



SMART ALPHA WEALTH ADVISORS

CLIENT INTAKE FORM

September 2022

- Please complete this form *prior* to your appointment.
- Please print clearly.
- If you are unsure of any information, please leave it blank.
- It is okay to approximate amounts and include attachments if you need additional space.
- Remember to sign and date the last page.
- **Bring the completed form and your most recent tax return with you to your appointment.**
 - If questions come up as you work through these materials, please feel free to contact us.

We respect your privacy and will not disclose this information to any outside parties without your expressed written consent.

Client1 Name: _____

Nickname: _____ Date of Birth: _____ SSN: _____

Client2 Name: _____

Nickname: _____ Date of Birth: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ E-Mail Address: _____

Alternate/Seasonal Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone: _____

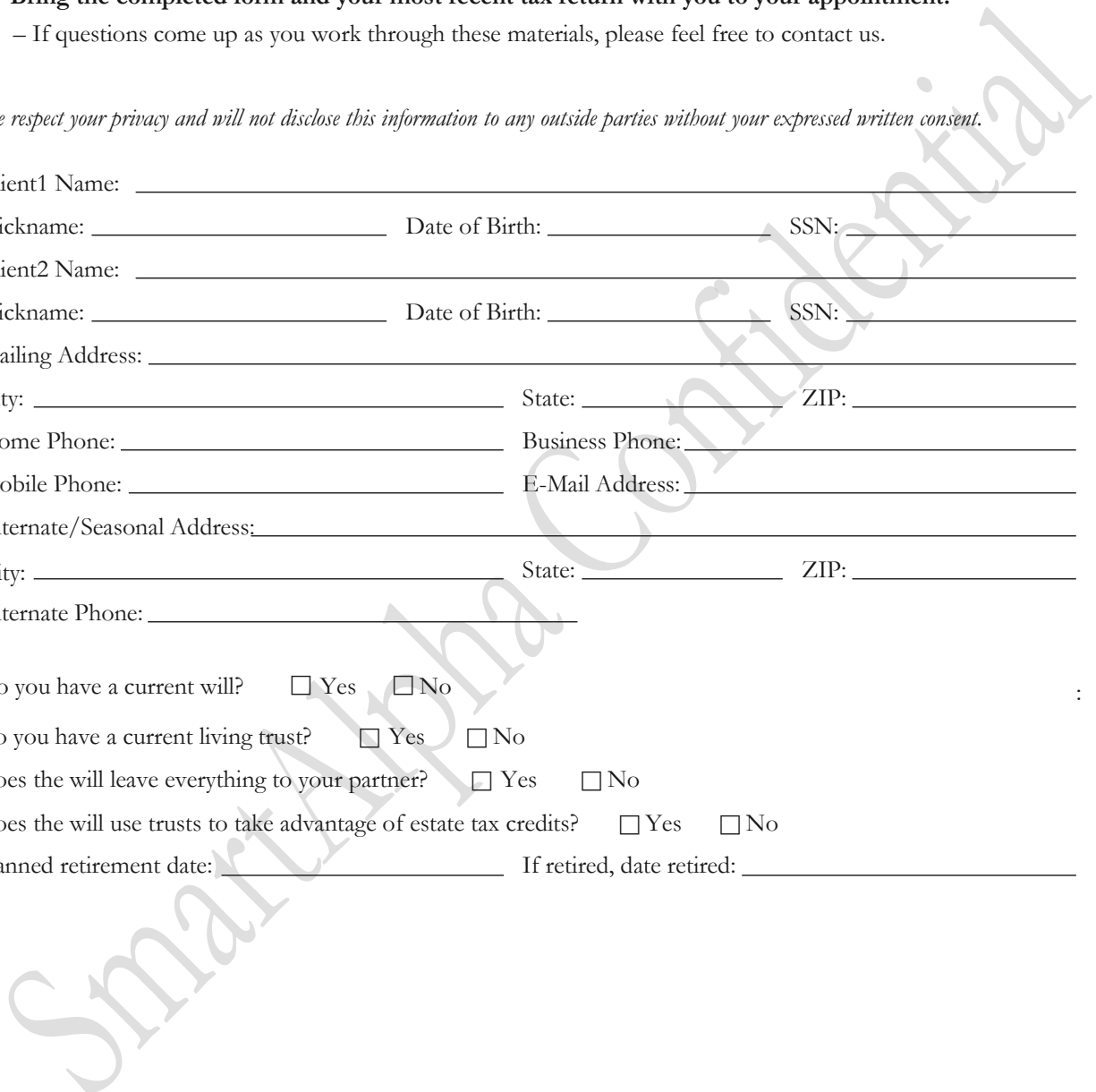
Do you have a current will? Yes No :

Do you have a current living trust? Yes No

Does the will leave everything to your partner? Yes No

Does the will use trusts to take advantage of estate tax credits? Yes No

Planned retirement date: _____ If retired, date retired: _____



What are your primary financial concerns (e.g., preparing for retirement, college expenses, estate issues, current tax concerns)? (List in order of importance.)

1. _____
2. _____
3. _____
4. _____
5. _____

What kind of financial legacy do you want to leave?

How would you improve your financial situation if you could? Why?

Community Involvement: Charities Volunteerism Other: _____

Interests/Hobbies: Gardening Travel Education Wine-tasting

Golf Tennis Reading Sailing Fishing

Other: _____

SUPPLEMENTAL INFORMATION

Client Name(s): _____

Date: _____

	Client 1	Client 2
Self-Employed?		
Company Name		
Business Address		
Business Fax		
Attorney's Name		
Attorney's Phone Number		
Insurance Agent's Name		
Insurance Agent's Phone Number		
Accountant's Name		
Accountant's Phone Number		
Parents Living?		
Mother		
Father		
Children	Names	Birth Dates
Other Dependents?		

Do you have any special concerns or needs for your parents, children, grandchildren, or others?

SmartAlpha Confidential

FINANCIAL NEEDS/INTERESTS

Client Name(s): _____

Date: _____

Rank the following **products/services** in order of importance to you, with "1" being the most important:

Estate planning

Tax planning

College funding/educational planning

Retirement planning

Budgeting

Debt management

Trust planning

Socially responsible investing

Life insurance

Disability insurance

Long-term care insurance

Nursing home expenses

Alternative investments (e.g., limited partnerships, REITs)

Regular portfolio reviews:

Check one: Quarterly Semiannually Annually

_____ Professional referrals

_____ Charitable giving

Rank both of the following lists of **goals** and **features** in order of importance to you, with “1” being the most important:

Goals

- Lower income taxes
- Hedge against inflation
- Plan for retirement
- Reduce estate taxes
- Avoid probate fees
- Reduce insurance premiums
- Increase net worth
- Increase current income
- Ensure proper disposition of assets
- Organize financial affairs
- Peace of mind
- Other:

Desired Investment Features

- Liquidity
- Current income
- Growth potential
- Future income
- Tax advantages
- Preservation of capital

RISK TOLERANCE

Client Name(s): _____

Date: _____

What type of investor are you?

The answers provided will help give an indication of which investment objective may be appropriate for your current needs. Just circle the corresponding point value, and then use the calculation provided to give you your total. Match the total to the investment objective listed at the end of the score sheet.

Examine the time frame for the investment you're planning to make, as it's important to consider how long your money can be invested.

1. In approximately how many years do you expect to need this money?
 - A. 2–3 years
 - B. 4–6 years
 - C. 7–10 years
 - D. 10+ years
2. Do you expect to withdraw more than one-third of the money in this account within seven years (i.e., for retirement income, home down payment, or college tuition)?
 - A. No
 - B. Yes, in 2–3 years
 - C. Yes, in 4–7 years

Examine how you've planned ahead, as it's important to consider how prepared you are for immediate needs.

3. Do you have an emergency fund (i.e., savings of at least six months' after-tax income)?
 - A. No, I do not have an emergency fund.
 - B. I have an emergency fund, but it's less than six months' after-tax income
 - C. Yes, I have an adequate emergency fund.
4. If you expect to have other major expenses (such as college tuition, home down payment, home repairs, etc.), do you have a separate savings plan for these expenses?
 - A. Yes, I have a separate savings plan for these expenses.
 - B. I do not expect to have any such expenses.
 - C. I intend to withdraw a portion of this money for these expenses (and have answered question 2 accordingly).
 - D. I have no separate savings plan for these items at this time.

Examine your current financial situation, as it's important to consider how this new account fits into your total financial picture.

5. Approximately what portion of your total investable assets* is designated for this account?
- A. Less than 25%
 - B. Between 25% and 50%
 - C. Between 51% and 75%
 - D. More than 75%
6. Which ONE of the following describes your expected future earnings over the next five years? (Assume inflation will average 4%.)
- A. I expect my earnings increases to far outpace inflation (due to promotions, etc.).
 - B. I expect my earnings increases to stay somewhat ahead of inflation.
 - C. I expect my earnings increases to keep pace with inflation.
 - D. I expect my future earnings to decrease (due to retirement, part-time work, depressed industry, etc.).
7. Approximately what portion of your monthly take-home income(s) goes toward paying off debt other than your home mortgage?
- A. Less than 10%
 - B. Between 10% and 25%
 - C. Between 26% and 50%
 - D. More than 50%
8. How many dependents do you have? (Include children you continue to support, elderly parents, etc.)
- A. None
 - B. 1
 - C. 2–3
 - D. More than 3

Investable assets include your emergency fund, this account, bank accounts, retirement assets, CDs, mutual funds, cash value of life insurance, stocks or bonds, investment real estate, and so on, but they **do not include your principal residence or vacation home.*

Examine your attitudes toward investing, as it's important to consider how experienced you are with different investments and levels of risk.

9. Part 1. Have you ever invested in individual bonds or bond investment vehicles, aside from U.S. Savings Bonds?

- A. No, and I would be uncomfortable with the risk if I did.
- B. No, but I would be comfortable with the risk if I did.
- C. Yes, but I was uncomfortable with the risk.
- D. Yes, and I felt comfortable with the risk.

9. Part 2. Have you ever invested in individual stocks or stock investment vehicles?

- A. No, and I would be uncomfortable with the risk if I did.
- B. No, but I would be comfortable with the risk if I did.
- C. Yes, but I was uncomfortable with the risk.
- D. Yes, and I felt comfortable with the risk.

10. When thinking about your investments, where would you place yourself on the following scale in terms of your comfort level with risk/potential reward?

1(A.)	2(B.)	3(C.)	4(D.)	5(E.)	6(F.)	7(G.)	8(H.)
Less risk/less potential return			Moderate risk with greater potential return				Maximum potential return regardless of risk

11. Which ONE of the following statements describes your feelings toward choosing an investment?

- A. I would prefer to select investment options that have a low degree of risk (i.e., it is unlikely I will lose my original investment).
- B. I prefer to select a mix of investment options, with emphasis on those with a low degree of risk, and a small portion in others that have a higher degree of risk, which may yield greater returns.
- C. I prefer to select a balanced mix of investment options, some that have a low degree of risk and others that have a higher degree of risk, which may yield greater returns.
- D. I prefer to select an aggressive mix of investment options, some that have a low degree of risk, but with emphasis on others that have a higher degree of risk, which may yield greater returns.
- E. I would only select investment options that have a higher degree of risk and a greater potential for higher returns.

12. If you could increase your chances of improving your returns by taking more risk, would you:
- A. Be willing to take a lot more risk with all your money?
 - B. Be willing to take a little more risk with all your money?
 - C. Be willing to take a little more risk with some of your money?
 - D. Be unlikely to take much more risk?
13. Most investments fluctuate over the short term. If a \$10,000 investment you made for 10 years lost value in the first year, at what point would you sell and transfer the funds to a more stable investment rather than wait for a turnaround?
- A. \$9,500
 - B. \$9,000
 - C. \$8,500
 - D. \$8,000
 - E. Below \$8,000
 - F. Would not sell

Additional information: These questions will help us determine the specific model portfolio within our recommended strategy.

14. Considering your tax bracket, do you prefer to use tax-exempt fixed income investments, even though tax-exempt investments may provide a lower current yield than equivalent taxable investments?

Yes

No

What is your marginal federal tax bracket? _____

Please note: Tax-exempt investments are not appropriate for tax-deferred retirement arrangements.

15. Diversified portfolios often include international investments. Are there reasons you would not want international funds as part of your portfolio?

Yes

No

BUSINESS INFORMATION *(Optional)*

Client Name(s): _____

Date: _____

Business Assets

	Value of Business	Tangible Assets	Percent Ownership	Present Value	Receivables	Loans & Payables
Client 1						
Client 2						
Total						

Key Person Insurance

(Attach your most recent statement and your policies.)

Company	Insured Key Person	Benefit Amount	Benefit Period	Annual Premium
1.				
2.				

Business Continuity Insurance (Attach your most recent statement and your policies.)

Company	Insured Owner	Benefit Amount	Benefit Period	Annual Premium
1.				
2.				

Briefly describe your **succession plan** for the business:

When you die: _____

If you retire: _____

If you become disabled: _____

FINANCIAL INFORMATION

Please attach a printout of this information if it is in your private database.

Client Name(s): _____

Date: _____

Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)

(e.g., checking, savings, money market accounts. Attach your most recent statements/reports)

Name of Institution	Name of Owner	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

IRA and Other Retirement Accounts

(Attach your most recent statement/report.)

Name of Institution and Location (e.g., bank, broker)	Name of Owner	Type of Account (e.g., IRA, TSA)	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Employer Retirement Accounts

(Attach your most recent statement/report.)

Name of Firm and Location (e.g., employer)	Name of Owner	Type of Account (e.g., 401(k), TSA)	Current Employee Contribution	Projected Future Contribution	Current Employer Matching Contribution	Approximate Market Value
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$

(Projected) Retirement Income

(Attach your most recent statement/report.)

Name of Owner	Source of Income	Amount	Projected Benefit
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Stocks and Bonds

(e.g., assets you hold yourself in certificate form)

Name of Stock/Bond	Name of Owner	Number of Shares	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Mutual Funds and/or Brokerage Accounts

(Attach your most recent statement/report.)

Name of Brokerage/ Mutual Fund	Name of Owner	Number of Shares	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Promissory Notes and Trust Deeds

(e.g., amounts owed to you by someone who is paying you on a note)

Name of Debtor	Name of Owner	Interest Rate	Approximate Balance on Note
1.			\$
2.			\$
3.			\$
4.			\$

Residence and Other Real Estate

(Attach relevant documents.)

Property Address	Name of Owner	Original Cost	Approximate Value	Debt	Net Cash Flow Before Depreciation (if a rental)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$

Limited or General Partnerships

(Attach relevant documents.)

Name of Partnership	Name of Owner	Type of Investment	Approximate Market Value or Amount Invested
1.			\$
2.			\$

Stock Options

(Attach relevant documents.)

Name of Firm	Name of Owner	Incentive or Nonqualified?	Number of Shares	Year to Sell	Current Value	Vested Amount	Unvested Amount
1.					\$	\$	\$
2.					\$	\$	\$

Stock Option Vesting Schedule

After 1 year of service	%
After 2 years of service	%
After 3 years of service	%
After 4 years of service	%
After 5 years of service	%
After 6 years of service	%
After 7 years of service	%

Life Insurance

(Attach your most recent statement and your policies.)

Name of Insurance Company	Name of Owner	Beneficiary	Type of Insurance (e.g., whole life, term)	Approximate Death Benefit	Approximate Cash Value (before loans)	Loan Amount	Annual Premium
1.				\$	\$	\$	\$
2.				\$	\$	\$	\$
3.				\$	\$	\$	\$
4.				\$	\$	\$	\$
5.				\$	\$	\$	\$

Disability Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Monthly Benefit	Delay Before Benefits Begin	Length of Benefit Period	Actual Premium
1.		\$			\$
2.		\$			\$

Health Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Deductible	Maximum Limits	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

Long-Term Care Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Daily Benefit Amount	Length of Benefit Period	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

Trust-Owned Second-to-Die Insurance

(Attach your most recent statement and your policies.)

Company	Approximate Death Benefit	Approximate Cash Value	Annual Premium
1.			\$
2.			\$
3.			\$
4.			\$

(Attach your most recent statement and your policies.)

Auto Insurance

(Attach your most recent statement and your policies.)

Company	Liability Coverage	Collision Deductible	Comprehensive	Medical Amount	Expiration Date	Annual Premium
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$

Homeowners Insurance

(Attach your most recent statement and your policies.)

Company	Dwelling	Personal Liability/Property	Medical	Expiration Date	Annual Premium
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$

Annuities

(Attach your most recent statement and your contracts.)

Name of Annuity Company	Name of Annuitant/Owner	Interest Rate	Approximate Value	Date Purchased
1.		%	\$	
2.		%	\$	
3.		%	\$	
4.		%	\$	
5.		%	\$	

Other Assets

Description	Name of Owner	Approximate Value
1.		\$
2.		\$
3.		\$

Household Cash Flow

Client 1's wages and bonuses:	\$	/YR	Source:
Client 2's wages and bonuses:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
What are your approximate annual expenses?	\$	/YR	

Liabilities

(Attach relevant documents.)

Source (e.g., credit cards, car payments)	Name of Owner	Interest Rate/ Finance Charge	Approximate Debt
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Comments:

The preceding information reflects an accurate picture of my financial position at this time.

Client 1 Signature

Date

Client 2 Signature

Date