

Wealth Strategy Kickoff

New Client Info



The more you can complete prior to meeting with our wealth advisors, the better prepared we will be. This form is not meant to overwhelm you, but to help us help you. Leave items blank if needed.

Tell us about you.

First, Middle & Last Name _____

Preferred Name _____ Date of Birth _____

Driver's License Number _____ Expiration Date _____

Social Security Number _____ Home Phone _____

Cell Phone _____ Email Address _____

Home Address _____

Preferred Method of Contact Home Phone Cell Phone Email

Marital Status Married Single Divorced Separated Widowed

Current or Most Recent Employer _____

Employer Address _____

Employer Phone _____ Years at Job _____ Retired?

Title _____ Salary _____

Tell us about your spouse.

Not married? Skip over to page 2. Anniversary _____

First, Middle & Last Name _____

Preferred Name _____ Date of Birth _____

Driver's License Number _____ Expiration Date _____

Social Security Number _____

Continue 

Spouse Info Continued...

Email Address _____

Cell Phone _____

Preferred Method of Contact Home Phone Cell Phone Email

Current or Most Recent Employer _____

Employer Address _____

Employer Phone _____ Years at Job _____ Retired?

Title _____ Salary _____

Dependents and Beneficiaries

#1 First, Middle & Last Name _____

Relationship _____ Date of Birth _____

Social Security Number _____

#2 First, Middle & Last Name _____

Relationship _____ Date of Birth _____

Social Security Number _____

#3 First, Middle & Last Name _____

Relationship _____ Date of Birth _____

Social Security Number _____

#4 First, Middle & Last Name _____

Relationship _____ Date of Birth _____

Social Security Number _____

Keep going... 

Investment Management

Please check investments with which you've had experience and the estimated number of years.

	1-5 Years	5-10 Years	10+ Years
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities/Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Estimated Value _____

Your Risk Profile

Help us understand your comfort level with risk exposure as an investor by answering the following questions.

Which time period best describes how your money will be used to support your primary investment goal?

- My goal will start soon and/or the money will need to last for 5 years or less.
- My goal will start after a few years and/or the money will need to last for 10 years or less.
- My goal is still years away and/or the money will need to last for more than 10 years.

Which of the following best describes your attitude toward the trade-off between risk & return?

- I am willing to accept lower expected returns in order to limit my chance of loss.
- I am willing to accept moderate risk and chance of loss to achieve moderate returns.
- I am willing to accept high risk and high chance of loss to maximize my investment return potential.

How would you feel if your \$100,000 investment decreased in value by \$10,000 after six months due to a down-market period?

- Very uncomfortable. I would consider selling my investment.
- Uncomfortable, yet I would stay with the investment if my financial advisor recommends it.
- I would want to buy more of it as it might be a good investment opportunity.

Is it important for you to receive money from your account?

- Yes, it's highly important, and it must be the same amount on a scheduled basis.
- It's important when needed, but portfolio growth is also an important factor.
- It's not important. Portfolio growth is my primary goal.

Keep going... 

Your Risk Profile

What do you want most from your investments?

- Less volatility, even if accompanied by less growth potential.
- Some investment income but more growth potential over the long term.
- Highest growth potential over the long term (assuming more volatility) with little need for current or near-term investment income.

When we invest, we often make a trade-off between risk and reward*. The chart below shows the returns from four hypothetical portfolios set up to represent increasing levels of risk and reward. Which pattern best matches your comfort level for balancing risk and reward?

Portfolio	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Avg Annual Return
<input type="checkbox"/>	3%	2%	4%	1%	4%	3%	4%	3%
<input type="checkbox"/>	14%	-1%	20%	-5%	10%	2%	6%	6%
<input type="checkbox"/>	19%	-3%	26%	-13%	15%	5%	10%	7.50%
<input type="checkbox"/>	25%	-5%	38%	-23%	19%	7%	14%	9%

Family Risk Management

Please check any insurance for which you have a current policy.

- Term
- Medical
- Long-Term Disability
- Permanent
- Long-Term Care
- Short-Term Disability
- Auto
- Homeowners

Family Leadership Planning

Please check legal documents you've had prepared to plan for your estate and family legacy, if any.

- Will
- Trust
- Advance Directive

Notes/Comments

*Diversification does not assure or guarantee better performance and cannot eliminate the risk of investment losses. Investment and insurance products are not FDIC insured, not bank guaranteed and may lose value.

Cash Flow & Debt Management

INCOME

- Wages \$ _____
- Alimony \$ _____
- Inheritance \$ _____
- Investments \$ _____
- Retirement \$ _____
- Social Security \$ _____
- Other \$ _____

LIABILITIES

- Mortgage(s) \$ _____
- Vehicles \$ _____
- RV/Boat(s) \$ _____
- Credit Card(s) \$ _____
- Other \$ _____

Estimated Annual Income (All Sources) \$ _____

Net Worth (Excluding Residence) _____

Please check your current tax bracket.

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1-10% | <input type="checkbox"/> 11-15% | <input type="checkbox"/> 16-25% |
| <input type="checkbox"/> 26-28% | <input type="checkbox"/> 29-33% | <input type="checkbox"/> 34-35% |
| <input type="checkbox"/> 35%+ | | |

Financial Independence Planning

Please check existing retirement accounts and list the approximate balance.

- | | |
|--|---|
| <input type="checkbox"/> Pension \$ _____ | <input type="checkbox"/> Joint/Ind Investment Acct \$ _____ |
| <input type="checkbox"/> IRA/Roth IRA \$ _____ | <input type="checkbox"/> SEP/SIMPLE IRA \$ _____ |
| <input type="checkbox"/> 401k/403(b) \$ _____ | <input type="checkbox"/> Annuity \$ _____ |

Special Situations Planning

If you own your own business, have family needs for continuing education, anticipated medical bills or upcoming home repairs, let's chat. These factors affect your financial plan, so please list any special situations you'd like to discuss with your advisor.
