



Wealth Management Road Map

Personal Information

Full Legal Name _____
 Email Address _____
 Birth date _____
 Occupation _____
 Gross Annual Income _____
 Cell Phone _____

Full Legal Name _____
 Email Address _____
 Birth date _____
 Occupation _____
 Gross Annual Income _____
 Cell Phone _____

Address _____
 City _____ State _____ Zip _____
 Home Phone _____

Immediate Family

Name	Relationship	DOB	Dependents?	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Other Advisors

	Name	Address	Phone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Other	_____	_____	_____
Financial Advisor	_____	_____	_____



Investment Issues

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
1. Are you comfortable with your present asset allocation?	()	()	()
2. Are you being advised on your overall asset allocation?	()	()	()
3. Have you structured your asset allocation to minimize the “cost” of any future significant cash needs?	()	()	()
4. Do you have one investment that comprises over 20% of your portfolio, such as shares of one company’s stock?	()	()	()
5. If you answered yes to the above question, do you understand the consequences of your portfolio if that investment were to significantly decrease in value?	()	()	()
6. Are you concerned with that taxes you pay as a result of your portfolio?	()	()	()
7. Who do you consider to be your primary financial advisor? _____			
8. What services does your current financial advisor offer that provides you the greatest value to you? _____			
9. What services could your current financial advisor offer to enhance the value of your portfolio? _____ _____			
10. Have you and your current financial advisor determined an appropriate “benchmark” to be the most appropriate tool to measure your portfolio’s performance? What is it? _____	()	()	()
11. Are you concerned about having access to your current financial advisor on a regular basis so that you can get the information you need to protect your interests?	()	()	()
12. Are you comfortable that your financial advisor knows enough about your personal situation and financial objectives to assure you that you have a tailored portfolio that will achieve your goals?	()	()	()



Income Tax Issues

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> |
|--|------------|-----------|---------------|
| 1. What is your current Federal tax bracket?
Circle one: 15% 28% 31% 33% 35% Unsure | | | |
| 2. Have you been subject to the Alternative Minimum Tax in recent years? | () | () | () |
| 3. Do you claim the standard deduction, or do you itemize your deductions?
_____ | | | |
| 4. Do you typically get a tax refund, or do you owe money when you file your tax return?
_____ | | | |
| 5. Do you make estimated tax payments on your own? | () | () | () |
| 6. Do you feel you could be doing more to reduce your current income taxes? | () | () | () |
| 7. Have you been granted Incentive Stock Options by your employer? | () | () | () |
| 8. Have you been granted Nonqualified Stock Options by your employer? | () | () | () |
| 9. If you own employer stock options, are you confident that you have a tax-effective plan for exercising these options? | () | () | () |

Retirement Planning Issues

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> |
|--|------------|-----------|---------------|
| 1. Do you have any retirement plans available through former employers (i.e., pensions, 401(k) plans)? | () | () | () |
| 2. Do you currently own any employer stock in your company-sponsored retirement plans? | () | () | () |
| 3. Are you eligible for a nonqualified deferred compensation plan? | () | () | () |
| 4. Have you ever had a Social Security estimate prepared? | () | () | () |



Control and Transfer of Wealth During Life Issues

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
1. Are you certain that you have done, or are currently doing everything possible to ensure that you will receive the appropriate amount of after-tax income during retirement?	()	()	()
2. Do you have a plan for the transition of your investment portfolio in the event of your incapacity or premature death?	()	()	()
3. As part of this plan, have you appointed a durable power of attorney? If yes, who is your durable power of attorney? _____	()	()	()
4. Do you have any Trust in place, with a Successor Trustee named? If yes, who are your Trustees? _____	()	()	()
5. If you currently own your own business, please indicate the ownership structure: Circle one: S Corp C Corp Partnership Sole Proprietorship LLC LLP			
6. If you plan to pass ownership of this business to others, are you comfortable that you have a transition plan for control and tax minimization in place?	()	()	()
7. Have you discussed with your children and descendants ways to maximize their control over assets to provide for future generations?	()	()	()
8. Would you be interested in establishing a gifting program to your children or other family members to minimize future taxes?	()	()	()
9. Would you be interested in establishing a Donor Advised Fund or a Family Foundation to make distributions to Charities to maximize current tax savings and retain control for your family in the future?	()	()	()



Control and Transfer of Wealth to the Next Generation

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
1. Since your estate documents were last updated, have you...			
...become married?	()	()	()
...become divorced?	()	()	()
...had a child?	()	()	()
...lost a spouse or child due to death	()	()	()
...seen a significant change in your personal net worth?	()	()	()
...changed your residence?	()	()	()
2. Are you certain that your titling of assets and beneficiary designations are appropriate relative to your situation?	()	()	()
3. Are you confident that, if something should happen to you, your family would be able to immediately continue your present investment process?	()	()	()
4. Are you comfortable with the consequences if your family is not able to continue your investment process?	()	()	()
5. Are you certain that you have done everything you can to provide the resources needed to support the educational or other needs of your children and other descendants in the most tax-efficient way?	()	()	()
6. Are you confident that the wealth you have accumulated for your children and other descendants will be used in the manner you desire?	()	()	()
7. Are you certain that you have done all you can do to assure that you and your beneficiaries will receive the maximum after-tax benefits of your estate?	()	()	()
8. Have you created a personal inventory to assist your heirs in the event you and your spouse were both to pass? This includes key information such as investment accounts, insurance policies, outstanding liabilities, credit cards, location of important documents, etc.	()	()	()
9. Have you backed up your estate plans and other key files online to a secure cloud-based server?	()	()	()



Insurance Issues

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
1. In reviewing your current Life Insurance coverage, are you confident in its adequacy and cost effectiveness?	()	()	()
2. In reviewing your current Disability coverage, are you confident in its adequacy and cost effectiveness?	()	()	()
3. In reviewing your current Long Term Care coverage, are you confident in its adequacy and cost effectiveness?	()	()	()
4. In reviewing your current Liability coverage, are you confident in its adequacy and cost effectiveness?	()	()	()
5. Are you currently utilizing an Irrevocable Life Insurance Trust?	()	()	()

Miscellaneous Issues

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
1. Are you currently, or do you expect to be in the future, financially responsible for a family member other than a minor child?	()	()	()
2. Have you been named the Trustee of any Trusts other than yours, or your spouse's?	()	()	()
3. Are you designated the Executor of any estates, other than your spouse's?	()	()	()
4. Do you anticipate having to fund educational expenses for a family member? If so, when? _____	()	()	()
5. Are you interested in started your own business or serving as a consultant at some point in the future?	()	()	()

What type of business are you interested in?

6. Are there any other issues of concern, or questions you have?	()	()	()

