**Confidential**



A Family Office for Established and Emerging Wealth

**YOUR FINANCIAL PROFILE**

## Client Name: Date:

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### CLIENT DOCUMENT CHECKLIST

These documents will help us complete a thorough financial review in accordance with your risk tolerance, time horizon, financial goals, and other objectives.

#### Please bring to our next meeting your recent statements for all of your:

**Assets:**

* Bank accounts
* Brokerage and Investment Retirement Accounts
* Real estate Statements
* Business interests and other investments

**Cash Flow:**

* A budget showing current living expenses (if available)
* Paycheck stubs or statements showing regular income as well as unusual taxable distributions that may change your tax picture this year
* Income tax returns for the last three years
* Information on charitable contributions
* Social Security Personal Earnings and Benefits Estimate Statement

**Liabilities:**

* Credit cards
* Mortgages
* Auto loans
* Personal and Student loans
* Business loans

**Employee Benefits & Protection:**

* Employee Benefits (group life, DI, Health, Retirement, etc)
* Insurance policies and current policy statements for the following :
* Life insurance
* Disability insurance
* Health insurance
* Homeowner's or renter's insurance
* Automobile insurance
* General liability (umbrella policy)
* Professional liability
* Long-term care

**Estate:**

* A copy of your latest will and letter of instructions
* Trust documents
* Power of attorney for health care
* Power of attorney for financial matters
* Beneficiary designations for IRAs, life insurance, annuities, employer­ sponsored retirement plans
* Prenuptial agreements
* Statements or deeds of trust showing how assets are titled



**Personal**

**Client #1**

Name: Birth Date:

Home Address : ---------------- Social Sec #:

City/State/Zip: Email Address: Driver's License: \_

Occupation: Business Address: \_ \_

City/State/Zip:

Telephone: Wedding Anniversary: Issue/Expiration Date: \_

Business Phone: \_

**Client #2**

Name: Birth Date:

Home Address: ---------------­ Social Sec #:

City/State/ Zip: Email Address: Driver's License:\_\_\_ \_\_ \_

Occupation:

Telephone :

Issue/Expiration Date: \_

Business Address: \_ Business Phone: \_ City/State/Zip:

**Areas of Financial Concern/Interest (circle):**

|  |  |  |
| --- | --- | --- |
| Cash Flow & Budgeting | Retirement Planning | Estate Planning |
| Asset & Income Protection | Tax Planning | Investment Planning |
| Charitable Planning | College Planning | Business Planning |
| Major Expense Planning | Other ------ |  |

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What do you expect to accomplish through the Financial Planning Process?

Family Dynamics

**Family Tree**

**You**

Parents (if alive - Name and Age)

1.

#### 2.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child #1 | Child #2 | **Children**  Child #3 | Child #4 | Child #5 |
| Name: Age:  Married: (Y/N) | (Y/N) | (Y/N) | (Y/N) | (Y/N) |
| Parent #1 | Parent #2 | **Grand Children**  Parent #3 | Parent #4 | Parent #5 |
| Name: Age: |  |  |  |  |
| Name: |  |  |  |  |
| Age: |  |  |  |  |
| Name: |  |  |  |  |
| Age : |  |  |  |  |

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Does anyone in the family have special needs? If so, please describe.

Are there any issues related to anyone in the family that would affect your financial plan or legacy plans? Ex. Pending divorce, legal, health, personal issues.

Are any of your children adopted? If so, who?

Were you or your spouse married before? If so, who? \_ Are any of the children from a prior marriage or from outside the marriage? Please provide details.

## Estate Planning

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Client #1** | | **Client #2** | |
|  | **Yes/No** | **Date Drafted** | **Yes/No** | **Date Drafted** |
| Will |  |  |  |  |
| Living Will |  |  |  |  |
| Power of Attorney |  |  |  |  |
| Health Care Power of Attorney |  |  |  |  |
| Revocable Trusts |  |  |  |  |
| Irrevocable Trusts |  |  |  |  |

**If not providing documents or documents not drafted:**

Who are (would be) the executors and alternate executors in your wills?

Are there any (should there be) special provisions in your documents?

Who would you like to benefit upon your death? Is it a specific dollar amount or percentage of your estate?

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Do you want to leave anything to charities or organizations outside of your family?

**Professionals**

|  |
| --- |
| **Tax Preparer:**  Name: Number:  Do you consider this relationship close or distant?  Would you like to retain this professional? Retain or Doesn't Matter |
|  |
| **Attorney:**  Name: Number:  Do you consider this relationship close or distant?  Would you like to retain this professional? Retain or Doesn't Matter |
|  |
| **Investment Professional:**  Name: Number:  Do you consider this relationship close or distant?  Would you like to retain this professional? Retain or Doesn't Matter |
|  |
| **P&C Insurance Agent:**  Name: Number:  Do you consider this relationship close or distant?  Would you like to retain this professional? Retain or Doesn't Matter |
|  |
| **Insurance Agent:**  Name: Number:  Do you consider this relationship close or distant?  Would you like to retain this professional? Retain or Doesn't Matter |

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Earnings and Assets

|  |  |  |
| --- | --- | --- |
| **Current Income** | Client #1 | Client #2 |
| Annual Employment Income | $ | $ |
| Do you contribute to Social Security (Yes/No) |  |  |

Other Current Income

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Income** | **Client** | **Amount** | **End date** |
|  |  |  |  |
|  |  |  |  |

Future Income Sources

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Client** | **Amount** | **Present or Future Value** | **Annual Increase** | **Begin When (today, retirement or specific year)** | **End When (today, retirement or specific year)** | **Income applies to (retirement, death, etc)** |
| Social Security | #1 |  |  |  |  |  |  |
| Social Security | #2 |  |  |  |  |  |  |
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**Current Assets Residence**

Own or Rent?

**Mortgage**

Monthly Payment Amount? Interest Rate:

Current Value:

Mortgage amount: Years Remaining:

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Additional Personal Assets and Real Estate

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Name** | **Market Value** | **Current Amount Owed** | **Payment** | **Interest Rate** | **Loan end date** |
|  |  |  |  |  |  |  |
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Bank Savings and Non-Retirement Investments

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Owner** | **Account Type** | **Current Value** | **Rate of Return** | **Monthly Savings** | **Company Match** | **Savings Increase** |
|  |  |  |  |  |  |  |
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Retirement Savings

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Owner** | **Account Type** | **Current Value** | **Rate of Return** | **Monthly Savings** | **Company Match** | **Savings Increase** |
|  |  |  |  |  |  |  |
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# Liabilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Amount Owed** | **Minimum Payment** | **Interest Rate** | **End Date** |
|  |  |  |  |  |
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**Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Monthly Amount** |  | **Name** | **Monthly Amount** |
| Cable |  |  | Vacation |  |
| Utilities (gas, electric, water) |  |  | Dining Out |  |
| Telephone/Cellular |  |  | General Entertainment |  |
| Groceries |  |  | Private School |  |
| Healthcare |  |  | Children Sports/Activities |  |
| Clothing |  |  | Donations to Charity |  |
| Auto - Gas |  |  | Gifts to Family and Friends |  |
| Auto - Repairs |  |  | Cash/ATM Withdrawals |  |
| Auto - Insurance |  |  | Dues |  |
| Home - Insurance |  |  | Subscriptions |  |
| Home - Homeowners Association Fees |  |  | Alimony |  |
| Home - Taxes |  |  | Child Support |  |
| Home - Maintenance |  |  | College Education Expenses |  |
| Flood Insurance |  |  | Personal Care (ex. Hair) |  |
| Landscaping/Lawn care |  |  | Unreimbursed Business Expenses |  |
| Pest Control |  |  | Pets |  |
| Umbrella Policy |  |  |  |  |
| Financial Planning Fee |  |  |  |  |
| Tax Preparation |  |  |  |  |
| Legal/Professional Advice |  |  |  |  |

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## Income and Asset Protection

In the event of death, would your expenses increase, decrease or stay the same and by how much as a percentage of current expenses?

**Current Death Benefit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Insured** | **Insurance Benefit** | **Insurance Company** | **Annual Premium** | **Cash Value** | **Beneficiary** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

In the event of disability, would your expenses increase, decrease or stay the same and by how much as a percentage of current expenses?

**Disability Coverage**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Insured** | **Monthly Benefit** | **Benefit Period (years)** | **Waiting Period (days)** | **Annual Premium** | **Insurance Company** | **Group or Personal** |
|  |  |  |  |  |  |  |
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Long Term Care

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Insured** | **Daily Benefit** | **Elimination Period (days)** | **Benefit Period (years)** | **Insurance Company** | **Annual Premium** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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**Property and Casualty**

**\*Please provide Auto, Home, and Umbrella declarations pages**

## Retirement Planning

|  |  |  |
| --- | --- | --- |
|  | **Client A** | **Client B** |
| What age do you plan to retire? |  |  |
| What age would you like to take Social Security? |  |  |
| What is your annual retirement income need?  Please show as a dollar amount or a percentage of current expenses |  | |
| Do you expect your income need to change at different phases of Retirement? If so, when and how? | Phase 1starting at retirement is listed above  Phase 2 starts at age \_\_ and income need will be $ Phase 3 starts at age and income need will be $ | |

**College Funding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | **School to attend** | **Amount needed per year** | # **of Years to attend** | % **to provide** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Do you have a Florida Prepaid plan? If so, what does it cover?

Do you have any money saved for college? If yes:

|  |  |  |
| --- | --- | --- |
| **Type of account** | **Amount saved** | **Monthly savings** |
|  |  |  |
|  |  |  |
|  |  |  |

Do you want to fully fund? Tuition Y/N Room & Board Y/N Books and Supplies Y/N

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**Risk Tolerance Questionnaire**

**Please circle the appropriate answer below:**

|  |
| --- |
| **Target Asset Allocation Assessment** |
| **1. Your age is an important factor in your ability to take on investment risk. Your age**  **is:**  A. 35 or under  B. 36-45  C. 46-55  D. 56-64  E. 65 or over  F. Client is an entity |
| **2. What is the time horizon for this investment portfolio**?  A. Less than two years  B. Two to five years  C. Five to ten years  D. More than ten years |
| **3. What is your risk tolerance? It is important to understand that the less short-term**  **risk you are willing to take on, the lower your long-term returns are likely to be.**  A. I consider myself conservative - Such Investors want to preserve initial principal in the account, with minimal  risk, even if that means the account does not generate significant income or returns and may not keep pace with  inflations.  B. I consider myself to be moderate-conservative - Such Investor is willing to accept low risk to the initial  principal, including low volatility, to seek a modest level of portfolio returns.  C. I consider myself to be moderate - Such Investor is willing to accept some risk to the initial principal and  tolerate some volatility to seek higher returns, and understands a portion of the money invested could be lost.  D. I consider myself to be moderate-aggressive - Such Investor is willing to accept high risk to the initial principal,  including high volatility, to seek high returns over time, and understands a substantial amount of the money  invested could be lost.  E. I consider myself to be aggressive - Such Investor is willing to accept maximum risk to the initial principal to  aggressively seek maximum returns, and understands most, or all, of the money invested could be lost. |
| **4. What is your return objective?**  A. I do not have a high return objective. I am willing to accept lower long-term returns in order to preserve capital  in bad market environments.  B. When stocks are performing well I want some participation but I am also somewhat concerned with short-term  risk.  C. I am looking for high long-term returns and only mildly concerned with short-term risk.  D. I am looking for high returns and I am not concerned with short-term risk.  E. I am looking for maximum returns and I am not concerned with short-term risk or being out of sync with equity markets. |
| **5. Once withdrawals begin for this investment portfolio how long should they last?**  A. Lump sum withdrawal  B. Less than 1 year  C. 1 - 5 years  D. 6 - 10 years  E. 11 or more years |

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**Client Signatures:**

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

**Signature Date Signature Date**

**Print Name Print Name**

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