

# Confidential Personal Profile

This questionnaire is used to gather important personal and financial data on you and your family so that we may accurately assess your goals and objectives. The information provided to us herein is **strictly confidential**.

## FAMILY INFORMATION:

Client Name: _____	Spouse Name: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Date of Birth: _____	Date of Birth: _____
Social Sec. #: _____	Social Sec. #: _____
Drivers Lic. #: _____	Drivers Lic. #: _____
Email Address: _____	Email Address: _____

Referred By: \_\_\_\_\_ TV      Radio      Print

**Family Members:** (Please list children and other dependents)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>City &amp; State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Do any of your dependents have disabilities?      No      Yes \_\_\_\_\_

## OCCUPATION:

<u>Client</u>	<u>Spouse</u>
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Job Title: _____	Job Title: _____
Years: _____	Years: _____

Anticipated employment changes?      No      Yes

Anticipated employment changes?      No      Yes

**INCOME:**

	<u>Client</u>		<u>Spouse</u>
Salary	\$ _____	Salary	\$ _____
Self-employment income	\$ _____	Self-employment income	\$ _____
Bonus/Commissions	\$ _____	Bonus/Commissions	\$ _____
Other Earned Income	\$ _____	Other Earned Income	\$ _____
Interest Income	\$ _____	Interest	\$ _____
Business Income	\$ _____	Business Income	\$ _____
Rental Income	\$ _____	Rental Income	\$ _____
Retirement Income	\$ _____	Retirement Income	\$ _____
Pension	\$ _____	Social Security	\$ _____
Other Income	\$ _____	Other Income	\$ _____
Total (Current Year)	\$ _____	Total (Current Year)	\$ _____

**ESTATE PLANNING:**

<u>Document Type</u>	<u>Client</u>			<u>Spouse</u>		
	<u>Active</u>		<u>Date/State</u>	<u>Active</u>		<u>Date/State</u>
Wills	No	Yes	_____	No	Yes	_____
Living Trusts	No	Yes	_____	No	Yes	_____
Power of Attorney	No	Yes	_____	No	Yes	_____
Living Will	No	Yes	_____	No	Yes	_____
Medical Power of Atty.	No	Yes	_____	No	Yes	_____
Other Documents	No	Yes	_____	No	Yes	_____

**ADVISORS:**

**\* Other than the Lifetime Companies**

Do you have a preference or a commitment to this advisor?

			Yes	No
_____	_____	_____		
Financial Advisor's Name	Firm Name	City/State	Yes	No
_____	_____	_____	Yes	No
Attorney's Name	Firm Name	City/State	Yes	No
_____	_____	_____	Yes	No
Accountant's Name	Firm Name	City/State	Yes	No
_____	_____	_____	Yes	No
Insurance Agent's Name	Firm Name	City/State		

# Objectives

## GENERAL

Are you anticipating any major lifestyle changes? (i.e., marriage, divorce, retirement, moving, etc.) If so, what changes are you expecting? _____	Yes	No	Uncertain
Are you comfortable with your current cash flow?	Yes	No	Uncertain
Do you anticipate any significant changes in your cash flow?	Yes	No	Uncertain
Do you anticipate any major expenditures in the near future? If so, what expenditures are you expecting? _____	Yes	No	Uncertain

## RETIREMENT PLANNING

At what age do you expect to retire? _____			
What minimum income will you need (in today's dollars): \$ _____			
If you plan on working after retirement, estimate your expected income: \$ _____			
Are you contributing to an IRA?	Yes	No	
Are you covered by any company retirement plans?	Yes	No	
Type of company pension plan? _____			

## PROTECTION:

Do you have any potential health problems?	Yes	No	Uncertain
Do you have adequate medical coverage?	Yes	No	Uncertain
Do you have adequate disability coverage? Amount: \$ _____	Yes	No	Uncertain
Do you have enough life insurance? How Much: \$ _____	Yes	No	Uncertain
Do you have an emergency fund (money set aside in savings)?	Yes	No	Uncertain

## ESTATE PLANNING:

Have you established any trusts?	Yes	No	Uncertain
Are you the beneficiary of any trusts?	Yes	No	Uncertain
Have you adequately considered estate taxes?	Yes	No	Uncertain
Have you provided adequate estate liquidity for your heirs?	Yes	No	Uncertain
Is proper titling a concern?	Yes	No	Uncertain
Do you have long-term health care coverage?	Yes	No	Uncertain

## CONCERNS:

Please list any financial concerns you may have:

# Business Interests

If you are a Business Owner or have a financial interest in a business, please complete the following.

Company Name: \_\_\_\_\_

Company Representative: \_\_\_\_\_

How is your business structured?

Sole Proprietorship or Single Member LLC

Partnership or Multi-Member LLC

"C" Corporation

"S" Corporation

How many Partners/Members/Shareholders? \_\_\_\_\_ Your % of Ownership? \_\_\_\_\_ % Value of Interest \$ \_\_\_\_\_

Does the company own capital equipment? Yes No

Does the company own real estate? Yes No

Does the company have a retirement plan? Yes No

Do you intend to sell the business or leave it to family members? \_\_\_\_\_

Buy/Sell Agreement? \_\_\_\_\_ Succession plan? \_\_\_\_\_

How do you handle your accounting? Monthly Quarterly Annually

Are you required to submit financial statements to banks or bonding companies? Yes No

How are you paid?

Salary/W-2

Guaranteed payments? (S/E Income)

"S" Corporation distributions

LLC or Partnership distributions

Do you employ family members

Tell us about your relationship with your current tax advisor:

1. When was the last time he/she gave you an idea to save money? \_\_\_\_\_

2. Does he/she understand your business? \_\_\_\_\_

3. Are you satisfied with their service? \_\_\_\_\_

4. What do you expect from your tax advisor? \_\_\_\_\_

# Client Inventory

## INSURANCE:

<u>Type</u>	<u>Client</u>				<u>Spouse</u>			
	<u>Company</u>	<u>Premium</u>	<u>Grp.</u>	<u>Ind.</u>	<u>Company</u>	<u>Premium</u>	<u>Grp.</u>	<u>Ind.</u>
Health	_____	\$ _____			_____	\$ _____		
Disability	_____	\$ _____			_____	\$ _____		
Life	_____	\$ _____			_____	\$ _____		
Homeowners	_____	\$ _____			_____	\$ _____		
Auto	_____	\$ _____			_____	\$ _____		
Umbrella Liab.	_____	\$ _____			_____	\$ _____		
Professional Liab.	_____	\$ _____			_____	\$ _____		
Long Term Care	_____	\$ _____			_____	\$ _____		

Have you ever been turned down for Insurance?      Yes      No

\*If you have copies of existing policies, please provide us with declaration pages of each policy for coverage explanation.

\*If you are over the age of 40, Lifetime Wealth Management, PC highly recommends the purchase of a Long Term Care policy as a hedge to protect your financial future.

If you do not wish to purchase a Long Term Care policy, please initial here: \_\_\_\_\_

## PERSONAL PROPERTY VALUE:

	<u>Client</u>	<u>Spouse</u>
Primary Residence	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
Vehicle	\$ _____	\$ _____
Vehicle	\$ _____	\$ _____
Other Personal Property	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____

## ASSETS:

### Bank Accounts

<u>Bank Name</u>	<u>Checking/Savings/CD</u>	<u>Joint/Individual</u>	<u>Avg. Balance</u>
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

### Investments

<u>Investment Company</u>	<u>Account Registration</u>	<u>IRA/Joint/Individual</u>	<u>Average Balance</u>
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____

**ASSETS: (cont'd)**

**Retirement Accounts**

<u>Type (401K, Roth IRA, etc.)</u>	<u>Custodian</u>	<u>Approximate Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Pensions and Social Security**

<u>Type</u>	<u>Amount</u>	<u>Spousal Continuation</u>	
		<u>Yes</u>	<u>No</u>
_____	\$ _____	Yes	No
_____	\$ _____	Yes	No
_____	\$ _____	Yes	No
_____	\$ _____	Yes	No

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

<u>Investment Asset</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**LIABILITIES:**

<u>Credit Cards</u>	<u>*Interest Rate</u>	<u>Avg. Monthly Pmt.</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

\*If not paid in full each month

<u>Debts*</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Monthly Pmt</u>	<u>Current Bal.</u>	<u>Original Bal.</u>
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____

\*Home Mortgage, Auto, Business, Education

Estimated mortgage payoff date?\_ \_\_\_\_\_

# Personal Goals Statement

## WHICH ITEMS WOULD YOU LIKE HELP WITH?

- Increase my standard of living
- Financial security at retirement
- Increase my net worth by \_\_\_\_\_ %
- Reduce my tax burden
- Pay for college education for my children
- Provide for my family in the event of my (or my spouse's) death
- Minimize the cost of probate and estate taxes
- Control the distribution of assets to my heirs
- Plan for long-term or nursing home care
- Buy a house

Other Goals:

If you could change two things about your current financial situation, what would you change?

1. \_\_\_\_\_
2. \_\_\_\_\_

# Client Suitability

Federal Income Tax Rate: 10% 15% 25% 28% 33% 35% Other

Total Net Worth for all account holders EXCLUDING residence: \$ \_\_\_\_\_

Liquid Net Worth (immediate cash including investments): \$ \_\_\_\_\_

Approximate Annual Income: \$ \_\_\_\_\_

Are you employed by, affiliated with, or a director or owner of one or more securities firms? Yes No

If yes, List: \_\_\_\_\_

Are you a director, 10% shareholder or policy-making officer of one or more publicly traded companies? Yes No

If yes, List: \_\_\_\_\_

Select the investments you currently own or have owned in the past.

Money Market funds

Bonds/Bond Funds

Stocks/Stock Funds

International Securities/Funds

Annuities (Fixed or Variable)

Limited Partnerships

What are your average monthly living expenses now? \$ \_\_\_\_\_

What do you anticipate your average monthly living expenses to be in retirement? \$ \_\_\_\_\_

Do you anticipate any unusual income in the next few years such as gifts, stock options, or inheritance?

Yes No

List amount and date (or approximate date) if known: \$ \_\_\_\_\_ Date: \_\_\_\_\_





(Cont'd)

10. Over the next several years, do you expect your household annual income to:
  - Stay about the same
  - Grow moderately
  - Grow substantially
  - Decrease moderately
  - Decrease substantially
  
11. Due to a general market correction, one of your investments loses 25% of its value in a short time after you buy it. What do you do?
  - Sell the investment so you won't have to worry if it will continue to decline
  - Hold on to it and wait for it to climb back up then sell it
  - Hold on to it
  - Buy more of the same investment at the new low price
  
12. Some people need their investment program to generate current income to meet on-going needs. This typically tilts the investment program towards bonds and dividend paying Stocks. How accurately does this describe your objectives?
  - Very accurate
  - Moderately accurate
  - Slightly accurate
  
13. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 on one of the scenarios below. Which do you choose?
  - Take the money and run
  - A 50% chance of winning \$50,000
  - A 20% chance of winning \$75,000
  - A 5% chance of winning \$100,000

## INVESTMENT OBJECTIVES:

**\*Select ONE of the risk/return profiles that best fits your investment objectives**

\*Selected objectives and targets replace any past objectives.

**CONSERVATIVE / INCOME WITH CAPITAL PRESERVATION:** For investors who seek current income and stability and are less concerned about growth.

**MODERATELY CONSERVATIVE / INCOME WITH MODERATE GROWTH:** For investors who may or may not need current income with a focus on stability and with modest potential for increase in the value of their investments

**MODERATE / GROWTH AND INCOME:** For long-term investors whose primary objective is growth of the portfolio with or without taking current income. Likely to experience some fluctuations in value, but presents less volatility than that of the overall equity market.

**MODERATELY AGGRESSIVE / GROWTH:** For long-term investors who seek growth potential and do not need current income. May experience substantial year-to-year volatility in value in exchange for potentially high long-term returns.

**AGGRESSIVE / AGGRESSIVE GROWTH:** For long-term investors who seek growth potential and do not need current income. May experience substantial year-to-year volatility in value in exchange for high long-term returns.

## RISK TOLERANCE:

The degree to which the value of an investment rises and falls is referred to as its “volatility”. With respect to your investments, how much volatility are you willing to accept?

**MINIMAL** While I can accept very minimal losses in my investments in any given time period, my goal is to minimize losses in my investments in any given year as much as possible, even if it means my total returns are relatively small.

**MODERATE** I am willing to accept some volatility in my investments during any given time period, as the investment is primarily for capital appreciation over the long-term.

**CONSIDERABLE** I am willing to accept substantial risk while pursuing greater potential total returns. I am most concerned about the possibility of my investments gaining value.

Client Signature: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_

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