Investment Profile
QUESTIONNAIRE

This comprehensive, personal financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future, and it is our goal to help you make the right decisions for your financial future. The information you provide in this questionnaire will assit us in making sound recommendations with confidence.

YOUR BASIC INFORMATION

YOUR NAME ______________________

NICKNAME ______________________

AGE ________ BIRTHDATE ______________________

PLACE OF BIRTH ______________________

DRIVERS LICENSE # ______________________

EXP. ______________ STATE ____________

SOCIAL SECURITY # ______________________

HOME PHONE ______________________

CELL PHONE ______________________

EMAIL ADDRESS ______________________

PRIMARY ADDRESS ______________________

CITY ____________ STATE ____ ZIP ________

SECOND ADDRESS ______________________

CITY ____________ STATE ____ ZIP ________

SPOUSE'S BASIC INFORMATION

SPOUSE'S NAME ______________________

NICKNAME ______________________

AGE ________ BIRTHDATE ______________________

PLACE OF BIRTH ______________________

DRIVERS LICENSE # ______________________

EXP. ______________ STATE ____________

SOCIAL SECURITY # ______________________

HOME PHONE ______________________

CELL PHONE ______________________

EMAIL ADDRESS ______________________

PRIMARY ADDRESS ______________________

CITY ____________ STATE ____ ZIP ________

SECOND ADDRESS ______________________

CITY ____________ STATE ____ ZIP ________

GOALS

WHAT ARE YOUR MAJOR OBJECTIVES FOR YOUR INVESTMENTS?

- ☐ Current and future income
- ☐ Building Wealth for Heirs
- ☐ Increasing Returns
- ☐ Preserving Capital
- ☐ Keeping Ahead of Inflation

Income

EMPLOYMENT INFORMATION

	YOU	SPOUSE
EMPLOYER		
NUMBER OF YEARS		
ADDRESS / PHONE		
POSITION / JOB TITLE		
CURRENT GROSS MONTHLY SALARY	$	$
PROJECTED ANNUAL SALARY INCREASE %	%	%
PROJECTED RETIREMENT DATE	______ / ______ ☐ RETIRED ______ / ______ RETIREMENT DATE	______ / ______ ☐ RETIRED ______ / ______ RETIREMENT DATE

SOCIAL SECURITY BENEFITS

OWNER	STRATEGY	START AGE & MONTH	LIFE OR END AGE	GROSS MONTHLY BENEFIT
			☐ LIFE OR	$
			☐ LIFE OR	$
			☐ LIFE OR	$

SSA.GOV LOGIN ☐ YES ☐ NO SOCIAL SECURITY STATEMENT ☐ YES ☐ NO

PENSION OR EMPLOYER SPONSORED RETIREMENT PLAN

OWNER	DESCRIPTION	START AGE	LIFE OR END AGE	GROSS MONTHLY BENEFIT	% TO SURVIVOR
			☐ LIFE OR	$	
			☐ LIFE OR	$	
			☐ LIFE OR	$	

RETIREMENT ASSETS

OWNER	COMPANY	TAX CLASSIFICATION IRA, 401K, ETC	INVESTMENT VEHICLE, CD, BOND	ALLOCATION	ACCOUNT VALUE	MONTHLY CONTRIBUTIONS
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$
				☐ LOW RISK ☐ AT RISK	$	$

Expenses

HOUSEHOLD

DESCRIPTION	MONTHLY AMOUNT	COMMENT
MORTGAGE	$	
REAL ESTATE TAXES	$	
HOMEOWNERS INSURANCE	$	
HOME EQUITY LOAN	$	
ASSOCIATION DUES	$	
RENT	$	
RENTERS INSURANCE	$	
UTILITIES		
GAS	$	
ELECTRIC	$	
WATER	$	
SEWER	$	
CABLE	$	
PHONE	$	
INTERNET	$	
MAINTENANCE & IMPROVEMENT	$	
HOUSE CLEANING	$	

DAILY LIVING

DESCRIPTION	MONTHLY AMOUNT	COMMENT
FOOD	$	
DINING OUT	$	
CLOTHING	$	
PERSONAL CARE	$	

HEALTHCARE & INSURACE

DESCRIPTION	MONTHLY AMOUNT	COMMENT
HEALTH INSURANCE/ MEDICARE PLAN	$	
PRESCRIPTIONS	$	
LIFE INSURANCE	$	
LONG TERM CARE INSURANCE	$	
DISABILITY INSURANCE	$	
VETERINARIAN	$	
PART D PLAN	$	
MEDICARE PREMIUM	$	

Expenses

TRANSPORTATION

DESCRIPTION	MONTHLY AMOUNT	INFLATION %	START DATE	END DATE
AUTO LOANS	$	%	______ / ______	☐ LIFE OR ____ / _____
AUTO INSURANCE	$	%	______ / ______	☐ LIFE OR ____ / _____
FUEL	$	%	______ / ______	☐ LIFE OR ____ / _____
REPAIRS	$	%	______ / ______	☐ LIFE OR ____ / _____

DEBT & OBLIGATIONS

DESCRIPTION	MONTHLY AMOUNT	INFLATION %	START DATE	END DATE
CREDIT CARDS	$	%	______ / ______	☐ LIFE OR ____ / _____
TUITION - STUDENT LOANS	$	%	______ / ______	☐ LIFE OR ____ / _____
ALIMONY	$	%	______ / ______	☐ LIFE OR ____ / _____
CHILD SUPPORT	$	%	______ / ______	☐ LIFE OR ____ / _____

ENTERTAINMENT

DESCRIPTION	MONTHLY AMOUNT	INFLATION %	START DATE	END DATE
PARTIES & EVENTS	$	%	______ / ______	☐ LIFE OR ____ / _____
SPORTS - HOBBIES - LESSONS	$	%	______ / ______	☐ LIFE OR ____ / _____
MEMBERSHIP DUES	$	%	______ / ______	☐ LIFE OR ____ / _____
VACATION AND TRAVEL	$	%	______ / ______	☐ LIFE OR ____ / _____

MISCELLANEOUS

DESCRIPTION	MONTHLY AMOUNT	INFLATION %	START DATE	END DATE
CHARITABLE DONATIONS	$	%	______ / ______	☐ LIFE OR ____ / _____
GIFTS	$	%	______ / ______	☐ LIFE OR ____ / _____
OTHER	$	%	______ / ______	☐ LIFE OR ____ / _____

FUTURE CASH FLOWS

OWNER	DESCRIPTION	TAXATION	AMOUNT	PROJECT DATE
		☐ TAXABLE ☐ NON-TAXABLE	$	______ / ______
		☐ TAXABLE ☐ NON-TAXABLE	$	______ / ______
		☐ TAXABLE ☐ NON-TAXABLE	$	______ / ______
		☐ TAXABLE ☐ NON-TAXABLE	$	______ / ______
		☐ TAXABLE ☐ NON-TAXABLE	$	______ / ______
		☐ TAXABLE ☐ NON-TAXABLE	$	______ / ______

MONTHLY EXPENSES

CURRENT MONTHLY EXPENSES AFTER TAX	PROJECTED INFLATION RATE
$	%

Healthcare/Medicare Information

MEDICARE A/B

YOU

MEDICARE # ______

START DATE (A) ______

START DATE (B) ______

NAME AS IT APPEARS ON CARD ______

MEDICARE PLAN(S)

PROVIDER ______

PLAN ______

COST ______

DEDUCTIBLE ______

MOOP ______

APPLIED FOR PART B? ☐ YES ☐ NO

DATE APPLIED ____ / ____ / ____

RECIEVED CARD? ☐ YES ☐ NO

CARD # ______

PRESCRIPTIONS TAKING (NAME AND DOSAGE)

1. ______
2. ______
3. ______
4. ______
5. ______

PHARMACY PREFERRED ______

SPOUSE

MEDICARE # ______

START DATE (A) ______

START DATE (B) ______

NAME AS IT APPEARS ON CARD ______

MEDICARE PLAN(S)

PROVIDER ______

PLAN ______

COST ______

DEDUCTIBLE ______

MOOP ______

APPLIED FOR PART B? ☐ YES ☐ NO

DATE APPLIED ____ / ____ / ____

RECIEVED CARD? ☐ YES ☐ NO

CARD # ______

PRESCRIPTIONS TAKING (NAME AND DOSAGE)

1. ______
2. ______
3. ______
4. ______
5. ______

PHARMACY PREFERRED ______

HEALTH INFORMATION

CLIENT	SMOKER	HEALTH CONCERNS
	☐ YES ☐ NO	
	☐ YES ☐ NO	

Life Insurance and Long Term Care

EXISTING LIFE INSURANCE INFORMATION						
OWNER	COMPANY	TYPE	DEATH BENEFIT	MONTHLY PREMIUM	CASH VALUE	POLICY END DATE
		☐ TERM ☐ PERMANENT	$	$	$	☐ LIFE OR ____ / _____
		☐ TERM ☐ PERMANENT	$	$	$	☐ LIFE OR ____ / _____
		☐ TERM ☐ PERMANENT	$	$	$	☐ LIFE OR ____ / _____

EXISTING LONG-TERM CARE COVERAGE INFORMATION								
OWNER	COMPANY	TYPE	START DATE	DAILY BENEFIT	YEARS	INFLATION TYPE	INFLATION %	MONTHLY PREMIUM
		☐ TERM ☐ PERMANENT	____ / _____	$		☐ SIMPLE ☐ COMPOUND	$	%
		☐ TERM ☐ PERMANENT	____ / _____	$		☐ SIMPLE ☐ COMPOUND	$	%

Estate Information

FAMILY INFORMATION

NAME	RELATIONSHIP	DATE OF BIRTH	SPOUSE'S NAME
		____ / ____ / ____	
		____ / ____ / ____	
		____ / ____ / ____	
		____ / ____ / ____	
		____ / ____ / ____	
		____ / ____ / ____	

PROFESSIONAL CONTACT INFORMATION

PROFESSION	NAME	EMAIL ADDRESS	TELEPHONE
ACCOUNTANT			( ) -
REAL ESTATE PLANNING ATTORNEY			

ESTATE PLANS

QUESTION	YES	NO	UNCERTAIN	UPDATED
HAVE YOU NAMED YOUR BENEFICIARIES?				____ / ____ / ____
DO YOU HAVE UPDATED/ ADEQUATE WILLS=?				____ / ____ / ____
DO YOU HAVE A TRUST?				____ / ____ / ____
DO YOU HAVE A DURABLE POWER OF ATTORNEY?				____ / ____ / ____
HAVE YOU NAMED A TRUSTEE?				____ / ____ / ____
WILL YOU BE RECIEVING A SIGNIFICANT INHERITANCE?				____ / ____ / ____
HAVE YOU ADEQUATELY CONSIDERED ESTATE TAX?				____ / ____ / ____
HAVE YOU PROVIDED ESTATE LIQUIDITY FOR YOUR HEIRS?				____ / ____ / ____
IS PROPER TITLING A CONCERN?				____ / ____ / ____

CONCERNS

PLEASE LIST ANY CONCERNS YOU HAVE: ____

Risk Questionnaire

Your Name ____

1. What is your investment objective?
- ◯ a) Growth of capital
- ◯ b) Generation of current income

IF YOU ANSWERED (a) FOR QUESTION #1:
How likely is it that you will need to withdraw a significant portion of these assets to pay for ongoing living expenses prior to the investment time horizon?
- ◯ a) Likely
- ◯ b) Unlikely

IF YOU ANSWERED (b) FOR QUESTION #1:
Would you rely solely on the dividends and interest, or would you use principal in periods when income is insufficient?
- ◯ a) Income only
- ◯ b) Principal and income

2. What is the investment amount? ____

3. What is your investment time horizon? Investment time horizon is the expected period of time until the desired goal is achieved.
- ◯ a) Up to 2 years.
- ◯ b) Up to 4 years.
- ◯ c) Up to 7 years.
- ◯ d) Up to 10 years.
- ◯ e) Up to 15 years.
- ◯ f) More than 15 years.

4. What is your employment situation?
- ◯ a) Employed
- ◯ b) Student
- ◯ c) Retired
- ◯ d) Unemployed

5. What is your approximate net worth? Your net worth includes home(s), vehicles, all investments (liquid and illiquid), business interests, etc.
- ◯ a) Up to $24,999.99
- ◯ b) Between $25,000.00 and $49,999.99
- ◯ c) Between $50,000.00 and $99,999.99
- ◯ d) Between $100,000.00 and $249,999.99
- ◯ e) Between $250,000.00 and $499,999.99
- ◯ f) Between $500,000.00 and $999,999.99
- ◯ g) Between $1,000,000.00 and $1,999,999.99
- ◯ h) More than $2,000,000.00

6. What is your liquid net worth? Liquid assets include brokerage accounts, retirement accounts (IRAs, 401(k)s, etc.), checking accounts, etc. It does NOT include personal residences or investments that cannot quickly be converted to cash.
- a) Up to $24,999.99
- b) Between $25,000.00 and $49,999.00
- c) Between $50,000.00 and $99,999.99
- d) Between $100,000.00 and $249,999.99
- e) Between $250,000.00 and $499,999.99
- f) Between $500,000.00 and $999,999.99
- g) Between $1,000,000.00 and $1,999,999.99
- h) More than $2,000,000.00

7. What is the level of your annual income?
- a) Up to $24,999.99
- b) Between $25,000.00 and $49,999.99
- c) Between $50,000.00 and $99,999.99
- d) Between $100,000.00 and $249,999.99
- e) More than $250,000.00

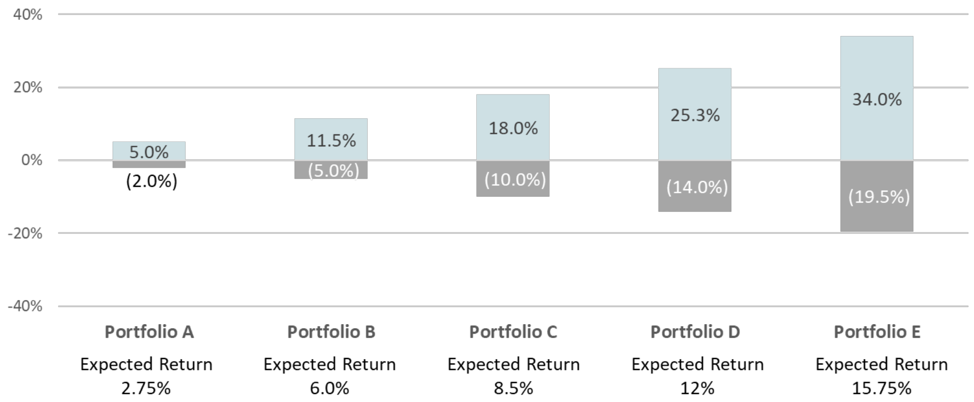
8. What is your birthdate? (mm-dd-yyyy) ____________________

9. What is the birthdate of your spouse? (mm-dd-yyyy) ____________________

10. Considering the risk/return trade-off for an investment, what scenario best describes you?
- a) The risk is the most important factor.
- b) The risk is more important than the potential rate of return (ROR).
- c) The risk and the potential ROR are equally important.
- d) The potential ROR is more important than risk.
- e) ROR is the most important factor.

11. If the stock market were to drop 25% in value over 3 months and one of your stocks did the same, what would you do with your shares?
- a) Sell them immediately.
- b) Sell a portion of them.
- c) Hold them, the market and my stock value will turn around soon.
- d) Consider an additional purchase.
- e) Definitely purchase more shares.

12. The following graph illustrates 5 hypothetical portfolios and their range of probable RORs over a one-year period. Which portfolio would you be most comfortable investing in?
- a) Portfolio A
- b) Portfolio B
- c) Portfolio C
- d) Portfolio D
- e) Portfolio E



13. What deviations in the performance of your investments compared to an appropriate benchmark are acceptable for you?

- a) Even the smallest deviations are bothersome to me.
- b) Infrequent and small deviations would be tolerable.
- c) Some deviations would be tolerable as long as such deviations are acceptable for the type of investment.
- d) Frequent material deviations would be tolerable as long as such deviations are acceptable for the type of investment.
- e) Even big deviations would not bother me as long as such deviations are acceptable for the type of investment.

14. How often would you review your investments?

- a) Frequently, regardless of market conditions.
- b) Monitor them closely during market turmoil.
- c) Sometimes, when time permits.
- d) Seldom.
- e) Only when a review is scheduled and initiated by the financial advisor.

15. Have you ever invested in individual stocks, bonds or mutual funds?

- a) No, because I feel uncomfortable with the risk.
- b) No, but I am comfortable doing so.
- c) Yes, I have a little experience investing, but risk makes me uncomfortable.
- d) Yes, I have a little experience investing, and I am comfortable with the risk.
- e) Yes, I have a lot of experience investing in the market.

OPTIONAL QUESTIONS:

16. What are your liquidity considerations?

17. What are your special considerations?

Client Signature: ______________________________

Advisor Signature: ______________________________

Date: ______________________________