Confidential Fact Finder

# About This Fact Finder

This fact finder and the financial documents checklist are designed to make it easy for you to provide us with the data necessary to complete your financial plan and for us to provide you with a good overview of your current financial situation. Based on that overview, we will then be able to make specific recommendations to help you pursue your financial goals. Please complete the fact finder and gather **all your most recent financial documents** listed on the financial documents checklist **and** bring them with you to our **First Meeting.**

We have tried to make the fact finder comprehensive enough to cover a variety of situations. Don’t be concerned if some questions do not apply to you. If you see a question that **does not** apply to you, just write **N/A** next to it. If you would rather answer some of the questions with us, just leave them blank and we will go over them together.

**A solid financial plan is built on solid facts**. It is important that the information that you provide is **accurate** and **precise** to the best of your knowledge. Please answer as much as possible and leave the ones that you are not sure of blank. Again, some items may not be relevant to your specific areas of focus for our planning engagement or analysis. Take time with your answers. We will review the information that you submitted and double check with you for any discrepancies. If the fact finder does not allow you enough space to describe your situation, please feel free to make a note referring to the source documents. You can also attach additional pages if you deem it necessary.

Our mission is to help people like YOU make smart choices with their money utilizing value-based, personalized and custom tailored advice specific to YOUR goals, needs and dreams.

We would like for you to complete the **fact finder** and send it to us **before** your **first Meeting.** You can e-mail the fact finder to daphne.wright@lpl.com, fax it to (**703) 813-6170** or mail it to **Daphne A. Wright, CPA, CFP®, 5568 General Washington Drive, Suite A-217, Alexandria, VA 22312**.

***Note: In accordance with 16 CFR 313, our firm does not release any personal or financial information obtained from clients to any third party without prior permission****.* ***All the information provided by you in this fact finder is strictly private and confidential. No information will be passed on to any third party without your expressed permission.***

*Securities and Advisory Services offered through* ***LPL Financial****, A Registered Investment Advisor. Member FINRA & SIPC*

Family Information

***Please provide the following information about yourself and your Spouse, or if you are Single, use the CLIENT column. (Note: Persons who are not legally married should each fill out a separate form)***

Client

|  |  |
| --- | --- |
| **Name: *(First / M./ Last)******(Legal Name please)*** |       |
| **Date of Birth:** | *Do not fill* | **Gender:**  | **Male:**  | [ ]  | **Female:** | [ ]  |
| **Social Security Number:** | *Do not fill* | **Previous marriages?** | **Yes:**  | [ ]  | **No:** | [ ]  |
| **Marital Status:***(single, married, separated, divorced, domestic partnership, widow, widower)* |  | Citizenship: *(U.S. Citizen, Resident Alien, Non-Resident Alien)*  |  |
| **Address Line 1:** |       |
| **City:** |       | **State:** |    | **Zip:** |      -     |
| **Home Phone:** *no dashes* |       | Cell Phone: *no dashes* |       |
| **E-mail:** |       | How many years at this address? |       |

Co-Client/Spouse

|  |  |
| --- | --- |
| **Name: *(First / M./ Last)******(Legal Name please)*** |       |
| **Date of Birth:** | *Do not fill* | **Gender:**  | **Male:**  | [ ]  | **Female:** | [ ]  |
| **Social Security Number:** | *Do not fill* | **Previous marriages?** | **Yes:**  | [ ]  | **No:** | [ ]  |
| **Citizenship:** *(U.S. Citizen, Resident Alien,* *Non-Resident Alien)* |  |
| **Cell Phone #:** *(No Dashes)* |       | Email: |       |

Employment – Client

|  |  |
| --- | --- |
| **Employer Name:** *(If retired please list last employer)* |       |
| **Work Phone:** *no dashes* |       | Work Email Address: |       |
| **Title/Position:** |       | Years Employed: |    |
| **Previous Employer:** |       |
| **Previous Title/Position:** |       | Years Employed: *(Previous)* |     |

Employment – Spouse

|  |  |
| --- | --- |
| **Employer Name:** *(If retired please list last employer)* |       |
| **Work Phone:** *no dashes* |       | Work Email Address: |       |
| **Title/Position:** |       | Years Employed: |    |
| **Previous Employer:** |       |
| **Previous Title/Position:** |       | Years Employed: *(Previous)* |    |

Family Information

***Please name all of your children. If a child is from a former marriage, please indicate whose child it is by listing the parent under the parent section. Please note if the child is adopted or a step-child.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| **First Name:** |       |       |       |       |
| **Last Name:** |       |       |       |       |
| **Date of Birth:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Gender:** |  |  |  |  |
| **Special Needs?** *(Yes / No)* |  |  |  |  |
| **Marital Status:** |  |  |  |  |
| **Parent:** |       |       |       |       |
| **From Previous Marriage?** *(Yes / No)* |  |  |  |  |
| **Citizenship:** (*U.S. Citizen, Resident Alien, Non-Resident Alien)* |  |  |  |  |

Advisors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Advisor Type**(Accountant, broker, etc.) | **First Name** | **Last Name** | **Company** | **Address** | **Phone, Fax, Email** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Retirement and Death

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Spouse** |
| **Semi-Retirement Age:** |     |     |
| **Retirement Age:** |     |     |
| **Probate Rate:** |       |       |
| **Final Expenses (Funeral, etc.):** |       |       |

Real Estate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Primary Residence** | **Secondary Residence** | **Investment Property** | **Investment Property** |
| **Property Name:** |       |       |       |       |
| **Address:** |       |       |       |       |
| **City/ State/ Zip** |      /      /      |      /      /      |      /      /      |      /      /      |
| **Purchase Year:** |      |      |      |      |
| **Purchase Amount:** |       |       |       |       |
| **Current Value:** |       |       |       |       |
| **Home Value:** |       |       |       |       |
| **Tax Basis:** |       |       |       |       |
| **Owner:** *(Client, Spouse, Joint, etc.)* |  |  |  |  |

Mortgages

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Primary****Residence** | **Secondary****Residence** | **Investment****Property** | **Investment****Property** |
| **Mortgage Name:** |       |       |       |       |
| **Institution Name:** |       |       |       |       |
| **Loan Type:** *(Mortgage, Home Equity Loan)* |  |  |  |  |
| **Property Name:** |       |       |       |       |
| **Original Loan Amount:** |       |       |       |       |
| **Date of Loan:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Current Balance:** |       |       |       |       |
| **Interest Rate:** |      |      |      |      |
| **Loan Term:** *(Years)* |     |     |     |     |
| **Payment Frequency:**(Monthly, Quarterly, Semi-Annually, Annually) |       |       |       |       |
| **Repayment Type:** (*Principal and Interest, Interest Only)* |       |       |       |       |
| **Payment:** |       |       |       |       |
| **Balloon Period** *(years)* |     |     |     |     |
| **Insured for Life?** (Yes / No) |       |       |       |       |
| **Paid off at Death of**(Client, Spouse, First to Die) |       |       |       |       |

Personal Property

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(1)** | **(2)** | **(3)** | **(4)** |
| **Asset Name:** |       |       |       |       |
| **Current Value:** |       |       |       |       |
| **Tax Basis:** |       |       |       |       |
| **Owner:** *(Client, Spouse, Joint, etc.)* |  |  |  |  |

Non-Qualified Assets

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Asset Type***(Bank Account, Investments, Non-qualified annuities)* |  | **Asset Name***(Checking, Savings, MM, CDs Mutual Fund, Stocks, Bonds, etc.)* | **Institution** | **Owner** | **Market Value**  |  **Cost Basis** | **Annual Contribution** | **Statement Attached?** |
|  |  |  |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |
|  |       |       |  |       |       |       |  |

Qualified Retirement Assets

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Account Type *(401(k), IRA, 403(b) Simple, SEP)* | **Account Name** | **Owner** | **Market Value** | **Beneficiaries** | **Statement Attached?** |
|  |       |  |       |       |  |
|  |       |  |       |       |  |
|  |       |  |       |       |  |
|  |       |  |       |       |  |
|  |       |  |       |       |  |
|  |       |  |       |       |  |
|  |       |  |       |       |  |
|  |       |  |       |       |  |

Retirement Contributions

Qualified Retirement (401 k, 403b, TSP, SEP IRA, Simple IRA etc.)

General Contribution Information

**Employee** Contributions

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Type:** *(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)* |       |       |
| **Percent:** |     |     |
| **Dollar Amount:** *(Contribution limit $17,500 for 401(k), 403(b), TSP, 457(b), Roth 401(k))* |       |       |
| **Catch up Contribution:** *(50 and over $5,500 for 401(k), 403(b), TSP, 457(b), Roth 401(k))* |       |       |

**Employer** Contributions

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Type:** *(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)* |       |       |
| **Employer Percent Match of Employee Contribution:** |       |       |
| **Maximum Employer Contribution Percent of Employee Salary:** |       |       |
| **Amount:** |       |       |

Non-Roth Post-Tax Contributions

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Type:** *(None, Percent of Salary, Fixed Amount, Maximum After Matching)* |       |       |
| **Percent:** |     |     |
| **Amount:** *(Contribution limit $17,500 for 401(k), 403(b), TSP, 457(b), Roth 401(k))* |       |       |
| **Catch up Contribution:** *(50 and over $5,500 for 401(k), 403(b), TSP, 457(b), Roth 401(k))* |       |       |

Liabilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(1)** | **(2)** | **(3)** | **(4)** |
| **Loan Name:** |       |       |       |       |
| **Institution Name:** |       |       |       |       |
| **Loan Type:** *(Auto,*  *Personal, Student Loan,*  *Credit Card, Other)* |       |       |       |       |
| **Original Loan Amount:** |       |       |       |       |
| **Date of Loan:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Current Balance:** |       |       |       |       |
| **Owner:** *(Client, Spouse,*  *Joint, etc.)* |  |  |  |  |
| **Interest Rate:** |      |      |      |      |
| **Number of Payments:** |       |       |       |       |
| **Payment Frequency:***(Monthly, Quarterly, Semi-Annually, Annually)* |       |       |       |       |
| **Payment:** |       |       |       |       |

Income

|  |  |  |
| --- | --- | --- |
| **Salary & Bonus** | **Client** | **Spouse** |
| **Salary / Bonus Name:** |       |       |
| **Annual Amount:** |       |       |
| **Indexed at:** *(No Growth, Inflation, etc.)* |       |       |
| **Start Indexing:** *(Immediately, At Start Year)* |       |       |
| **Destination Account:** *(Savings, checking, etc.)* |       |       |
| **Self-Employment?** *(Yes / No)* |       |       |
| **Guaranteed?** *(Yes / No)* |       |       |
| **Starts:** *(Retirement, Calendar Year, etc.)* |       |       |
| **Ends:** *(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration)* |       |       |

Social Security

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Annual Retirement Benefit:** *(Estimated from Income, Manually Specified or No benefit)* |       |       |
| **Benefit Begins at Age:** |     |     |
| **Indexed at** *(No Growth, Inflation, etc.)* |       |       |
| **Annual Disability Benefit:** |       |       |
| **Annual Surviving Child Benefit:** |       |       |
| **Years Employed:** |     |     |
| **Last Year Employed:** |     |     |
| **Highest Salary Earned:** |       |       |

Deferred Income

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Deferred Income Name:** |       |       |
| **Type:** *(Pension, Deferred Comp, Other Deferred)* |       |       |
| **Annual Amount:** |       |       |
| **Indexed at** *(No Growth, Inflation, etc.)* |       |       |
| **Owner:** *(Client, Spouse, Joint)* |  |  |
| **Non-Taxable?** *(Yes / No)* |       |       |
| **Starts:** *(Retirement, Calendar Year, etc.)* |       |       |
| **Ends:** *(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.)* |       |       |

Immediate Annuities

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Immediate Annuity Name:** |       |       |
| **Annual Payments:** |       |       |
| **Basis:** |       |       |
| **Owner:** *(Client, Spouse, Joint, etc.)* |  |  |
| **Purchase Date:** |   /  /     |   /  /     |
| **Annuitization Type:** *(Life, Term Certain)* |       |       |
| **Based on Lifetime Of** *(Client, Spouse, Survivorship)* |       |       |

Other Income

|  |  |
| --- | --- |
| **Client** | **Spouse** |
| **Other Income Name:** |       |       |
| **Type:** *(Business Distribution, Partnership Distribution, Real Estate, Trust, Other)* |       |       |
| **Annual Amount:** |       |       |
| **Indexed at:** *(No Growth, Inflation, etc.)* |       |       |
| **Owner:** *(Client, Spouse, Joint, etc.)* |  |  |
| **Destination Account:** |       |       |
| **Self-Employment?** *(Yes / No)* |       |       |
| **Guaranteed?** *(Yes / No)* |       |       |
| **Starts:** *(Retirement, Calendar Year, etc.)* |       |       |
| **Ends:** *(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.)* |       |       |

Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expense Name** | **Education For** | **Annual Amount** | **Starts** | **Ends** | **Occurs Every X years** |
|       |       |       |   /  /     |   /  /     |    |
|       |       |       |   /  /     |   /  /     |    |
|       |       |       |   /  /     |   /  /     |    |
|       |       |       |   /  /     |   /  /     |    |
|       |       |       |   /  /     |   /  /     |    |

Education – Worksheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State** | **University/Institution Name** | **Annual Tuition Expense** | **Annual Book Expense** | **Annual Room & Board Expense** | **Other Annual Expense** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Other Expenses and Goals

(Please rank goals in order of importance to you (1= most important)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Expense or Goal Name** | **Type**(New car, wedding, etc.) | **Annual Cost****Amount** | **When?** **(Year or Age)** | **Occurs Every X years** |
| **1.** |       |       |       |      |    |
| **2.** |       |       |       |      |    |
| **3.** |       |       |       |      |    |
| **4.** |       |       |       |      |    |
| **5.** |       |       |       |      |    |
| **6.** |       |       |       |      |    |

Estate Plan

**Wills**

1. Do you have a Will, Medical / Financial power or attorney and living will? **Client:** **[ ]** Yes [ ]  No **Spouse: [ ]** Yes [ ]  No
2. Transfer Assets to Revocable Trust to Avoid Probate: **Client: [ ]** Yes [ ]  No

 **Spouse: [ ]** Yes [ ]  No

|  |  |
| --- | --- |
| 1. Date / Month/ Year of Will
 |   /  /     |

Tax management

Please give an explanation to your answers as needed

1. Is your current tax liability acceptable? **[ ]** Yes [ ]  No **[ ]**  Uncertain

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Federal taxes (last year) $
 |       |  | Tax Bracket |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. State taxes (last year) $
 |       |  | Tax Bracket |       |

1. What is your filing status?  **[ ]** Single **[ ]**  Married, filing jointly

 **[ ]** Married, filing separately **[ ]**  Head of household

|  |  |
| --- | --- |
| 1. Who prepares your tax return?
 |       |

|  |  |
| --- | --- |
| 1. How many exemptions do you claim?
 |       |

1. Did you receive a tax refund for last year’s filing? **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| If yes, how much $ |       |

1. Have you ever been or do you expect to be audited by the IRS? **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| 1. Comments:
 |       |
|  |       |

Other Personal Information

**The more we know about you, the better we can advise you. Feel free to skip any of these questions**

1. How would you rate your health from 1 to 10 (1 being the worst and 10 being the best)? Do you have or had any major health problems? Do you smoke?

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse:** |       |

1. Do you provide financial support for any members of your extended family? (e.g., parents, aunts, uncles, siblings, etc.)If so, in what way and how much per year?

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse:** |       |

1. Do you anticipate providing support for anyone in the future? If so, how (if with money, how much?) and for how long?

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse:** |       |

1. Do certain charitable organizations enter into your planning? If so, would you tell us a little about your intentions?

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse:** |       |

1. Do you expect to receive any inheritances? If so, please describe:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Amount** |  | **Type of property****(e.g. Stocks, Real Estate, etc.)** |  | **Benefactors, Age & Relation to you** |  | **Is this Written in the Benefactors Will?** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Client:** | $ |       |  |       |  |       |  | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | $ |       |  |       |  |       |  | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Spouse:** | $ |       |  |       |  |       |  | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | $ |       |  |       |  |       |  | [ ]  | Yes | [ ]  | No |

|  |
| --- |
| 1. What is the risk of losing your job for any reason:
 |
|  **Client:** |       |
|  **Spouse:** |       |

|  |
| --- |
| 1. What kinds of financial things cause you to lose sleep at night?
 |
|  **Client:** |       |
|  **Spouse:** |       |

1. Do you know exactly what would happen to your family if you didn’t wake up tomorrow?

**Client:** [ ]  Yes [ ]  No

**Spouse:** [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Details: |       |

1. Have you made any provisions for the possibility that you may need a nursing home or other care?

**Client:** [ ]  Yes [ ]  No

**Spouse:** [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Details: |       |

|  |
| --- |
| 1. How important is it for you to leave a legacy? If so, how would you like to accomplish that?
 |
|  **Client:** |       |
|  **Spouse:** |       |

Financial Goals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Ideally, I would like to retire at age: |     | age: but I would be willing to work until |     |
|  | OR |     | I’m retired now. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | My spouse would like to retire at age: |     | but would be willing to work until age: |     |
|  | OR |     | is retired now. |

|  |  |  |
| --- | --- | --- |
| 3. | I/We would like to leave behind a legacy to my/our family, friends, or charities of $ |       |
| But at a minimum, the legacy needs to be: $ |       |

 ­

|  |  |  |
| --- | --- | --- |
| 4. | I/We would ideally like to retire with an annual spending budget **(after taxes)** of $  |       |
| But in no case less than $  |       |
| 1. Please describe the best, and worst, financial investments you’ve ever made:
 |
|  **Client:**  | Best: |       |  | Worst: |       |
|  **Spouse:**  | Best: |       |  | Worst: |       |

|  |
| --- |
| 1. List any investment-related personal preferences and/or constraints that we should take into consideration:

 Examples: Don’t sell any XYZ stock; don’t buy any emerging market funds, etc. |
|  **Client:** |       |
|  **Spouse:** |       |

|  |
| --- |
| 1. Regarding your current holdings, what are you most pleased about and what are your greatest concerns?
 |
|  **Client:** |       |
|  **Spouse:** |       |

|  |
| --- |
| 1. We would like to know what you think an investment risk is so that we can be talking about the same thing in our discussions. Please write a short sentence describing what you think investment risk is:

 Example: Investment risk to me means the risk of losing any money that I invested. |
|  **Client:** |       |
|  **Spouse:** |       |

|  |
| --- |
| 1. How much input do you want to make regarding managing your investments?
 |
|  **Client:** |       |
|  **Spouse:** |       |

1. Have you worked with a broker, financial advisor and /or planner before? If you have, how was your experience? What are your expectations?

|  |  |
| --- | --- |
|  **Client:** |       |
|  **Spouse:** |       |

**Client Defined**

|  |  |
| --- | --- |
| **Rate the importance of each item according to the following scale**:  |  **Low Med High** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |

Investor Profile Questionnaire

***This questionnaire will help us determine your investment objective. Answer each question by writing the corresponding number in the box to the right of each question. Then total the number for each section. Fill in the scorecard on page 18 to determine your investment objective.***

Time Horizon

**Question 1**

What is your age?

56 and over . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

46 – 55. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

36 – 45. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

20 – 35. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 2**

What is your primary financial goal?

Wealth preservation. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Retirement planning. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Wealth accumulation. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

**Question 3**

What is the time frame for you to achieve your financial goals?

0 – 5 years . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

5 – 10. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

10 years or longer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

|  |  |
| --- | --- |
| **Time Horizon Total:** |  |

FinancialGoals

**Question 4**

Which of the following best describes your financial goals?

Preserving principal and earning a moderate amount of current income . . . . . . . . . . . . . . . . . 1

Generating a high amount of current income. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Generating some current income and growing assets over an extended time frame . . . . . . . . 3

Growing assets substantially over an extended time frame . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 5**

How do you expect your standard of living five years from now to compare to your standard of living today?

Less than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

The same as it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Somewhat higher than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Substantially greater than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 6**

Five years from today, you expect your portfolio value to be:

Portfolio value is not my primary concern; I am more concerned with current income . . . . . 1

The same as or slightly more than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Greater than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Substantially greater than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 7**

Generating current income from your portfolio is:

A primary concern (only if you are about to retire) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Not important . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

**Question 8**

With the income generated from your portfolio, you plan to:

Use it for living expenses . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Use some and reinvest some . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Reinvest all income . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

|  |  |
| --- | --- |
| **Financial Goals Total:** |  |

Risk Tolerance

Question 9

You have just received a windfall of $50,000. How would you invest it?

I would invest in something that offered moderate current income and was very

Conservative . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

I would invest in something that offered high current income with a moderate amount

of risk . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

I would invest in something that offered high total return (current income plus capital

appreciation) with a moderately high amount of risk . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

I would invest in something that offered substantial capital appreciation even though it

has a high amount of risk . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 10**

Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

I would be very concerned because I cannot accept fluctuations in the value of my portfolio . 1

If the amount of income I receive was unaffected, it would not bother me . . . . . . . . . . . . . . . . 2

Although I invest for long-term growth, I would be concerned about even a temporary

decline . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Because I invest for long-term growth, I would accept temporary fluctuations due to market

influences . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 11**

Which of the following investments would you feel most comfortable owning?

Certificates of deposit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

U.S. Government securities . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Blue-chip stocks . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Stocks of new growth companies . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 12**

Which of the following investments would you least like to own?

Stocks of new growth companies . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Blue-chip stocks . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

U.S. Government securities . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Certificates of deposit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 13**

Which of the following investments do you feel are the most ideal for your portfolio?

Certificates of deposit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

U.S. Government securities . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Blue-chip stocks . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Stocks of new growth companies . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 14**

How optimistic are you about the long-term prospects for the economy?

Very pessimistic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Unsure . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Somewhat optimistic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Very optimistic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 15**

Which of the following investments do you feel are the most ideal for your portfolio?

Unsure . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

I believe the U.S. economy and foreign markets are interdependent . . . . . . . . . . . . . . . . . . . . 2

I believe overseas markets provide attractive investment opportunities . . . . . . . . . . . . . . . . . 3

|  |  |
| --- | --- |
| **Risk Tolerance Total:** |  |

**Investor scorecard**

Time Horizon Total . . . . . . . . . . . . .    x 1 =

Financial Goals . . . . . . . . . . . . . . . .    x 2 =

Risk Tolerance Total . . . . . . . . . . . .    x 3 =

The total for each section is multiplied by a number

that represents the overall importance of that section

when determining your investment objectives. **TOTAL SCORE**

Match your total score with one of the investment objectives listed below. If your score is near the top or bottom of an Adjusted Total Range, you may want to examine the next or previous objective to determine which represents your needs more accurately.

**Adjusted Total Range Investment Objectives**

 35 – 47 Income with Capital Preservation

 58 – 83 Income with Moderate Growth

 84 – 99 Growth with Income

 100 – 114 Growth

 115 – 125 Aggressive Growth

The investment objectives shown are for illustrative purposes only. Your investment objective is based on many factors including your financial situation, tolerance for risk, time horizon and other financial needs. Consult your financial advisor if you have any questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income with Capital Preservation** | **Income with Moderate Growth** | **Growth with Income** |  **Growth** | **Aggressive Growth** |

**INCREASING RISK, VOLATILITY AND RETURN EXPECTATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Need for capital preservation and current income
* No focus on growth
* Lowest tolerance for risk
* Shortest investment horizon
 | * Need for current income
* Moderate focus on growth
* Low tolerance for risk
* Short/ intermediate investment horizon
 | * Equal focus on growth and current income
* Moderate tolerance for risk
* Intermediate investment horizon
 | * Little need for current income
* Focus on growth
* High tolerance for risk
* Intermediate/long investment horizon
 | * No need for current income
* Focus on aggressive growth
* Highest tolerance for risk
* Long investment horizon
 |

Financial Documents Checklist

**Income (All pages please)**

* Most recent 2 paycheck stubs
* Most recent 2 pension payment stubs (if you are collecting any pensions)
* Most recent 2 social security stubs (if you are collecting your social security)

**Cash Reserves (All pages please)**

* Most recent statements (all pages) from Savings, Checking, Money Market, CD’s and any other personal accounts

**Taxes (All pages please)**

* Your entireFederal and State Tax returns for the last **2** years (all pages)

**Liabilities (All pages please)**

* Most recent mortgages (Primary Residence), 2nd mortgage(s), Home Equity Line of Credit statements (With loan date, loan amount, loan term, loan rate etc.)
* Credit Card debts, Student loans, Car loans and any other loans, outstanding bills statements (With loan date, loan amount, loan term, loan rate etc.)

**Retirement (All pages please)**

* Most recent statements from your 401k, 403b, TSA, 457, SEP IRA, Deferred Compensation, Pension Plan
* Most recent statements from your personal retirement account (IRA, Roth IRA, Rollover IRA’s).
* Most recent statement from your old retirement plans 401k, 403b, 457, Pension plan etc.
* Most recent Social Security Statement **(all 4 pages).**
* To get your most recent social security statement please visit: [***http://www.ssa.gov/estimator/***](http://www.ssa.gov/estimator/)
* **Federal employees only** (FERS, CSRS-Off Set, CSRS): Most recent Annual ***Personal Statement of Benefits*** from Employee Benefits Information System **(EBIS) or OPM**

**Investments (All pages please)**

* Most recent brokerage, Advisory and Investment statements (Stocks, Bonds, Mutual Funds, and Annuities)
* Most recent Balance sheet from closely held business you own.

***Any other financial documents you deem are important***

**Daphne A. Wright, CPA, CFP® is committed to maintaining the confidentiality and security of the personal financial documents that are entrusted to us.**