

Investment Planning

Do you currently have a financial plan? yes no

Have you written out specific financial goals? yes no

What is your primary investment objective? (check one)

- Speculation
- Aggressive Growth
- Growth
- Balanced/Conservative Growth
- Preservation of Principal/Income

On a scale of 1 to 10, what is your risk tolerance number?
(please circle one)

<p>1 2 3</p> <p>Conservative</p> <p><i>I am seeking to minimize risk or fluctuation of my principal.</i></p>	<p>4 5 6 7</p> <p>Moderate</p> <p><i>I am willing to assume some risk or fluctuation of principal for potentially higher returns.</i></p>	<p>8 9 10</p> <p>Aggressive</p> <p><i>I accept higher risk and fluctuation of principal for higher growth potential.</i></p>
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Does your current portfolio match your risk tolerance? yes no

What is your expected pretax rate of return on your investments? ___%

What is your estimate of the annual inflation rate over the next 20 years? _____%

Who is the primary financial decision maker(s) in your household? _____

Retirement/Financial Independence Planning

What is your desired retirement (financial independence) age? Client: _____ Spouse: _____

What percentage of your working income do you desire in retirement? _____%

Do you plan to work after retirement? yes no If so, doing what? _____

Do you anticipate a job change or rollover of a retirement plan? If so, when? _____

Do you currently make annual IRA contributions? yes no

- Type: Traditional Roth Sepp Annual amount \$ _____

Education Planning

Do you wish to assist your child(ren) with the costs of post-secondary education?

yes no If so, estimated annual tuition \$ _____

Desired percentage to fund: _____%

Are you currently investing for your child(ren)'s education? yes no

If so, is it on a regular basis? yes no How much and how often? \$ _____

Tax Planning

Do you prepare your own tax return? yes no

How do you feel about the taxes you currently pay? _____

Life Insurance Planning

What are your feelings about life insurance? _____

What do you feel is the right amount for you? Client \$ _____ Spouse \$ _____

Do you want any life insurance in force after your retirement?

Client: yes no Spouse: yes no

Long Term Care Planning

If you needed Long Term Care tomorrow, what would you do? _____

If one of you needed care, at a cost of \$60,000 per year, can you pay for it out of your current income? yes no If no, how would you pay for it? _____

Estate Planning

Do you have a Will? yes no Last updated when? _____

Is your Will current with your wishes as of today? yes no

Do you have a durable power of attorney? Client: yes no Spouse: yes no

Do you have a Living Will/Health Care Directive? Client: yes no Spouse: yes no

Do you have a Trust? yes no Type: _____ Date executed: _____

Do you anticipate receiving a future inheritance yes no If so, approx when? _____

Is it important to you to leave an inheritance to your children, grandchildren, or to a charity?

yes no If so, to whom and what amount? _____

Other Advisors

Your Attorney is: _____ Phone: _____

Your Tax Preparer is: _____ Phone: _____

Other Financial Advisor is: _____ Phone: _____

Your Goals

Are you planning any major purchases/expenses in the next 5 years? _____

Please rank what type of planning is most important to you: (1 = most important; 7 = least)

_____ Investment Planning _____ Income Tax Planning _____ Estate Planning

_____ Retirement Planning _____ Life Insurance Planning _____ Other

_____ Education Planning _____ Long-Term Care Planning _____ Other

If I could help you reach your goal(s) or solve a financial problem(s), what would they be?

1. _____

2. _____

3. _____

We are able and willing to save \$_____ per month towards our financial goals.

X _____

Client's signature

X _____

Spouse's signature

Date: _____

Date: _____

Referrals

People that you know who may want assistance with their investments, taxes, or insurance:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____