

Financial Professional Name: \_\_\_\_\_

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

**What concerns can we help you address?**

Retirement- Assess how your current retirement strategy will meet your goals.

Survivor Needs- Examine the financial impact of death, including immediate and continuing income needs.

Disability Income- Assess the financial effect of a disability on your financial situation.

Education- Determine cost of education and options to fund it.

Long-term Care- Evaluate the impact that long-term care costs can have on your financial situation.

Asset Allocation- Examine your current asset allocation strategy in relation to risk tolerance and goals.

**Client Personal Information**

Client 1 Name: \_\_\_\_\_

Client 1 DOB: \_\_\_\_\_

Client 2 Name: \_\_\_\_\_

Client 2 DOB: \_\_\_\_\_

Marital Status:          Single          Married          Divorced          Widowed          Other \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is Mailing Address? \_\_\_\_\_

Client 1 Cell #: \_\_\_\_\_ Client 1 Email: \_\_\_\_\_

Client 2 Cell #: \_\_\_\_\_ Client 2 Email: \_\_\_\_\_

Client 1 Employer: \_\_\_\_\_ Client 1 Occupation: \_\_\_\_\_

Client 2 Employer: \_\_\_\_\_ Client 2 Occupation: \_\_\_\_\_

**Dependents**

Name	DOB	What is the goal for education?	Total Education Savings	Is there ongoing savings?

Do any of your dependents have special needs? \_\_\_\_\_

Are you considering having more children? \_\_\_\_\_

## Income

	Client 1	Client 2	Begins at Age	Monthly/Annual
Salary				
Self-Employment				
Business				
Investments				
Other			C1: C2:	
Est. Social Security			C1: C2:	
Pension/Annuity			C1: C2:	

Do you anticipate a significant change in your income in the next few years? \_\_\_\_\_

Do you anticipate any large expenses in the next few years? \_\_\_\_\_

Do you anticipate a job or career change in the next few years? \_\_\_\_\_

## Assets

Qualified Accounts/Assets

Owner	Account Type	Approximate Value	Ongoing savings?	Company Match?	Expected return?
Total:					

### Non-Qualified Accounts/Assets

Owner	Account Type	Approximate Value	Is there ongoing savings?	Expected return?
Client 1	Checking			
Client 1	Savings			
Client 2	Checking			
Client 2	Savings			
Total:				

### Total Assets:

#### Liabilities

Owner	Liability Type	Outstanding Balance	Monthly Payment Amount	Interest Rate	Final Payment Due
Total:					

### Approximate Net Worth (Assets-Liabilities, excluding primary residence and its mortgage):

---



---

**Retirement- For many people, retirement is lasting 20 years or longer as life expectancy has risen.**

At what age would you like to retire? Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

At what age do you plan to take Social Security? Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

How much of your current household income do you need to retire comfortably? \_\_\_\_\_

How do you envision your retirement looking? What is important for you to be able to do while retired? \_\_\_\_\_

Do you have longevity in your family? Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

**Survivor Needs:**

If you had passed away a week ago, how comfortable would you feel about your family's well-being on a scale of 1-10?

Income Replacement: Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

Debt Levels: Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

Savings/Investment Goals: Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

Overall Financial Security: Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

**Current Life Insurance:**

Name of Insured	Benefit Amount	Insurance Company	Premium Amount	Type

When did you purchase your last policy? Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

How did you determine how much benefit to purchase? \_\_\_\_\_

When was the last time you reviewed your beneficiaries? \_\_\_\_\_

When was the last time your reviewed and updated your estate planning and/or POA documents? \_\_\_\_\_

**Disability Income:**

If you became sick or hurt and unable to work, how long would you be able to sustain your current standard of living?

---

---

How much of your current income would you need to continue to meet your basic living expenses? \_\_\_\_\_

---

**Current Disability Insurance:**

Name of Insured	Insurance Company	Type	Monthly Benefit	Elimination Period	Benefit Period	COLA Rate	Premium

**Long-Term Care- The single largest unfunded expense for most people in the US today at or near retirement is LTC:**

Has anyone in your family experienced a need for long-term care? \_\_\_\_\_

---

**Current Long-Term Care Insurance:**

Name of Insured	Insurance Company	Standalone or a Rider	Benefit Amount	Elimination Period	Benefit Period	Inflation Rate	Premium

**Additional Information:**

Do you work with a CPA? Are you pleased with their services? \_\_\_\_\_

---

Do you work with an attorney? Are you pleased with their services? \_\_\_\_\_

---

Other Insurance Information: \_\_\_\_\_

## Risk Tolerance Questionnaire

The Risk Tolerance Questionnaire (RTQ) is designed to help assess clients' risk tolerance and objective. The questions of the RTQ are assigned numerical weights to reflect each one's comparative importance in overall risk determination.

### Question 1: Purpose of Investment

Which of the following closely aligns with your current financial goal?

Sustaining current income and account preservation (0)	C1:	C2:
Sustaining current income with possible growth opportunity (10)	C1:	C2:
Growing account value, not tied to current income needs (20)	C1:	C2:
Aggressive growth, maximizing accumulation (30)	C1:	C2:

### Question 2: Investment Horizon

How long do you plan to keep these funds invested in order to achieve your financial goal?

Less than 1 year (0)	C1:	C2:
1 to 2 years (3)	C1:	C2:
3 to 5 years (8)	C1:	C2:
6 to 10 years (15)	C1:	C2:
11 to 20 years (23)	C1:	C2:
Over 20 years (30)	C1:	C2:

### Question 3: Risk & Reward

How much potential risk and reward are you willing to invest in with your funds?

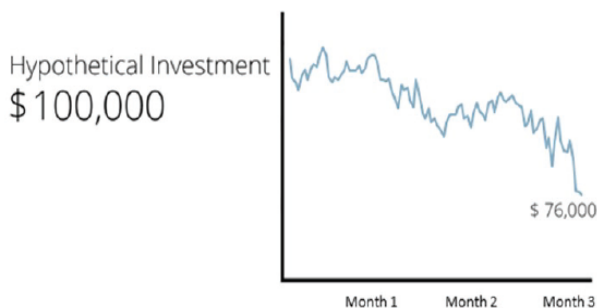
*Every investment has an opportunity for both risk and reward. The image below represents a one-year hypothetical risk and reward scenario for five portfolios with incremental levels of risk and reward.*



#### Question 4: Reaction in Adverse Market

How would you react to a significant fall in the value of the stock market?

*If your hypothetical investment of \$100,000 experienced a sudden and unexpected drop of 24% over a three-month period, what would your reaction be?*



Sell all, avoid further risk (0)	C1:	C2:
Sell some, reduce exposure to risk (3)	C1:	C2:
Sell none, remain invested (7)	C1:	C2:
Buy more, opportunity is present (10)	C1:	C2:

#### Question 5: Measuring Investor Patience

How soon would you need these funds to recover after experiencing a sudden, meaningful loss in value?

0 to 6 months (0)	C1:	C2:
6 months to 1 year (3)	C1:	C2:
1 to 3 years (7)	C1:	C2:
3 years or more (10)	C1:	C2:

#### Question 6: Comfort with Uncertainty

How would you respond to the following statement?

*I am comfortable investing during times of market uncertainty.*

Strongly Disagree (0)	C1:	C2:
Disagree (3)	C1:	C2:
Agree (7)	C1:	C2:
Strongly Agree (10)	C1:	C2:

#### Risk Tolerance Scoring

The total point score, based on answers provided by the client(s), is used on the below scale to determine the risk tolerance and general objectives.

	Client 1 Score	Client 2 Score
Question 1		
Question 2		
Question 3		
Question 4		
Question 5		
Question 6		
Total:		

Point Scale	Investment Objective	Risk Tolerance
1-20	Capital Preservation	Conservative
21-40	Current Income	Moderately Conservative
41-60	Balanced	Moderate
61-80	Capital Growth	Moderately Aggressive
81-100	Maximum Growth	Aggressive

**Additional Notes:**