



BYRON
WEALTH MANAGEMENT

INVESTOR PROFILE QUESTIONNAIRE

NAME:

ADDRESS:

HOME PHONE:

MOBILE PHONE:

WORK PHONE:

EMAIL:

ADVISOR:

200 N. Walnut Street, Byron, IL 61010

Phone: (815) 234-4075

Fax: (815) 234-3267

www.byronbank.com

Securities offered through LPL Financial, Member FINRA/SIPC. Insurance Products offered through LPL Financial or its licensed affiliates.

Client information	Client	Co-Client/Spouse
Full Name		
Address		
City, State Zip		
Home Phone		
Email		
Date of Birth		
Social Security #		
Driver's License #		
Issue Date/Exp		

Client Employment Info	Client	Co-Client
Employer Name		
Occupation		
Address		
City, State Zip		
Employer Phone		

Dependent Information					
Name	Address	Phone #	DOB	SS#	Relation

Client Sources of Income	<i>(Specify the source as either employment income, social security, pension etc.)</i>		
Source of Income	Annualized Amount	Periodic Amount	Frequency of Payment (Biweekly or Monthly)

Client Real Estate Assets/Liabilities	Primary Residence	Secondary	Additional
Address			
Address			
Estimated Market Value			
Estimated 1st Mortgage Balance			
Estimated 2nd Mortgage Balance			
Estimated Equity			
Lender of first Mortgage			
First Mortgage Rate			
Loan Origination Date			
Estimate Loan Maturity			
Regular Principal + Interest Payment			
Yearly Taxes			
Total Princ.Interest.Taxes.Insurance			
Lender of 2nd Mortgage			
2nd Mortgage Rate(floating or fixed)			
Loan Origination Date			
Estimate Loan Maturity			
Regular Principal + Interest Payment			

Client Banking Financial Assets (Checking, Savings, Cd's, Money Market) Do not include any IRA Balances)				
Description	Institution	Owner	Balance	Rate

Expenses

Current	Semi-Retirement	Retirement	Advanced Years	Event of Child's Death	Event of Spouse's Death

Client Retirement Assets (Specify 401k, 403b, Traditional, Roth, etc.)			
Description	Institution	Owner	Balance

Client Nonretirement/Brokerage Assets			
Description	Institution	Owner	Balance

	Policy 1	Policy 2	Policy 3	Policy 4
Description(term or Permanent)				
Insurance Co.				
Policy Number				
Owner				
Insured				
Beneficiary				
Death Benefit				
Cash Value				
Premium Pmt				

ASSET NOTES:

Other Client Liabilities (Specify auto loan, credit card, etc.)					
Description	Institution	Owner	Balance	Rate	Payment

Liabilities Notes:

Total Client Assets: _____ **Total Client Liquid Assets:** _____

Total Client Liabilities: _____

Total Client Net Worth: _____

Retirement Savings Plan

Account Type(401k,roth,ira, roth401k..etc.)	Owner	Annualized Contribution	Employer Match	Total Annual Additions	Plan Balance

