



CLIENT INTAKE FORM

Date: _____

- Complete this form prior to your appointment
- If you are unsure of any information, leave it blank

Client Last Name: _____

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

Client 1 Name: _____

Client 2 Name: _____

Date of Birth: _____

Date of Birth: _____

Cell Phone: _____

Cell Phone: _____

Email address: _____

Email address: _____

Mailing Address: _____

Home Phone: _____

Alternate/Seasonal Address: _____

Alternate Phone: _____

Please bring with you to your appointment complete statements from the following, when applicable:

- Copy of most recent tax return
- Copy of recent Social Security Benefit statement
- Bank Account (Checking, Savings, CD, etc)
- IRA and Employer Retirement Accounts (*full statement, not Internet printout*)
- Copies of the last 3 paystubs
- Projected Pension Income or Plan Details
- Stocks, Bonds, Mutual Fund and Brokerage Accounts (*full statement, not Internet printout*)
- Promissory Notes and Trust Deeds
- Limited or General Partnerships
- Stock Options
- Annuities



- 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
- Have you ever been employed by a state, municipality or company that had a pension plan? Yes No

What are your primary financial concerns (e.g. preparing for retirement, college expenses, estate issues, current tax concerns, etc.)? 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?



SUPPLEMENTAL INFORMATION

	Client 1	Client 2
Are you self employed?		
Company Name/Employer		
Business Address		
Business Fax		
Date of Hire		
Planned Retirement Date		
Company Retirement Plan?		
If yes, Employer Contributions?	<i>% of income</i> OR \$ /pay period	<i>% of income</i> OR \$ /pay period
If yes, Employee Contributions?	<i>% of income</i> OR \$ /pay period	<i>% of income</i> OR \$ /pay period
Other Savings?	\$ /year <i>Source:</i>	\$ /year <i>Source:</i>
Other Savings (con't)	\$ /year <i>Source:</i>	\$ /year <i>Source:</i>
Income	<i>Wage/Bonus</i> \$ /year <i># of pay periods/year</i>	<i>Wage/Bonus</i> \$ /year <i># of pay periods/year</i>
Other Income	\$ /year <i>Income Source:</i>	\$ /year <i>Income Source:</i>
Other Income 2	\$ /year <i>Income Source:</i>	\$ /year <i>Income Source:</i>



Client 1

Client 2

Attorney's Name		
Attorney's Tel. Number		
Insurance Agent's Name		
Insurance Agent's Tel. Number		
Accountant's Name		
Accountant's Tel Number		
Parents Living?		
Mother & Age		
Father & Age		
Children Names/Birth Dates		
Other Dependents?		

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



FINANCIAL NEEDS/INTERESTS

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, etc)
- _____ Regular Portfolio Reviews
- _____ Professional Referrals
- _____ Asset Allocation
- _____ Charitable Giving



RISK TOLERANCE

What type of investor are you?

The answers provided on this score sheet will help give you an indication of which investment strategy 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 strategy 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 to you expect to need this money?

	Points
A. 2-3 years	20
B. 4-6 years	38
C. 7-10 years	50
D. 10+ years	69

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)?

	Points
A. No	20
B. Yes, in 2-3 years	0
C. Yes, in 4-7 years	12

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)?

	Points
A. No, I do not have an emergency fund	8
B. I have an emergency fund, but its less than six months after-tax income	3
C. Yes, I have an adequate emergency fund	0

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?

	Points
A. Yes, I have a separate savings plan for these expenses	0
B. I do not expect to have any such expenses	1
C. I intend to withdraw a portion of this money for these expenses (and have answered question 2 accordingly)	3
D. I have no separate savings plan for these items at this time	4



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?

	Points
A. Less than 25%	0
B. Between 25% and 50%	1
C. Between 51% and 75%	2
D. More than 75%	4

**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.*

6. Which one of the following describes your expected future earnings over the next five years? (Assume inflation will average 4%)

	Points
A. I expect my earnings increases to far outpace inflation (due to promotions, etc)	0
B. I expect my earnings increases to stay somewhat ahead of inflation	1
C. I expect my earnings increases to keep pace with inflation.	2
D. I expect my future earnings to decrease (due to retirement, part-time work, depressed industry, etc)	4

7. Approximately what portion of your monthly take-home income(s) goes toward paying off debt other than home mortgage?

	Points
A. Less than 10%	0
B. Between 10% and 25%	1
C. Between 25% and 50%	2
D. More than 50%	6

8. How many dependents do you have? (Include children you continue to support, elderly parents, etc)

	Points
A. None	0
B. 1	1
C. 2-3	2
D. More than 3	4



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?

	Points
A. No, and I would be uncomfortable with the risk if I did	10
B. No, but I would be comfortable with the risk if I did	4
C. Yes, but I was uncomfortable with the risk	6
D. Yes, and I felt comfortable with the risk	0

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

	Points
A. No and I would be uncomfortable with the risk if I did	8
B. No, but I would be comfortable with the risk if I did	3
C. Yes, but I was uncomfortable with the risk	5
D. Yes, and I felt comfortable with the risk	0

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	

	<u>Points</u>
A	12
B	7
C	5
D	3
E	2
F	1
G	0
H	0



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

- | | Points |
|--|--------|
| 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) | 12 |
| 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. | 9 |
| 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. | 5 |
| 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 | 1 |
| E. I would only select investment options that have a higher degree of risk and a greater potential for higher returns | 0 |

12. If you could increase your chances of improving your returns by taking more risk, would you:

- | | Points |
|---|--------|
| A. Be willing to take a lot more risk with all your money? | 0 |
| B. Be willing to take a little more risk with all your money? | 3 |
| C. Be willing to take a little more risk with some of your money? | 6 |
| D. Be unlikely to take much more risk? | 10 |

13. Most investments fluctuate over the short term. If a \$10,000 investment you made for ten 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?

- | | Points |
|-------------------|--------|
| A. \$9,500 | 10 |
| B. \$9,000 | 8 |
| C. \$8,500 | 6 |
| D. \$8,000 | 4 |
| E. Below \$8,000 | 2 |
| F. Would not sell | 0 |



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

Score and Strategy

Use the following calculation to determine your point score and identify the appropriate strategy listed below.

A. Add your points for questions 1-2 _____

B. Add your points for questions 3-12 _____

C. Subtract B from A _____ (total points)

Points	Strategy	Asset Class Mix
0-10	Primarily Fixed Income:	75% Fixed Income; 25% Equity
10-19	Balanced Fixed Income-Oriented:	55% Fixed Income; 45% Equity
20-49	Balanced Equity-Oriented:	40% Fixed Income; 60% Equity
50-69	Primarily Equity:	*20% Fixed Income; 80% Equity
70+	Equity:	98% Equity; 2% Cash

Given your specific circumstances, if you believe that any of these strategies will be more suitable than the diversified strategy specified by the worksheet, your advisor will discuss the alternatives and make an appropriate recommendation.

**If your score points you to the growth strategy, consider investing in the aggressive strategy if the amount that you are investing for this goal represents only the aggressive portion of your total portfolio and if you already own more conservative investments – such as fixed income and short-term securities – that can provide a balance to the short-term fluctuations of stocks*



RISK TOLERANCE QUESTIONNAIRE #2

Check the box next to the number to answer each of the six risk tolerance questions below.

- 1. How important is capital preservation?

<i>Not at all</i>				<i>Moderately Important</i>				<i>Very Important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

- 2. How important is growth?

<i>Not at all</i>				<i>Moderately Important</i>				<i>Very Important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

- 3. How important is low volatility?

<i>Not at all</i>				<i>Moderately Important</i>				<i>Very Important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

- 4. How important is inflation protection?

<i>Not at all</i>				<i>Moderately Important</i>				<i>Very Important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

- 5. How important is current cash flow?

<i>Not at all</i>				<i>Moderately Important</i>				<i>Very Important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

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

<i>Not at all</i>				<i>Moderately Important</i>				<i>Very Important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9



INSURANCE INFORMATION

Life Insurance

<i>Name of Ins Co</i>	<i>Name of Owner</i>	<i>Beneficiary</i>	<i>Type of Insurance</i>	<i>Death Benefit</i>	<i>Cash Value</i>	<i>Loan Amt</i>	<i>Annual Premium</i>

Disability Insurance

<i>Company</i>	<i>Name of Insured</i>	<i>Monthly Benefit</i>	<i>Delay before Benefits begin</i>	<i>Length of benefit period</i>	<i>Annual Premium</i>

Health Insurance

<i>Company</i>	<i>Name of Insured</i>	<i>Deductible</i>	<i>Maximum Limits</i>	<i>Annual Premium</i>



Long Term Care Insurance

<i>Company</i>	<i>Name of Insured</i>	<i>Daily Benefit Amount</i>	<i>Length of Benefit Period</i>	<i>Annual Premium</i>

Trust Owned Second-to-Die Insurance

<i>Company</i>	<i>Approximate Death Benefit</i>	<i>Approximate Cash Value</i>	<i>Annual Premium</i>

Auto Insurance

<i>Company</i>	<i>Liability</i>	<i>Collision</i>	<i>Comprehensive</i>	<i>Medical Amt</i>	<i>Expiration Date</i>	<i>Annual Premium</i>

Homeowner's Insurance

<i>Company</i>	<i>Dwelling</i>	<i>Personal Liability/Property</i>	<i>Medical</i>	<i>Expiration Date</i>	<i>Annual Premium</i>



Primary Residence

<i>Value</i>	<i>Mortgage Balance</i>	<i>Interest Rate</i>	<i>Fixed/Adjustable</i>	<i>Mortgage Term</i>	<i>Years remaining</i>

Additional Real Estate

<i>Location</i>	<i>Value</i>	<i>Mortgage Balance</i>	<i>Interest Rate</i>	<i>Fixed/Adjustable</i>	<i>Mortgage Term</i>	<i>Years Remaining</i>

Liabilities (Debts)

<i>Source</i>	<i>Owner</i>	<i>Interest Rate/Finance Charge</i>	<i>Approximate Debt</i>

Additional Comments:



SPENDING WORKSHEET

Fixed Monthly Expenses	
Total Mortgage/Rent Payment	\$
Principal/Interest	\$ <i>prin</i> \$ <i>int.</i>
Condo/HOA Fees	\$
Second Mortgage/Home Equity Line of Credit	\$
Real Estate Taxes	\$
Included in Mortgage payment?	Yes No
Automobile Payment	\$
Personal Loan(s) Payment(s)	\$
Credit Card(s) Payment(s)	\$
Life Insurance	\$
Disability Insurance	\$
Health Insurance	\$
Long Term Care Insurance	\$
Homeowner's Insurance	\$
Automobile Insurance	\$
Umbrella Liability Insurance	\$
Total Fixed Expenses:	\$



Variable Monthly Expenses	
Electricity	\$
Home Heating	\$
Telephone	\$
Water/Sewer	\$
Cable TV/Internet	\$
Home repairs/maintenance	\$
Home improvements	\$
Food	\$
Clothing	\$
Laundry	\$
Child Care	\$
Personal care	\$
Automobile repairs	\$
Automobile gas	\$
Other transportation	\$
Education expenses	\$
Entertainment/dining	\$
Recreation/travel	\$
Club association/dues/subscriptions	\$
Hobbies	\$
Gifts/donations	\$
Unreimbursed medical & dental expenses	\$
Miscellaneous	\$
Other:	\$
Other:	\$
Total Variable Expenses	\$



AGREEMENT

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

Client 1 Signature

Date

Client 2 Signature

Date