _____
Utilities	\$ _____
Auto (lease, fuel, repairs, etc.)	\$ _____
Medical (out of pocket)	\$ _____
Travel, Recreation, Entertainment	\$ _____
Charitable Contributions	\$ _____
Child Care/Support	\$ _____
Other/Miscellaneous	\$ _____
_____	\$ _____
Other/Miscellaneous	\$ _____
_____	\$ _____
Total	\$ _____ /month

NON-RECURRING EXPENSES

	Description	Start Yr	End Yr
Education	\$ _____	_____	_____
Home Remodel	\$ _____	_____	_____
2 nd Home	\$ _____	_____	_____
Travel	\$ _____	_____	_____
New Vehicle	\$ _____	_____	_____
Wedding	\$ _____	_____	_____
Other	\$ _____	_____	_____

