



Client Profile Questionnaire

As of _____

All Family Members Names	DOB	Age	Social Security #'s
1. Self:			
2. Spouse:			
3. Child:			
4. Child:			
5. Child:			
6. Child:			

Home Address:

Home Phone:

Cell Phone:

Fax:

Which bank do you use?

Referred to Strouse Wealth Advisors by:

Employment Information

SELF	SPOUSE
Employer:	Employer:
Employer's Address:	Employer's Address:
Work Phone:	Work Phone:
Job Title:	Job Title:
Length of Employment:	Length of Employment:
Annual Income:	Annual Income:
Email:	Email:

Any self-employed or outside income?

Potential for raises in income?

Do you pay or receive child support?

List three financial goals:

1.

2.

3.

Other Notes:



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Non-Retirement Assets

Savings Account	\$	Savings Account	\$
Checking Account	\$	Checking Account	\$
Money Market Acct	\$	Money Market Acct	\$
Certificate of Deposit	\$	Maturity Date:	
Certificate of Deposit	\$	Maturity Date:	
\$ Mutual Funds	\$	(Attached Statements)	
Stocks	\$	Co. Name:	# Shares:
Stocks	\$	Co. Name:	# Shares:
Bonds	\$	Co. Name:	# Shares:
Bonds	\$	Co. Name:	# Shares:
Real Estate	\$	(Fair Mkt Value)	Types:
Other:	\$		
Other:	\$		

Please submit copies of all accounts

Debt

Mortgage Mo. Pymt:	\$	Yrs. Remaining:
Car Note Mo. Pymt:	\$	Mos. Remaining:
Car Note Mo. Pymt:	\$	Mos. Remaining:
Credit Card Balances:	\$	Combined Mo. Pymts:
Personal Loan(s) for:	\$	
Student Loan(s) for:	\$	
Business Debt(s)	\$	
Other:	\$	
Other:	\$	

Please submit copies of all accounts

College Funds

Do you have a college savings plan? Y__ N__ Are you interested in adding to/starting a plan? Y__ N__
 Would you like me to calculate how much you will need to save for your child's education? Y__ N__
 __Public or __Private School

Child 1	Child 2	Child 3
Goal \$ _____	Goal \$ _____	Goal \$ _____
Bal. \$ _____	Bal. \$ _____	Bal. \$ _____
Monthly Contributions: \$ _____		

Please submit copies of all accounts and statements



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Retirement Assets

Acct #1 In the Name of:				Company:	
<input type="checkbox"/> Pension	<input type="checkbox"/> Cash	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth	<input type="checkbox"/> 401k	<input type="checkbox"/> Other
Contributions		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Other
Allocation		<input type="checkbox"/> Fixed	<input type="checkbox"/> Bond Funds	<input type="checkbox"/> Stock Funds	<input type="checkbox"/> Other

Acct #2 In the Name of:				Company:	
<input type="checkbox"/> Pension	<input type="checkbox"/> Cash	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth	<input type="checkbox"/> 401k	<input type="checkbox"/> Other
Contributions		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Other
Allocation		<input type="checkbox"/> Fixed	<input type="checkbox"/> Bond Funds	<input type="checkbox"/> Stock Funds	<input type="checkbox"/> Other

Acct #3 In the Name of:				Company:	
<input type="checkbox"/> Pension	<input type="checkbox"/> Cash	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth	<input type="checkbox"/> 401k	<input type="checkbox"/> Other
Contributions		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Other
Allocation		<input type="checkbox"/> Fixed	<input type="checkbox"/> Bond Funds	<input type="checkbox"/> Stock Funds	<input type="checkbox"/> Other

Acct #4 In the Name of:				Company:	
<input type="checkbox"/> Pension	<input type="checkbox"/> Cash	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth	<input type="checkbox"/> 401k	<input type="checkbox"/> Other
Contributions		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Other
Allocation		<input type="checkbox"/> Fixed	<input type="checkbox"/> Bond Funds	<input type="checkbox"/> Stock Funds	<input type="checkbox"/> Other

Will you be eligible for social security?

#1: Y N 100% 50% #2: Y N 100% 50%

Do you have any military or civil service pension benefits?

#1: Y N How much? \$ _____ When? _____
 #2: Y N How much? \$ _____ When? _____

What will the surviving spouse receive? _____

Please submit copies of all accounts

Your Parents' Situation

Self

Mother: Living Deceased In Good Health In Poor Health

Father: Living Deceased In Good Health In Poor Health

Are your parents married? Are there step-parents?

Concerning their finances:

Will have to help them financially

Won't have to help them financially

May have an inheritance

Spouse

Mother: Living Deceased In Good Health In Poor Health

Father: Living Deceased In Good Health In Poor Health

Are your parents married? Are there step-parents?

Concerning their finances:

Will have to help them financially

Won't have to help them financially

May have an inheritance

Estate/Tax Planning

Do you have a will? Self Spouse Guardian named for your children? Y N

Is there a trust? Y N

Power of Attorney? Y N

Health Care Directive? Y N

Do you currently use a tax preparer? Y N

Accountant _____ Attorney _____

If there was a way that you could make a charitable gift as part of your estate planning without taking away from your family, would you be interested in pursuing that? If so, who would you like to make the gift to?

Please submit copies of last year's tax return and wills

Life/Health Insurance

How much PERSONALLY OWNED life insurance do you have?

	Company	Death Benefit	Type	Premium	Cash Value	Loans?
Self						
Self						
Spouse						
Spouse						
Other						

How much GROUP LIFE INSURANCE do you have?

Death Benefit	Premium	Death Benefit	Premium
Self _____	\$ _____	Spouse _____	\$ _____

Are your beneficiaries current? __Y __N

How much money per month would you need in the event of the death of your spouse? \$ _____

How much money per month would he/she need in the event of your death? \$ _____

Is everyone covered by HEALTH INSURANCE? __Y __N

Describe your health and types of medications you take:

Long-Term Care/Disability

Do you have a long-term care policy? Self __Y __N Spouse __Y __N

Carrier's Name	Date Purchased	Monthly Benefit	Yearly Cost
Self: _____	_____	\$ _____	\$ _____
Spouse: _____	_____	\$ _____	\$ _____

Do you have a disability policy? Self __Y __N Spouse __Y __N

Carrier's Name	Date Purchased	Monthly Benefit	Yearly Cost
Self: _____	_____	\$ _____	\$ _____
Spouse: _____	_____	\$ _____	\$ _____

Please submit copies of all policies

Monthly Cash Flow

Income (Net):

Salary (take home pay)	\$ _____
Alimony, child support	\$ _____
Interest on savings accts, CD's, etc.	\$ _____
Social Security benefits	\$ _____
Retirement plan/pension plan	\$ _____
Other income	\$ _____
 Total Income	 \$ _____

Expenses:

Mortgage payment or rent	\$ _____
Real Estate Taxes	\$ _____
Groceries	\$ _____
Utilities	\$ _____
Entertainment/recreation, dining	\$ _____
Insurance	\$ _____
Medical (not covered by insurance)	\$ _____
Education	\$ _____
Vacation	\$ _____
Gifts	\$ _____
Loan payments (auto, student, etc.)	\$ _____
Auto (gas, maintenance, etc.)	\$ _____
Credit card payments	\$ _____
Clothing	\$ _____
Dues & subscriptions	\$ _____
Home Improvement	\$ _____
Charitable Contributions	\$ _____
Other expenses	\$ _____
Other expenses	\$ _____
Other expenses	\$ _____
 Total Expenses	 \$ _____

Net Monthly Cash Flow
(income minus expenses) \$ _____

Risk Profile

Investment Time Horizon

How long do you realistically expect your assets to last?

- Less than 3 yrs 3-5 yrs 5-7 yrs
 7-10 yrs 10-15 yrs 15 yrs or longer

Risk Tolerance

As an investor, where would you place yourself on the following scale? Circle your choice from 1-10:

<u>Minimize losses</u>			<u>A balance mix</u>			<u>Max. accumulation of</u>			
<u>& fluctuation as</u>			<u>with some fluctu-</u>			<u>assets regardless of</u>			
<u>Much as possible</u>			<u>ation and growth</u>			<u>fluctuation or risk</u>			
1	2	3	4	5	6	7	8	9	10

Return Objective

Based on your investment goals, which of the following objectives best describes your desired investment approach? (check one)

Current Income: Emphasis on maintaining purchasing power while generating high current income, with the opportunity for liquidity and preservation of capital.

Capital Preservation: Emphasis on capital preservation and liquidity with moderate current income and limited capital appreciation.

Conservative Growth & Income: Emphasis on growth of capital and inflation protection with current/future income and liquidity, providing small potential for loss.

Balanced: Emphasis on inflation protection throughout intermediate term asset growth, with the opportunity for current/future income and liquidity.

Capital Growth: Emphasis on capital growth and inflation protection, with the opportunity for current/future income and liquidity.

Aggressive Growth: Emphasis on aggressive capital appreciation with likelihood of high fluctuation in asset value. Also providing inflation protection and current/future income.

Total Equity: Emphasis on aggressive capital appreciation with likelihood of high fluctuation in asset value. Also providing inflation protection.

Loss Aversion

I would be comfortable sustaining a fluctuation in my account of:
(check one)

- 0-3% per yr 4-6% per yr 6-8% per yr
 8-10% per yr 10-12% per yr Over 12% per yr

