



Confidential Client Discovery

The purpose of this document is to gather personal financial information that we may analyze and assess your current circumstance and, based on your goals and needs, make appropriate recommendations in formulating a "go-forward" strategy to help accomplish your objectives. Although this information is relevant as of today's date, we will work with you to keep your financial goals up to date, thus helping to ensure that any future adjustments are made in a timely manner. You should consult your financial, legal and tax advisors as needed.

Acknowledgment

I understand that this questionnaire is designed to assist in assessing my financial situation relating to my current and future needs, goals, and priorities. This information is accurate to the best of my knowledge.

Client Name

X

Client Signature

Advisor Name

Client Name

X

Client Signature

Date

Declination

I decline to complete this confidential questionnaire, and understand that doing so may impact a proper assessment of my financial situation as it relates to my current and future needs, goals, and priorities.

Client Name

X

Client Signature

Client Name

X

Client Signature

Please use this space to provide additional suitability information and/or explain how you have determined the investments and/or insurance coverage recommended was determined.

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Section 1: About You & Your Family

To begin, please list each member of your immediate family, including those who are dependent upon you:

Names of Client, Spouse, and Children

Name	Occupation	D.O.B	Gender	Parent

Contact Information

Home Address:

City:

State:

Zip Code:

Home Phone:

Client Cell Phone:

Spouse Cell Phone:

Client Email:

Spouse Email:

Salary, Bonus, and Other Income

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Annual Amount:				
Owner (Client, Spouse, Joint):				
Self-Employment? (Yes / No):				
Guaranteed? (Yes / No):				

Background & Financial Basics

To begin, let's take a few moments to get a baseline for where you are today and what your goals are:

General Situation & Goals

What would you like to accomplish from our visit today?

If you were to make one or two significant changes to your current financial condition, what would that be?

Do you save/invest regularly? What percentage of income should you save/invest?

Do you currently receive a Tax Refund?

What has been your past experience with financial advisors?

Financial Planning Done to Date

What do you see as the most positive part of your current plan?

What do you see as the least positive part of your current plan?

Do you have a Will? If so, when was it last updated?

Whom have you named as Guardian of your children?

Sources of Financial Guidance

To whom do you look to for financial advice?

Do you have a CPA?

Is there anyone else who needs to be a part of our planning process?

Special Needs/Circumstances

Do you currently have any special needs children/grandchildren?

Do you currently have a parent, sibling or other family member that you are concerned about?

Any other concerns to be aware of?

Section 3: What Concerns You the Most About Your Finances?

To begin, please consider the following by ranking each area according to your current priority:

Budgeting & Managing Expenses

<i>Rate the importance of each item according to the following scale:</i>	Low	Med	High
Understanding and organizing your income and expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting specific savings goals and/or putting more into savings for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping better track of your monthly/annual cash flows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying off existing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritizing what you want versus what you can afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your recent spending patterns to understand where your money is going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative saving methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Risk

<i>Rate the importance of each item according to the following scale:</i>	Low	Med	High
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your family and/or children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying off all debts at premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully funding education at premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retirement/ Investment Needs

<i>Rate the importance of each item according to the following scale:</i>	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate Planning / Leaving a Legacy

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs or Concerns?

Protection Goals & Survivor Income Needs

To begin, let's review your goals and needs for you, your family and others:

Special Needs or Concerns?

What has been your family experience in purchasing life insurance?

What concerns should be addressed, i.e. providing family income, debt liquidation, college funding?

How much survivor income would be needed, and for how long, assuming a premature death?

Do you or any family members have health conditions that may affect insurance planning?

Life Insurance

	(1)	(2)	(3)	(4)
Insured's Name:				
Policy Number:				
Institution Name:				
Purchase Date:				
Policy Type (<i>Group Life, Term, UL, VL or VUL, Whole Life, Other</i>):				
Underwriting Class (If known)				
Owner (<i>Client, Spouse, Joint, etc.</i>):				
Primary Beneficiary (<i>Client, Spouse, Survivorship, etc.</i>):				
Contingent Beneficiary:				
Current Death Benefit:				
Current Cash Value:				
Annual Premium:				

Disability Insurance

	(1)	(2)	(3)
Insured's Name:			
Policy Name:			
Policy Number:			
Institution Name:			
Purchase Date:			
Policy Type (<i>Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Other</i>):			
Benefit Type (<i>Fixed Amount, Percent Of Salary</i>):			
Benefit Amount:			
Period for Benefit Amount (<i>Annually, Quarterly, Monthly, Weekly, Daily</i>):			
Annual Premium:			
Own Occupation (Yes / No):			
Benefit is Taxable? (Yes / No):			

Special Needs or Concerns?

Have you or any family members ever suffered a short- or long-term disability?

If you lost your income due to accident or illness, how long could you sustain your family?

Education

What has been your experience with education expenses?

What are the education needs for you or your dependents?

Education Accounts:	(1)	(2)	(3)	(4)
Education Account Name:				
Account Balance:				
Owner (<i>Client, Spouse, Joint</i>):				
Beneficiary:				
Regular Contribution Amnts				
Year of Anticipated First Use				

Long Term Care Insurance

Special Needs or Concerns?

Do you currently own any Long Term Care Insurance? If so, please provide details.

Has anyone in your family ever been chronically ill and needed in home, assisted-living or nursing home care?

If you were needed to provide care for a spouse, parent/grand parent or other family member due to an illness what impact would that have on you?

Any other concerns?

Section 6: Retirement Assets, Income Needs & Sources

Let's take a look at sources of income from an employer, the government or veteran benefits, and you:

Retirement Investments

(401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, Annuities, Other)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Type <i>(Traditional 401(k), Roth 401(k), IRA, Roth IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other)</i>					
Total Value:					
Roth Value:					
Roth Cost Basis:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					

Goals For Retirement...What Does It Look Like to You?

At what age do you plan to retire?

Will you continue to work part-time beyond age 65, 67, 70...?

What amount of income do you need in retirement?

If you could contribute more to retirement how much would that be?

Any other thoughts?

Plan Contributions: Client & Spouse's Information

Employee Contributions (For 401(k) or 403(b))

	Client	Spouse
Percent:		
Dollar Amount:		

Employer Match (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

	Client	Spouse
Employer Percent Match of Employee Contribution:		
Amount:		

Roth Post-Tax Contributions

	Client	Spouse
Percent:		
Amount:		

Planning for Retirement & Key Assumptions

Do you have any long term health concerns that may impact life expectancy?

Do you have any special goals for travel, a hobby or other interest in retirement?

Do you expect to receive any significant gifts or inheritances?

Do you have any plans to gift to your family, a charity or other institution?

Any other thoughts?

Pension Income

	(1)	(2)	(3)	(4)
Deferred Income Name:				
Type (Pension, Deferred Comp, Other Deferred):				
Annual Amount:				
Owner (Client, Spouse, Joint):				
Taxable? (Yes / No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):				
Survivorship (Y/N)				

When to Take Social Security or a Pension

Have you ever researched your income options for Social Security or an Employer Pension?

What considerations have you made for taking single life or joint income?

Any other thoughts?
