Client Intake: Personal Financial and Investment Profile

This comprehensive, personal financial summary is designed to help us take inventory of your financial life. It is an essential first step in creating a customized financial plan for your future. Please take note of the following:

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

Client 1 Full Name: _____ Nickname: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Mobile Phone: _____ Work Phone: _____ Ext.: _____

Home Phone: _____ Primary Email Address: _____

Preferred Phone: ◯ Mobile ◯ Work ◯ Home Have you been married before? ◯ Yes ◯ No

Client 2 Full Name: _____ Nickname: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Mobile Phone: _____ Work Phone: _____ Ext.: _____

Home Phone: _____ Primary Email Address: _____

Preferred Phone: ◯ Mobile ◯ Work ◯ Home Have you been married before? ◯ Yes ◯ No

Alternate/Seasonal Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone: _____ Marital Status: ◯ Single ◯ Married

JS&Co.
JOHN SMITH AND COMPANY

John Whelan, ABC, XYZ, Compliance Approved Title
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If you were married previously, describe any financial obligations that resulted under the terms of your settlement agreement:

What is the best time to call you between 8:00 a.m. and 5:00 p.m.?

○ 8:00 ○ 9:00 ○ 10:00 ○ 11:00 ○ 12:00 ○ 1:00 ○ 2:00 ○ 3:00 ○ 4:00 ○ 5:00

What is the best day to call you?

○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday

What is the best day and time to schedule annual meetings? _____

Were you referred by anyone? _____

Family Information

Children's Names and Ages

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Do you anticipate having more children? ○ Yes ○ No ○ Uncertain

Should any special allowances be made for your children? ○ Yes ○ No

Are your parents living?

Client 1 Name: _____ Mother: ○ Yes ○ No Father: ○ Yes ○ No

Client 2 Name: _____ Mother: ○ Yes ○ No Father: ○ Yes ○ No

Do you have any specific concerns about your parents?

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Occupation and Hobbies

Client 1 Name: _____ Job Title: _____

○ Employed ○ Retired Retirement Date: _____

Current or Most Recent Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Start Date/Year: _____ Work Phone: _____

Community Involvement: ☐ Charities ☐ Volunteerism ☐ Other: _____

Interests/Hobbies: _____

Client 2 Name: _____ Job Title: _____

○ Employed ○ Retired Retirement Date: _____

Current or Most Recent Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Start Date/Year: _____ Work Phone: _____

Community Involvement: ☐ Charities ☐ Volunteerism ☐ Other: _____

Interests/Hobbies: _____

Professional Advisors

Prior Financial Advisor's Name: _____

Firm Name: _____ City/State: _____

What did you like/dislike about working with them? _____

Attorney's Name: _____

Firm Name: _____ City/State: _____

Accountant's Name: _____

Firm Name: _____ City/State: _____

Insurance Agent's Name: _____

Firm Name: _____ City/State: _____

Please list any advisors you have a preference for or a commitment to working with, if applicable:

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Personal Finances

Income

Client 1 Name: _____ Annual Income Salary: $_____

Bonus: $_____ Pension: $_____ Social Security: $_____

Client 2 Name: _____ Annual Income Salary: $_____

Bonus: $_____ Pension: $_____ Social Security: $_____

Savings

How much do you have in an emergency fund?

Short-term (cash equivalents) $_____ (which is _____ months at your current spending)

Medium-term (liquid investments) $_____ (which is _____ months at your current spending)

On average, how much do you save per month, including in retirement accounts? $_____

How many times per year do you dip into savings/investments to pay for expenses? _____

Expenses

How much do you spend each month?

Debt	$_____
Necessities	$_____
Lifestyle expenses	$_____
Total	$_____

What life stage are you in (e.g., accumulating, retired, gifting)? _____

Do you expect any special expenses within the next five years? Please explain:

_____

_____

Balance of Outstanding Personal Debt/Liabilities

Car loans: $_____ Credit cards: $_____

Student loans: $_____ Other loans: $_____

Mortgage: $_____

Net Worth

Total estimated assets	$_____
Total estimated liabilities	– $_____
Total net worth	= $_____

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Insurance

What type(s) of insurance do you have?

Client 1 Name: _____

	Yes	No	Uncertain
Life	○	○	○
Health	○	○	○
Disability	○	○	○
Home and auto (P&C)	○	○	○
Umbrella policy	○	○	○
Long-term care	○	○	○

Client 2 Name: _____

	Yes	No	Uncertain
Life	○	○	○
Health	○	○	○
Disability	○	○	○
Home and auto (P&C)	○	○	○
Umbrella policy	○	○	○
Long-term care	○	○	○

Investment Assets

Please check the range below that most accurately reflects the total of your investments in each category:

Non-Retirement Investments

○ $100,000–$250,000 ○ $250,001–$500,000 ○ $500,001–$1,000,000
○ $1,000,001–$5,000,000 ○ $5,000,001+

Please provide a current statement for all accounts.

Retirement Plan Investments (IRA, 401(k), 403(b))

○ $100,000–$250,000 ○ $250,001–$500,000 ○ $500,001–$1,000,000
○ $1,000,001–$5,000,000 ○ $5,000,001+

Please provide a current statement for all accounts.

Stock Purchase Plan

Client 1: ○ Yes ○ No Client 2: ○ Yes ○ No

Stock Options

Client 1: ○ Yes ○ No Client 2: ○ Yes ○ No

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Estate Planning

	Yes	No	Uncertain
Do you have updated wills?	○	○	○
Have you established any trusts?	○	○	○
Are you the beneficiary of any trusts?	○	○	○
Will you receive a significant inheritance?	○	○	○
Have you adequately considered estate taxes?	○	○	○
Have you provided adequate estate liquidity for your heirs?	○	○	○
Is proper titling a concern?	○	○	○
Have you or your spouse made any gifts of cash or property?	○	○	○
Are your important documents secure and in one location?	○	○	○

Concerns

Please list any concerns you have:

Personal Views

1. What are your top priorities in life?

2. What are your biggest fears in life?

3. What is your vision for your future?

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Client Intake: Personal Financial and Investment Profile

Client 1 Name: _____

Life Values

Please choose five of the goals below and rank them in order, with 1 as the most important and 5 as the least important:

_____ **Achievement:** To accomplish something in life

_____ **Adventure:** To experience variety and excitement

_____ **Aesthetics:** To be able to appreciate and enjoy beauty

_____ **Authority:** To be a key decision-maker, directing priorities

_____ **Autonomy:** To be independent and have freedom

_____ **Friendship:** To have close personal relationships; to share with family and friends

_____ **Health:** To be physically, mentally, and emotionally well

_____ **Integrity:** To be honest and straightforward, just and fair

_____ **Pleasure:** To experience enjoyment and satisfaction from my activities

_____ **Recognition:** To be seen as successful and receive acknowledgment for achievement

_____ **Security:** To feel stable and comfortable, with few changes or anxieties in my life

_____ **Service:** To contribute to other people's quality of life

_____ **Spirituality/growth:** To be in harmony with the infinite source of life

_____ **Wealth:** To acquire an abundance of money/possessions; to be financially independent

_____ **Wisdom:** To have insight; to be able to pursue new knowledge

Personal Financial Goals

Which item(s) would you like help with? (Check all that apply.)

- ☐ Financial security at retirement
- ☐ Investing and accumulating wealth to increase my standard of living
- ☐ Reducing my tax budget
- ☐ Debt management
- ☐ Paying for the college education of ☐ my children and/or ☐ grandchildren
- ☐ Providing for my family in the event of my (or my spouse's) death
- ☐ Minimizing the cost of probate and estate taxes
- ☐ Controlling the distribution of assets to my heirs/developing an estate plan
- ☐ Planning for long-term care
- ☐ Buying a ☐ house and/or ☐ seasonal house
- ☐ Charitable giving
- ☐ Other (Explain): _____

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

1. _____

2. _____

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Client Intake: Personal Financial and Investment Profile

Client 2 Name: _____

Life Values

Please choose five of the goals below and rank them in order, with 1 as the most important and 5 as the least important:

_____ **Achievement:** To accomplish something in life

_____ **Adventure:** To experience variety and excitement

_____ **Aesthetics:** To be able to appreciate and enjoy beauty

_____ **Authority:** To be a key decision-maker, directing priorities

_____ **Autonomy:** To be independent and have freedom

_____ **Friendship:** To have close personal relationships; to share with family and friends

_____ **Health:** To be physically, mentally, and emotionally well

_____ **Integrity:** To be honest and straightforward, just and fair

_____ **Pleasure:** To experience enjoyment and satisfaction from my activities

_____ **Recognition:** To be seen as successful and receive acknowledgment for achievement

_____ **Security:** To feel stable and comfortable, with few changes or anxieties in my life

_____ **Service:** To contribute to other people's quality of life

_____ **Spirituality/growth:** To be in harmony with the infinite source of life

_____ **Wealth:** To acquire an abundance of money/possessions; to be financially independent

_____ **Wisdom:** To have insight; to be able to pursue new knowledge

Personal Financial Goals

Which item(s) would you like help with? (Check all that apply.)

- ☐ Financial security at retirement
- ☐ Investing and accumulating wealth to increase my standard of living
- ☐ Reducing my tax budget
- ☐ Debt management
- ☐ Paying for the college education of ☐ my children and/or ☐ grandchildren
- ☐ Providing for my family in the event of my (or my spouse's) death
- ☐ Minimizing the cost of probate and estate taxes
- ☐ Controlling the distribution of assets to my heirs/developing an estate plan
- ☐ Planning for long-term care
- ☐ Buying a ☐ house and/or ☐ seasonal house
- ☐ Charitable giving
- ☐ Other (Explain): _____

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

1. _____

2. _____

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Factors Affecting Your Financial Planning

Retirement

Client 1 Name: _____

At what age would you like to retire? _____

Are you considering a career change prior to retirement? (If yes, explain.) ○ Yes ○ No

_____

_____

Client 2 Name: _____

At what age would you like to retire? _____

Are you considering a career change prior to retirement? (If yes, explain.) ○ Yes ○ No

_____

_____

Educational Funding

Do your children currently attend private school? ○ Yes ○ No

If yes, will this continue through high school? ○ Yes ○ No

Do you anticipate that your children will attend a four-year ○ Yes ○ No

☐ private college and/or ☐ public college?

Do you anticipate paying for the full cost of college for your children? ○ Yes ○ No

Other Objectives

Do you have any additional objectives requiring capital or income? (If yes, explain.) ○ Yes ○ No

_____

_____

_____

What do you want most from financial planning? (In order of priority, summarize your objectives.)

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

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Economic Fears

What economic fears or concerns do you have? (Check all that apply.)

Client 1 Name: _____

- ☐ Loss of job
- ☐ Cost of living increasing faster than my income
- ☐ Inability to save regularly
- ☐ Threat of retiring on inadequate resources
- ☐ Effect of health on my career or assets
- ☐ Ineffective investment programs
- ☐ Economic effect of premature death
- ☐ Paying too much in taxes
- ☐ Heirs will not handle money properly
- ☐ Current financial plan won't meet overall objectives

Client 2 Name: _____

- ☐ Loss of job
- ☐ Cost of living increasing faster than my income
- ☐ Inability to save regularly
- ☐ Threat of retiring on inadequate resources
- ☐ Effect of health on my career or assets
- ☐ Ineffective investment programs
- ☐ Economic effect of premature death
- ☐ Paying too much in taxes
- ☐ Heirs will not handle money properly
- ☐ Current financial plan won't meet overall objectives

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Investment Attitude Risk Questionnaire

Client 1 Name: _____

Please choose a number under each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not important			Moderately important					Very important
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

2. How important is growth?

Not important			Moderately important					Very important
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

3. How important is low volatility?

Not important			Moderately important					Very important
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

4. How important is inflation protection?

Not important			Moderately important					Very important
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

5. How important is cash flow?

Not important			Moderately important					Very important
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

6. How much risk are you willing to take to achieve a high return?

Not important			Moderately important					Very important
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

What average annual rate of return do you want to earn on your portfolio to reach your financial goals? _____%*

*This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment, and there is no guarantee you will actually receive this rate.

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Client Intake: Personal Financial and Investment Profile

Client 2 Name: _____

Please choose a number under each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not important			Moderately important				Very important	
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

2. How important is growth?

Not important			Moderately important				Very important	
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

3. How important is low volatility?

Not important			Moderately important				Very important	
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

4. How important is inflation protection?

Not important			Moderately important				Very important	
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

5. How important is cash flow?

Not important			Moderately important				Very important	
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

6. How much risk are you willing to take to achieve a high return?

Not important			A moderate amount				A lot	
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

What average annual rate of return do you want to earn on your portfolio to reach your financial goals? _____%*

*This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment, and there is no guarantee you will actually receive this rate.

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

Client Signature 1 _____ Date _____

Client Signature 2 _____ Date _____

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