

Client Data Personal Information

Name	First	M Init	Last
Marital Status	M D S W	Sex	M F
Birthdate	Social Security #		
Legal Street Address	PO Box Mailing		
City	State	Zip	
Home Phone	Cell Phone		
Employer	Occupation		
Annual Income	Employer Address		
Office phone	DL#		
Email			

Co-Client / Spouse

Name	First	M Init	Last
Marital Status	M D S W	Sex	M F
Birthdate	Social Security #		
Legal Street Address	PO Box Mailing		
City	State	Zip	
Home Phone	Cell Phone		
Employer	Occupation		
Annual Income	Employer Address		
Office phone			
Email			

Date: _____

Children attach separate sheet if necessary

Name	First	M Init	Last
Birthdate	Sex	M F	Marital Status # of Children
Name	First	M Init	Last
Birthdate	Sex	M F	Marital Status # of Children
Name	First	M Init	Last
Birthdate	Sex	M F	Marital Status # of Children

Estimated Net Worth (excluding home & farm)

- Less than \$25,000
- \$25,001-\$50,000
- \$50,001-100,000
- \$100,001-500,000
- Over \$500,000

Investable Assets (liquid net worth)

- Less than \$25,000
- \$25,001-\$50,000
- \$50,001-100,000
- \$100,001-500,000
- Over \$500,000

Investment Experience in Years

circle 0 1 3 5 10 15 20 other _____

Annual Gross Income all sources:

(spouse, investments, earned, alimony etc.) \$

Federal Tax Bracket

- | | |
|-------------------------------|------------------------------|
| <input type="checkbox"/> >12% | <input type="checkbox"/> 32% |
| <input type="checkbox"/> 22% | <input type="checkbox"/> 35% |
| <input type="checkbox"/> 24% | <input type="checkbox"/> 37% |

Risk Tolerance

- Ultra
- Conservative
- Conservative
- Moderate
- High

Objective

- Income
- Growth
- Growth & Income
- Retirement Income

Investment Time Horizon

(number of months, years, decades you plan to invest to reach your financial goals)

Time Horizon

- Short-term < 3 years
- Intermediate >3-5 yrs
- Long-term >5-10 yrs

Beneficiary Information

PRIMARY BENEFICIARY

Name First MI Last	Date of Birth	Social Security #	Relationship	Share %	Per Stirpes*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total of beneficiary/s(ies) share percentages must equal 100%. Do not use fractional percentages or dollar amounts.				100%	

CONTINGENT BENEFICIARY

Name First MI Last	Date of Birth	Social Security #	Relationship	Share %	Per Stirpes*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total of beneficiary/s(ies) share percentages must equal 100%. Do not use fractional percentages or dollar amounts.				100%	

*PER STIRPES –system of inheritance under which children take the share their parent would have taken had he survived the decedent. For example, if A and B are the children of the deceased, but B is deceased leaving children C and D(the grandchildren of the original person), then A would receive one half of the estate and each of B's 2 children would receive one-fourth of the estate (essentially, they are dividing B's half).

Insurance

Do you have?

- Health
- Life
- Disability
- Long-term Care
- P&C/Liability

Estate Planning Documents

Check if you have

- Will
- Springing or Durable Power of Attorney for Finances
- Living Will/Healthcare Directive – Do not resuscitate or right to die document
- Medical Power of Attorney
- Side or Personal Instruction Letter, Final arrangements – not to be included in Will
- Trust

Your Professional Advisors:

CPA _____

Attorney _____

Bankers _____

Brokers/Investment Advisor _____

Other Professionals _____

How would you like to be contacted?

email work other
 cellular ph home ph time of day

Personal Information



Registered Investment Advisor

806-798-1880 Fax 806-798-0083

Date: _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone _____

Occupation _____ Employer _____

CO-CLIENT (if applicable)

Name _____ Age _____

Address (if different) _____

City _____ State _____ Zip _____ Phone _____

Occupation _____ Employer _____

HOW DID YOU HEAR ABOUT BONNER & SMITH, LLC? WHO CAN WE THANK?

WHAT ARE YOUR MOST CRITICAL FINANCIAL ISSUES?

1. _____

2. _____

3. _____

HOW WOULD YOU LIKE TO BE CONTACTED?

Cell Phone _____ Home Phone _____ Email _____ Work _____ Preferred Time of Day _____

5308 114th St Lubbock, TX 79424

Bonner & Smith, LLC will keep all information provided confidential.

Statement of Financial Condition



Registered Investment Advisor

806-798-1880 Fax 806-798-0083

NAME: _____ DATE: _____

ASSETS (Fair Market Value)

CASH EQUIVALENTS

Checking and Savings Accts. \$ _____
 Money Market Accts. \$ _____
 Certificates of Deposits \$ _____
 Life Insurance Cash Value \$ _____

STOCK/BONDS/MUTUAL FUNDS

Attach separate statements
 \$ _____
 \$ _____
 \$ _____
 \$ _____

RETIREMENT FUNDS

IRA Accounts \$ _____
 Pension Plan \$ _____
 Profit Sharing Plan \$ _____
 401(k) or Thrift Plan \$ _____
 TSA/403(b) Plan \$ _____
 Deferred Compensation Plan \$ _____
 ESOP or Stock Option Plan \$ _____

REAL ESTATE / BUSINESS / OTHER

Oil Gas \$ _____
 Real Estate \$ _____
 Real Estate \$ _____
 Gold / Precious Metals / Coins \$ _____
 Other \$ _____
 Other \$ _____

OTHER ASSETS *Fair Market Value*

Home \$ _____
 Automobile \$ _____
 Automobile \$ _____
 Personal Property \$ _____
 Boat(s) \$ _____
 Collectables \$ _____
 Other \$ _____
 Other \$ _____

TOTAL ASSETS \$

LIABILITIES

Home Mortgage \$ _____
 Mortgage payment \$ _____
 Interest Rate _____

Home Equity Line of Credit/Loan \$ _____
 Second Mortgage \$ _____
 Int. Rates on Loans _____
 Other Mortgages \$ _____

Auto Loans/Leases \$ _____
 \$ _____
 Auto Mo. Payments \$ _____

Other Installment Loans \$ _____
 \$ _____

Business Loans \$ _____
 \$ _____

Taxes Due \$ _____
 \$ _____

Credit Cards \$ _____
 Interest rate _____ \$ _____

Other Personal Debt \$ _____

TOTAL LIABILITIES \$

NET WORTH _____ (Assets minus Liabilities)
 \$ _____

INCOME

WHAT IS YOUR ANNUAL INCOME FROM:
 Salary and/or Self-Employment \$ _____
 Investment Income \$ _____
 Other \$ _____

You may attach a new worth statement rather than complete this section

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Tell Us About Yourself



Name: _____

Date: _____

	YES	NO		YES	NO
Do you plan to retire at a specific age? When? _____	<input type="radio"/>	<input type="radio"/>	Do you expect an inheritance? How much? _____	<input type="radio"/>	<input type="radio"/>
Are you confident with your current retirement plan?	<input type="radio"/>	<input type="radio"/>	Do you want to leave an inheritance?	<input type="radio"/>	<input type="radio"/>
Are you working with a broker/financial advisor?	<input type="radio"/>	<input type="radio"/>	Do you have a desire to leave part of your estate to school, church, charity or other institution?	<input type="radio"/>	<input type="radio"/>
Are you willing to change financial advisors if you have one?	<input type="radio"/>	<input type="radio"/>	Are your parents or children dependent on you for support?	<input type="radio"/>	<input type="radio"/>
How committed are you to a worry free retirement? Not at all Somewhat Very			Do you plan to pay for or assist with your children's or grandchildren's education?	<input type="radio"/>	<input type="radio"/>
Are you willing to make changes to reach your retirement goal if necessary?	<input type="radio"/>	<input type="radio"/>	Do you have an emergency fund?	<input type="radio"/>	<input type="radio"/>
Would you work longer?	<input type="radio"/>	<input type="radio"/>	Do you take 401(k) loans or withdrawals?	<input type="radio"/>	<input type="radio"/>
Would you save more?	<input type="radio"/>	<input type="radio"/>	Who pays the bills? _____		
Would you live on less?	<input type="radio"/>	<input type="radio"/>	Who's the saver in the family? _____		
Would you work during retirement?	<input type="radio"/>	<input type="radio"/>	What type of investing have you done in the past? _____		
Do you have 401(k) or retirement plans with previous employers?	<input type="radio"/>	<input type="radio"/>	How were investment decisions made? _____		
Do you know how much you should save for retirement?	<input type="radio"/>	<input type="radio"/>			
Do you have a workplace retirement plan?	<input type="radio"/>	<input type="radio"/>	What do you believe is a reasonable rate of return on your investments? _____%		
How much do you contribute? _____%					
What are your sources of retirement income? (circle if applicable) 401(k) 403(b) Inheritance Pension Personal Savings Social Security Other			Do you have any investments that you are emotionally attached to?	<input type="radio"/>	<input type="radio"/>
Your spouse's sources of retirement income? (circle if applicable) 401(k) 403(b) Inheritance Pension Personal Savings Social Security Other			Are there any investments you would rule out for yourself? Explain _____	<input type="radio"/>	<input type="radio"/>
Do you save outside of work?	<input type="radio"/>	<input type="radio"/>	Can you save money and leave it alone?	<input type="radio"/>	<input type="radio"/>
Percent or amount? _____			Will you allow someone to manage your assets?	<input type="radio"/>	<input type="radio"/>
Are you expecting to receive any large amounts of money in the next few years?	<input type="radio"/>	<input type="radio"/>	Can you accept temporary declines in the value of your assets? Bear markets occur on average every 5 years.	<input type="radio"/>	<input type="radio"/>
Will you have any large expenses in the next few years? If so list type and amount?	<input type="radio"/>	<input type="radio"/>	Do you want to become wealthy?	<input type="radio"/>	<input type="radio"/>

Bonner & Smith, LLC will keep all information provided confidential.

Documents we would like to review:

- Previous years tax returns
- Social Security statement
- Brokerage statements
- W-2s
- Recent payroll check-stub
- Retirement/Workplace savings statements