

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

Please bring the following documents as supplements:

<i>Last Year's Tax Return</i>	<i>Social Security Statement</i>	<i>Bank &amp; Credit Union Statements</i>
<i>Brokerage Account Statement</i>	<i>List of Monthly Expenses</i>	<i>Life Insurance policies (Including</i>
<i>IRA/Retirement Account Statements</i>	<i>Will &amp; Trust Documents</i>	<i>Beneficiary Information)</i>

Please feel free to fill out as much information prior to the meeting and bring any additional information that you would like to discuss to the meeting with you.

Fax to (864) 551-2968 or mail to:

Foothills Wealth Management., 206 Couch Lane, Suite D, Easley, SC 29642

### Section I: Client Information

**CLIENT NAME** \_\_\_\_\_  
First Middle Last Designation/Suffix

Preferred Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Nickname Tax ID # mm/dd/yyyy

Home Address \_\_\_\_\_  
Street City State zipcode

Email Address (please print) \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(select one:) Home Work  
 Driver's License  Passport  Resident Alien Card  Military ID Card  Other Government Issued Photo ID

Identification Number \_\_\_\_\_ State Issued \_\_\_\_\_

Country Issued \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**SPOUSE NAME** \_\_\_\_\_  
First Middle Last Designation/Suffix

Preferred Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Nickname Tax ID # mm/dd/yyyy

Spouse Email Address (please print) \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(select one:) Home Work  
 Driver's License  Passport  Resident Alien Card  Military ID Card  Other Government Issued Photo ID

Identification Number \_\_\_\_\_ State Issued \_\_\_\_\_

Country Issued \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Marital Status S M W D # of Dependents \_\_\_\_\_ (circle:) U.S. Citizen Resident Alien

Client Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # of Years \_\_\_\_\_

Employer Address \_\_\_\_\_

Street Number Street

City

State

Zip Code

Spouse Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # of Years \_\_\_\_\_

Employer Address \_\_\_\_\_

Street Number Street

City

State

Zip Code

### Section II: Family Member Information/ Beneficiary

#### Children

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Full Name mm/dd/yyyy Tax ID #

Address \_\_\_\_\_  
Street Number Street City State Zip Code

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Full Name mm/dd/yyyy Tax ID #

Address \_\_\_\_\_  
Street Number Street City State Zip Code

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Full Name mm/dd/yyyy Tax ID #

Address \_\_\_\_\_  
Street Number Street City State Zip Code

### Section III: Income and Objectives

#### Income (Current and Retirement)

Income Sources	Amount Per Year	Amount Per Month	Average Annual Bonus
Employment – Client			
Employment - Spouse/Joint Client			
Social Security – Client			NA
Social Security - Spouse/Joint Client			NA
Pension Plan – Client			NA
Pension Plan - Spouse/Joint Client			NA
401K – Client			NA
401K - Spouse/Joint Client			NA
Real Estate			NA
Alimony/Child Support			NA
Other Income _____			NA

**Financial Planning Objectives**

Please rank the following according to your level of concern.

(Circle the appropriate number with “1” being of **least concern** to “5” being of **greatest concern**)

1. Planning for children or grandchildren	1	2	3	4	5
2. Reducing Taxes	1	2	3	4	5
3. Increasing Income	1	2	3	4	5
4. Estate Planning	1	2	3	4	5
5. Legacy Planning	1	2	3	4	5
6. Charitable Gifting	1	2	3	4	5
7. Caring for a loved one Physically or Financially	1	2	3	4	5
8. Investment Risk	1	2	3	4	5
9. Liquidity of Assets	1	2	3	4	5
10. Retirement Planning	1	2	3	4	5
11. Long Term Care Protection	1	2	3	4	5
12. Health Insurance	1	2	3	4	5
13. College Savings	1	2	3	4	5
14. Real Estate Questions and Planning	1	2	3	4	5

Do you have any of the following? Please CIRCLE all that apply

Living Trust

Long-Term Care Insurance

Will

Attorney

Financial Advisor

Stock Broker

Accountant

Have you had any problems with previous stock brokers or financial advisers? Yes No If “Yes,” please explain.

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**Section IV: Assets and Liabilities**

**Mortgages and Loans**

Type	Description (i.e. House/Auto Type)	Name of Creditor	Original Loan Value	Remaining Loan Amount	Years Remaining on the Loan	Interest Rate	Monthly Payment
<input type="checkbox"/> Property/Home <input type="checkbox"/> Auto <input type="checkbox"/> Home equity <input type="checkbox"/> Other _____			\$	\$		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
<input type="checkbox"/> Property/Home <input type="checkbox"/> Auto <input type="checkbox"/> Home equity <input type="checkbox"/> Other _____			\$	\$		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
<input type="checkbox"/> Property/Home <input type="checkbox"/> Auto <input type="checkbox"/> Home equity <input type="checkbox"/> Other _____			\$	\$		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
<input type="checkbox"/> Property/Home <input type="checkbox"/> Auto <input type="checkbox"/> Home equity <input type="checkbox"/> Other _____			\$	\$		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
<input type="checkbox"/> Property/Home <input type="checkbox"/> Auto <input type="checkbox"/> Home equity <input type="checkbox"/> Other _____			\$	\$		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$

***Auto/Boat***

Make	Model	Market Value	Purchase Date	Original Cost	Insured?
		\$		\$	Yes No
		\$		\$	Yes No
		\$		\$	Yes No

***Jewelry, Collectibles (Coins, Stamps, Etc.), and Miscellaneous***

Description	Market Value	Purchase Date	Original Cost	Insured?
	\$		\$	Yes No
	\$		\$	Yes No
	\$		\$	Yes No

***Credit/Charge Card Debt***

Name of Creditor	Amount Due	Interest Rate	Monthly Payment
		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$

***Taxes and Insurance (Property)***

Name of Creditor	Amount Due	Interest Rate	Monthly Payment
		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$
		_____% <input type="checkbox"/> Fixed <input type="checkbox"/> APR	\$



**Mutual Funds and/or Brokerage Accounts**

(Please bring in your latest statements)

Name of Brokerage Firm/Mutual Fund	Approximate Market Value
	\$
	\$
	\$
	\$

**Stocks and Bonds**

(Where you hold certificates yourself)

Name of Stock/Bond	# of Shares	Approximate Market Value
		\$
		\$
		\$
		\$

**Annuities**

(Please bring in your latest statements)

Company	Annuitant/Owner	Interest Rate	Approximate Value	Date Purchased
		%	\$	
		%	\$	
		%	\$	
		%	\$	

**Life Insurance**

(Please bring in policies and latest statements)

Company	Name of Insured	Type of Insurance (Whole life, term)	Approximate Death Benefit	Loan Against
			\$	\$
			\$	\$
			\$	\$
			\$	\$

<i>Expenses</i>					
<b>Housing</b>	<b>Monthly</b>	<b>Yearly</b>	<b>Household</b>	<b>Monthly</b>	<b>Yearly</b>
Mortgage/Condo fees	\$	\$	Groceries	\$	\$
Taxes/Insurance	\$	\$	Clothing/Personal Care	\$	\$
Electric/Gas/Water	\$	\$	Medical/Dental/Prescriptions	\$	\$
Phone/Cable/Internet	\$	\$	Pet(s)	\$	\$
Maintenance	\$	\$	Entertainment	\$	\$
Other _____	\$	\$	Gifts	\$	\$
Other _____	\$	\$	Travel/Vacation	\$	\$
			Charitable Contributions	\$	\$
<b>Transportation</b>	<b>Monthly</b>	<b>Yearly</b>	Other _____	\$	\$
Loan/Lease(s)	\$	\$	Other _____	\$	\$
Gas/Maintenance	\$	\$			
Insurance/Plates	\$	\$	<b>Miscellaneous</b>	<b>Monthly</b>	<b>Yearly</b>
			Child Support/Alimony	\$	\$
<b>Medical/Dental/Vision</b>	<b>Monthly</b>	<b>Yearly</b>	CPA/Advisor/Professional	\$	\$
Premium	\$	\$	Other _____	\$	\$
Co-pays	\$	\$	Other _____	\$	\$
Prescriptions	\$	\$			
Other _____	\$	\$			
Other _____	\$	\$			

<b>Future Major Purchases (Cars, vacations, 2<sup>nd</sup> home, remodel, wedding, etc.)</b>			
<b>Description</b>	<b>Start Year</b>	<b># of Years</b>	<b>Amount Needed</b>
			\$
			\$
			\$
			\$

## OBJECTIVES AND GOALS

### Investment Experience (# of years)

Mutual Funds \_\_\_\_\_ Bonds \_\_\_\_\_ Partnerships \_\_\_\_\_ Options \_\_\_\_\_ Margin \_\_\_\_\_ REIT \_\_\_\_\_  
BDC \_\_\_\_\_

### Time Horizon (Expected time prior to satisfying income needs from

1-3 years       3-5 years       5-10 years       More than 10 years

Are you able to save money each month?  Yes  No

Do you expect a significant change in your income during the next two years?

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How might your spending in retirement change (travel, downsize, health care)?

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What is the number one thing you would like our firm to assist you with?

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Additional questions, comments, and/or additional family/beneficiary information

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# Instructions to Print Social Security Reports

- 1) **Log onto [www.ssa.gov](http://www.ssa.gov)**
- 2) Click on Create an Account
- 3) Click on Create an Account
- 4) Click on Create an Account (New Users)
- 5) Check the box “I agree to the terms of service”
- 6) Click next
- 7) Enter your personal information
  - a) Name
  - b) Social Security #
  - c) Address
  - d) Phone
  - e) Email
- 8) For extra security choose “NO Maybe later”
- 9) Click Next
- 10) Answer 4 security questions (May be none of the above)
- 11) Click Next
- 12) If you answered correctly you will be asked to
  - a) Create a user name and password
  - b) Enter email address and confirm it
  - c) Create 3 personal security questions and answers
- 13) Click Next
- 14) If successful click Next
- 15) Check the box to “agree to the terms of service”
- 16) Print your Full Statement

Securities offered through Registered Representatives of Cambridge Investment Research, Inc., a broker-dealer, member FINRA/SIPC. Advisory services offered through Cambridge Investment Research Advisors Inc., a Registered Investment Adviser. Foothills Wealth Management and Cambridge are not affiliated.

**Client Name** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please fax this completed confidential personal financial profile to our office at (864) 551-2968 or mail to the address below prior to your initial/next meeting. If you have any questions please do not hesitate to call us.*

Foothills Wealth Management  
206 Couch Lane, Suite D, Easley, SC 29642  
Phone (864) 859-7703 Fax (864) 551-2968  
[www.foothillswm.com](http://www.foothillswm.com)

Directions to Our Office – detach and keep for future reference

### **From Greenville on Highway 123**

Head South on Highway 123 (South Academy Street) toward Easley

Turn Left onto Rock Springs Road (This is located at the light next to the Rock Springs Baptist Church which will be on your left).

Turn right immediately onto Dayton School Road, which becomes McAlister Road.

Continue through the stoplight, Powdersville Road, and immediately turn left on Couch Lane.

Follow Couch Lane for about 1/2 mile.

Our office is located in the first of two brick office buildings on your right, 206 Couch Lane.

Come inside and up the stairs to the office on the left.

### **From South Highway 123**

Head North on Highway 123 toward Easley.

Turn right onto Brushy Creek Road just past Publix on your right

Continue on Brushy Creek Road to the fork; take the left branch, Crestview Road, toward Smithfields Golf Course.

Follow Crestview Road for about a mile. Look for the Smithfields sign ahead on your right.

Turn left onto Couch Lane and continue for about 1/2 mile.

Our office is located in the second of two brick office buildings on your left, 206 Couch Lane.

Come inside and up the stairs to the office on the left.

### **From I –85**

Take I-85 toward Easley

Take exit 40 and head toward Powdersville/Easley on Highway 153

Continue on Highway 153 for about 7 miles, taking the cloverleaf exit to Highway 123 toward Easley/Clemson

Proceed south on Highway 123 to Rock Springs Road

(This is located at the light next to the Rock Springs Baptist Church which will be on your left). Turn Left

Then immediately turn right onto Dayton School Road, which becomes McAlister Road.

Continue through the stoplight, Powdersville Road, and immediately turn left on Couch Lane.

Follow Couch Lane for about 1/2 mile.

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