



Prosperity  
WEALTH ADVISORS

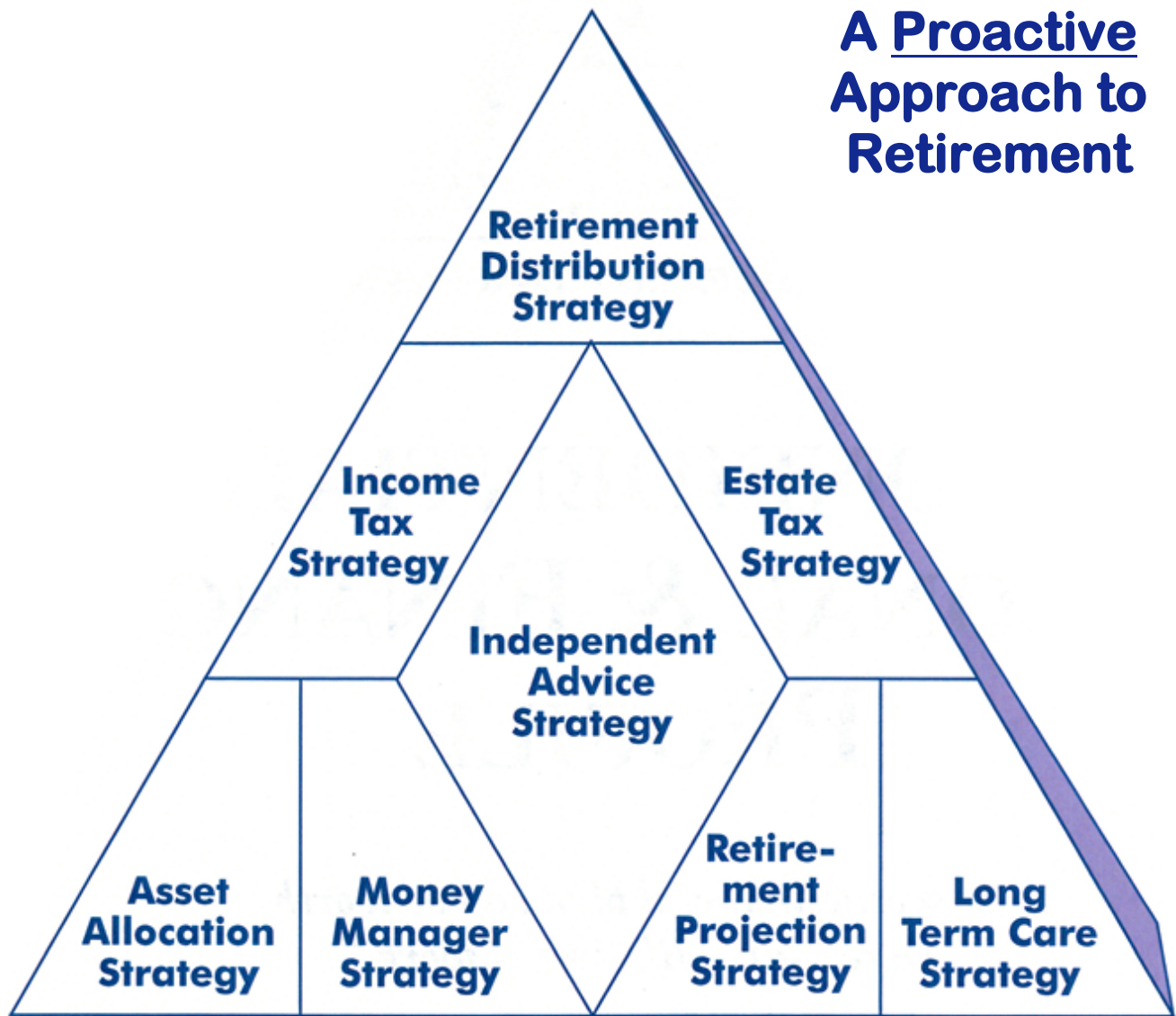
Prosperity Wealth Advisors, Inc

CONFIDENTIAL  
PERSONAL & FINANCIAL  
PROFILE

*“A sound financial plan can be worth  
more than a lifetime of work”*

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## **A Proactive Approach to Retirement**



**The Comprehensive Retirement Strategy Solution**

# Confidential Personal Profile

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible financial plan for your future.

## Checklist of documents to bring to initial consultation:

- |  |  |
|--|--|
| <input type="checkbox"/> Confidential Profile          | <input type="checkbox"/> All annuity, life and long-term care policies |
| <input type="checkbox"/> Last year's tax return        | <input type="checkbox"/> All IRA, Retirement, & Beneficiary statements |
| <input type="checkbox"/> All brokerage firm statements | <input type="checkbox"/> Copies of Wills and Trusts                    |

## FAMILY INFORMATION:

_____		_____		_____		_____		_____	
Your Name (Client A)	Nickname	M S D W Marital Status	Age	Birthdate	Social Security #				
_____		_____		_____		_____		_____	
Spouse/Partner (Client B)	Nickname	M S D W Marital Status	Age	Birthdate	Social Security #				
_____		_____		_____		_____		_____	
Residence Address		City		State		Zip Code			
_____		_____		_____		_____		_____	
Mailing Address		City		State		Zip Code			
_____		_____		_____		_____		_____	
Home Phone #		Fax#		E-mail Address		Yes No		U.S. Citizen?	
_____		_____		_____		_____		_____	
Cell Phone #		Fax#		Spouse Cell Phone #					
Children's Names		Birthdate		State of Residence		# of Grandchildren		Social Security #	
1. _____		_____		_____		_____		_____	
2. _____		_____		_____		_____		_____	
3. _____		_____		_____		_____		_____	
4. _____		_____		_____		_____		_____	
5. _____		_____		_____		_____		_____	
6. _____		_____		_____		_____		_____	

## OCCUPATION:

_____		_____		_____		_____		_____	
Your Job Title	Employer (last, if retired) & City, State		# of Years	Work Phone #	Retirement Date?				
_____		_____		_____		_____		_____	
Spouse's Job Title	Employer (last, if retired) & City, State		# of Years	Work Phone #	Retirement Date?				
_____		_____		_____		_____		_____	

## ADVISORS

HOW SATISFIED ARE YOU WITH THE SERVICE YOU RECEIVED?

			NOT	SOMEWHAT	VERY		
			1	2	3	4	5
_____	_____	_____					
Stockbroker's Name	Firm Name	City/State	1	2	3	4	5
_____	_____	_____					
Estate Planning Attorney's Name	Firm Name	City/State	1	2	3	4	5
_____	_____	_____					
Accountant's Name	Firm Name	City/State	1	2	3	4	5
_____	_____	_____					
Insurance Agent's Name	Firm Name	City/State	1	2	3	4	5
_____	_____	_____					
Retirement Financial Advisor's Name	Firm Name	City/State	1	2	3	4	5

# Risk Profile

1. How much investing experience do you have with stocks or stock mutual funds?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> None     | <input type="checkbox"/> A fair amount |
| <input type="checkbox"/> A little | <input type="checkbox"/> A great deal  |
| <input type="checkbox"/> Some     |  |

2. How much investing experience do you have with bonds or bond mutual funds?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> None     | <input type="checkbox"/> A fair amount |
| <input type="checkbox"/> A little | <input type="checkbox"/> A great deal  |
| <input type="checkbox"/> Some     |  |

3. Which of the following describes the major objectives for your investments?

- |  |  |
|--|--|
| <input type="checkbox"/> Preserving capital        | <input type="checkbox"/> Portfolio growth ahead of inflation and taxes |
| <input type="checkbox"/> Current and future income | <input type="checkbox"/> Maximizing returns                            |
| <input type="checkbox"/> Growth with some income   | <input type="checkbox"/> Building wealth for heirs                     |

4. What is your tolerance level toward variability of returns?

- Emphasize limited variability while accepting lower long-term potential returns to achieve this
- Track with long-term market averages, while accepting temporary fluctuations
- Emphasize above-average long-term potential returns, while accepting greater swings in portfolio value

5. When thinking about investments, it is important to recognize that the opportunity for increased reward comes at the expense of an increase in risk. Indicate your concern level in accepting a short term (12 month or less) loss of capital?

- |   |   |
|---|---|
| <input type="checkbox"/> Very concerned       | <input type="checkbox"/> A little concerned   |
| <input type="checkbox"/> Pretty concerned     | <input type="checkbox"/> Not concerned at all |
| <input type="checkbox"/> Moderately concerned |   |

6. By what percentage do you need your portfolio to grow annually to meet your long-term objectives?

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 4% - 6%  | <input type="checkbox"/> 10% - 12% |
| <input type="checkbox"/> 6% - 8%  | <input type="checkbox"/> 12% - 14% |
| <input type="checkbox"/> 8% - 10% | <input type="checkbox"/> 14% +     |

7. When do you expect to spend your investment principal (not just the income or gains)?

- Never
- Beginning in 15 or more years
- Beginning in 5-14 years
- Beginning in less than 5 years

8. How likely is it that 25% or more of your portfolio would be in any of the following investment classes?

	Very Unlikely	Somewhat Unlikely	Neutral	Somewhat Likely	Very Likely
a. Money Market Funds .....	1	2	3	4	5
b. Municipal/Corporate/Government Bonds .....	1	2	3	4	5
c. High Yield Corporate Bonds (BB or lower) .....	1	2	3	4	5
d. Real Estate Investment Trusts .....	1	2	3	4	5
e. Fixed/Variable Annuities .....	1	2	3	4	5
f. U.S. Stock Mutual Funds/UIT's .....	1	2	3	4	5
g. International Mutual Funds/Unit Investment Trusts .....	1	2	3	4	5
h. Alternative Investments.....	1	2	3	4	5
i. Managed Futures .....	1	2	3	4	5
l. Tangible Assets .....	1	2	3	4	5
k. Fee-based Asset Management Accounts .....	1	2	3	4	5

9. Due to a general market correction, one of your investments loses 25% of its value a short time after you buy it. What do you do?

- Sell the investment so you won't have to worry if it will continue to decline
- Hold on to it and wait for it to climb back up, then sell it
- Hold on to it
- Buy more of the same investment at the new low price

10. How large a decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$300,000?

- 10% decline (portfolio value is \$270,000)
- 15% decline (portfolio value is \$255,000)
- 20% decline (portfolio value is \$240,000)
- 25% decline or greater (portfolio value is \$225,000)
- 50% decline or greater (portfolio value is \$150,000 or less)

11. I am expecting an inheritance of approximately \$ \_\_\_\_\_ in

- 0 to 5years
- 5 to 10 years
- 10 to 15 years
- More than 15 years

# Personal & Investment Goals

1. Which items would you like help with?

- |  |   |
|--|---|
| <input type="checkbox"/> Increase my annual income         | <input type="checkbox"/> Pay for college education for children/grandchildren |
| <input type="checkbox"/> Financial soundness at retirement | <input type="checkbox"/> Provide for my family in the event of my death       |
| <input type="checkbox"/> Increase my net worth             | <input type="checkbox"/> Minimize the cost of probate and estate taxes        |
| <input type="checkbox"/> Reduce my tax burden              | <input type="checkbox"/> Plan for home health care or nursing home care       |
| <input type="checkbox"/> Simplify my financial affairs     | <input type="checkbox"/> Fund a charitable endeavor                           |

2. In the 20th Century inflation existed in 97 years out of 100. What is your realistic rate of return goal for your overall portfolio as compared to inflation?

- |  |   |
|--|---|
| <input type="checkbox"/> Beat inflation by 2% per year | <input type="checkbox"/> Beat inflation by 6% per year      |
| <input type="checkbox"/> Beat inflation by 4% per year | <input type="checkbox"/> Beat inflation by _____ % per year |

3. Five years from today, how do you expect your portfolio value to change?

- Portfolio is not my primary concern, for I am more concerned with current income.
- The same as or slightly more than today
- Greater than today
- Substantially greater than today

4. With the income generated from your portfolio for the next \_\_\_\_\_ years, you plan to:

- |   |  |
|---|--|
| <input type="checkbox"/> Use it for living expenses | <input type="checkbox"/> Reinvest all income |
| <input type="checkbox"/> Use some and reinvest some |  |

5. How much gross income do you want from all sources during your retirement years? \$ \_\_\_\_\_ per year

6. Other goals: \_\_\_\_\_

7. If you could change two things about your current financial situation, what would you change?

1) \_\_\_\_\_

2) \_\_\_\_\_

<b>INVESTMENT GOALS:</b>	LOW PRIORITY <span style="font-size: 2em;">↔</span> HIGH PRIORITY
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<b>Long-term growth:</b> My return should exceed inflation rate .....	None	Low	Medium	High	Urgent
<b>Preservation of Principal:</b> I want my principal to be preserved .....	None	Low	Medium	High	Urgent
<b>Current Income:</b> I want to spend all my portfolio gains .....	None	Low	Medium	High	Urgent
<b>Income Taxes:</b> I want my income taxes reduced .....	None	Low	Medium	High	Urgent
<b>Estate Taxes:</b> I want my estate taxes minimized .....	None	Low	Medium	High	Urgent
<b>Liquidity:</b> My investment principal should be immediately accessible .....	None	Low	Medium	High	Urgent
<b>Diversification:</b> I want a sound asset allocation strategy .....	None	Low	Medium	High	Urgent
<b>Financial Advisor:</b> I want professional management .....	None	Low	Medium	High	Urgent

<b>RISK-TOLERANCE GOALS</b>	LOW <span style="font-size: 2em;">↔</span> HIGH
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Rate your risk tolerance level ..... 1 2 3 4 5 6 7 8 9 10

# Planning Profile

## RETIREMENT AND INVESTMENT PLANNING:

- Are you anticipating any major lifestyle changes?  Yes  No  Uncertain  
(i.e. marriage, divorce, retirement, business sale, moving, etc.) What?
- Do you anticipate any major expenditures in the near future?  Yes  No  Uncertain  
If so, what expenditures are you expecting?
- Are you or any member of your immediate family employed by a bank, insurance company, investment advisory or broker/dealer?  Yes  No
- Have you or any member of your immediate family been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months?  Yes  No
- What is your federal tax bracket? \_\_\_\_\_ %
- How many years have you invested in: Stocks? \_\_\_\_\_ Mutual funds? \_\_\_\_\_ Bonds? \_\_\_\_\_  
Annuities? \_\_\_\_\_ Limited partnerships? \_\_\_\_\_ Real estate? \_\_\_\_\_ Other? \_\_\_\_\_
- I am expecting the following Social Security income:  
Client A: \$ \_\_\_\_\_ per month, beginning at age \_\_\_\_\_  
Client B: \$ \_\_\_\_\_ per month, beginning at age \_\_\_\_\_
- I am expecting the following monthly pension income guaranteed for life:

	Source	\$/Month	Age Begins	Cost of Living	\$ Amount Spouse
Increases?	Receives at Your Death			Receives at Your Death	\$ Amount Spouse
Client A:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Client B:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## RISK MANAGEMENT PLANNING:

- How large an emergency fund do you prefer (money set aside at low interest)? \_\_\_\_\_
- Do you have any serious health problems?  Yes  No  Uncertain
- Do you have adequate medical coverage?  Yes  No  Uncertain
- Do you have adequate personal liability coverage?  Yes  No  Uncertain  
Amount? \_\_\_\_\_
- Do you have enough life insurance?  Yes  No  Uncertain
- Do you have long-term health care (LTC) coverage?  Yes  No  Uncertain  
LTC Company \_\_\_\_\_ Daily Benefit \_\_\_\_\_ Benefit Period \_\_\_\_\_ Annual Cost \$ \_\_\_\_\_

## ESTATE PLANNING:

- Estate planning documents currently in place:
 

Wills:	<input type="checkbox"/> Client A, dated _____	<input type="checkbox"/> Client B, dated _____
Living Wills:	<input type="checkbox"/> Client A, dated _____	<input type="checkbox"/> Client B, dated _____
Power of Attorney:	<input type="checkbox"/> Client A, dated _____	<input type="checkbox"/> Client B, dated _____
Living Trust:	<input type="checkbox"/> Client A, dated _____	<input type="checkbox"/> Client B, dated _____
Bypass Trust:	<input type="checkbox"/> Client A, dated _____	<input type="checkbox"/> Client B, dated _____
Irrevocable Trust:	<input type="checkbox"/> Client A, dated _____	<input type="checkbox"/> Client B, dated _____
- Do you know if your assets are titled in your best interest?  Yes  No  Uncertain

# Net Worth Statement

<b>ASSETS</b>	<b>LIABILITIES</b>
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**CASH**

On hand ..... \_\_\_\_\_  
 Checking Account ..... \_\_\_\_\_  
 Savings Account ..... \_\_\_\_\_  
 Money Market ..... \_\_\_\_\_  
 Certificates of Deposit ..... \_\_\_\_\_

**1. Total Cash** \_\_\_\_\_

**INVESTMENTS**

Savings Bonds ..... \_\_\_\_\_  
 Stocks and Bonds ..... \_\_\_\_\_  
 Mutual Funds ..... \_\_\_\_\_  
 Cash Value of Life Insurance ..... \_\_\_\_\_  
 Cash Value of Annuities..... \_\_\_\_\_  
 Current Employer Retirement Accounts ..... \_\_\_\_\_  
 Other Retirement Accounts .. \_\_\_\_\_  
 Money loaned to others ..... \_\_\_\_\_

**2. Total Investments** \_\_\_\_\_

**3. Total Monetary Assets**  
 Sum of 1 and 2 ..... \_\_\_\_\_

**FIXED ASSETS**

Home and Property ..... \_\_\_\_\_  
  
 Other Real Estate Investments  
 Automobiles ..... \_\_\_\_\_  
  
 Ownership Interest In  
 Small Business ..... \_\_\_\_\_  
 Personal Property ..... \_\_\_\_\_

**4. Total Fixed Assets** ..... \_\_\_\_\_

**5. TOTAL ASSETS**  
 Sum of 3 and 4 ..... \_\_\_\_\_

**UNPAID BILLS**

Taxes ..... \_\_\_\_\_  
 Insurance Premiums ..... \_\_\_\_\_  
 Rent ..... \_\_\_\_\_  
 Utilities ..... \_\_\_\_\_  
 Charge Accounts ..... \_\_\_\_\_  
 Other \_\_\_\_\_ \_\_\_\_\_

**6. Total Unpaid Bills** \_\_\_\_\_

**INSTALLMENT LOANS**

Home Mortgage ..... \_\_\_\_\_  
 Other Real Estate ..... \_\_\_\_\_  
 Automobile 1 ..... \_\_\_\_\_  
 Automobile 2 ..... \_\_\_\_\_  
 Bank Loan ..... \_\_\_\_\_  
 Credit Cards..... \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_  
 Educational ..... \_\_\_\_\_  
 Other ..... \_\_\_\_\_

**7. Total Installment Loans** \_\_\_\_\_

**8. Total Liabilities**  
 Sum of 6 and 7 ..... \_\_\_\_\_

**9. NET WORTH OF FAMILY**  
 Subtract 8 from 5 ..... \_\_\_\_\_



# Cash Flow

## ANNUAL INCOME

CURRENT YEAR

IN RETIREMENT

Wages or Business Income

    Husband .....

    Wife .....

Dividends and Interest .....

Capital Gains and Losses (e.g., sale of stock) .....

Annuities and Pensions .....

Rental Real Estate Income .....

Social Security Income .....

Other .....

\_\_\_\_\_

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**1. Total Annual Income** .....

\_\_\_\_\_

\_\_\_\_\_

## ANNUAL EXPENSES

Clothing (including laundry, dry cleaning, etc.) .....

Food .....

Gifts/Charitable Contributions .....

Housing (Utilities, Repairs, Insurance, Taxes,

    Rent or Mortgage Payments) .....

Insurance

    Auto .....

    Health .....

    Home .....

    Long Term Care .....

    Medical Supplement .....

Medical (Doctor, Dentist, Medicines) .....

Personal .....

Recreation, Entertainment and Vacations .....

Transportation (Gas, Repairs, Auto Payment

    or Purchase) .....

Other Expenses .....

\_\_\_\_\_

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### Annual Income Taxes

Federal Income Taxes.....

State Income Taxes .....

Social Security and Disability Taxes .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Total Annual Expenses and Taxes** .....

\_\_\_\_\_

\_\_\_\_\_

**3. REMAINDER (FOR INVESTING, ETC.)** (1 minus 2) .....

\_\_\_\_\_

\_\_\_\_\_

# Current Assets

Please provide a complete list of your assets.

## IRAs / 401(k)s / 457s / 403(b)s / OTHER RETIREMENT ACCOUNTS

Name of Company	Type of Account	Market Value	Annual Contributions	Beneficiary(s)
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## MUTUAL FUNDS / LIMITED PARTNERSHIPS / BROKERAGE ACCOUNTS

Owner	Name of Company	Original Investment	Market Value	Date Acquired
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# Current Assets

Please provide a complete list of your assets

## CDs / MONEY MARKETS / CHECKING

Owner	Type of Investment	Name of Bank	Interest Rate	Due Date	Approximate Value
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## REAL ESTATE

Owner	Property Address	Purchase Price	Current Value	Current Mortgage	Net Annual Rental Income
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## ANNUITIES

Owner	Annuitant	Company	Type	Interest Rate	Current Value	Date Purchased	Maturity Date	Beneficiary
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## PRESENT LIFE INSURANCE

Owner	Insured	Company	Type (WL, VUL, UL, T)	Face Amount	Cash Value	Annual Premium	Beneficiary
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# 55 SECOND QUESTIONNAIRE

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1) Are you confident that you will be able to keep your current standard of living for the next 30+ years net after inflation and taxes, and do you know what your minimum annual rate of return must be?<br><b>(Retirement Projection Strategy)</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Has anyone sat down with you in the past two years and said: "Here are the ways you can cut your taxes?"<br><b>(Income Tax Strategy)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you had a personalized report completed of your long-term care insurance options and costs so you know whether to self-insure or transfer the risk?<br><b>(Long-Term Care Strategy)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Do you have a tax-efficient distribution strategy where you are continually tracking your annualized rate of return in comparison to your withdrawal rate percentage?<br><b>(Retirement Distribution Strategy)</b>                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you reduced estate taxes to a minimum and provided appropriately for your family and charities with updated estate planning documents?<br><b>(Estate Tax Strategy)</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have you had an asset allocation strategy analysis completed on your overall portfolio to be certain you are maximizing your potential returns while minimizing your risks?<br><b>(Asset Allocation Strategy)</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are you certain that all of your money managers in your portfolio have been above-average?<br><b>(Money Manager Strategy)</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Do you have an independent advisor who proactively coordinates all of these 8 strategies for you with scheduled semi-annual reviews?<br><b>(Independent Advice Strategy)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

## OUR MISSION

*“Our Mission is to empower clients to make informed financial decisions through communication, education and service that exceeds expectations.”*



**Prosperity**  
WEALTH ADVISORS

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