

Retirement Account Questionnaire

SECTION 1 : ACCOUNT OWNER INFORMATION

Vital Information

Gender: Male or Female *(circle one)* Status: Single or Married *(circle one)*

First Name _____ Middle Initial _____ Last Name _____

SSN ____-____-____ DOB ____ / ____ / ____ US Citizen? Y / N *(circle one)*

Driver's License# _____ State Issued _____ Expiration ____ / ____ / ____

Contact Information

Address _____

City, St, Zip _____

Cell (____) _____ - _____

Hm Ph (____) _____ - _____

Wk Ph (____) _____ - _____

Email _____

Work Information

Self Employed? Y / N *(circle one)* Full Time / Part Time *(circle one)*

Employer / Company Name _____

Occupation _____

Retired? Y / N *(circle one)*

Estimated Retirement Date ____ / ____ / ____

SECTION 2 : BENEFICIARIES

Client Name

Primary Beneficiaries Information

Primary Beneficiary #1 Name _____

SSN ____ - ____ - ____ DOB ____ / ____ / ____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - ____

Hm Ph (____) ____ - ____

Email _____

Primary Beneficiary #2 Name _____ *(if applicable)*

SSN ____ - ____ - ____ DOB ____ / ____ / ____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - ____

Hm Ph (____) ____ - ____

Email _____



Contingent Beneficiaries Information

Contingent Beneficiary #1 Name _____

SSN ____-____-____ DOB ____/____/____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - _____

Hm Ph (____) ____ - _____

Email _____

Contingent Beneficiary #2 Name _____

SSN ____-____-____ DOB ____/____/____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - _____

Hm Ph (____) ____ - _____

Email _____

Contingent Beneficiary #3 Name _____

SSN ____-____-____ DOB ____/____/____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - _____

Hm Ph (____) ____ - _____

Email _____

SECTION 3 : INCOME & ASSETS

Financial Information

Total Annual Income \$ _____

Total Net Worth \$ _____

- | | | |
|---|---|---|
| <input type="radio"/> Between \$0 and \$25,000 | <input type="radio"/> Between \$100,000 and \$249,000 | <input type="radio"/> Between \$750,000 and \$999,999 |
| <input type="radio"/> Between \$25,000 and \$49,000 | <input type="radio"/> Between \$250,000 and \$499,999 | <input type="radio"/> Between \$1,000,000 and \$2,000,000 |
| <input type="radio"/> Between \$50,000 and \$99,999 | <input type="radio"/> Between \$500,000 and \$749,999 | |

Liquid Net Worth \$ _____

- | | | |
|---|---|---|
| <input type="radio"/> Between \$0 and \$25,000 | <input type="radio"/> Between \$100,000 and \$249,000 | <input type="radio"/> Between \$750,000 and \$999,999 |
| <input type="radio"/> Between \$25,000 and \$49,000 | <input type="radio"/> Between \$250,000 and \$499,999 | <input type="radio"/> Between \$1,000,000 and \$2,000,000 |
| <input type="radio"/> Between \$50,000 and \$99,999 | <input type="radio"/> Between \$500,000 and \$749,999 | |

Total Portfolio Assets \$ _____

Total Cash On-Hand \$ _____

Federal Income Tax Bracket:

_____ 10% _____ 12% _____ 22% _____ 24% _____ 32% _____ 35% _____ 37%

SECTION 4 : REQUESTED ITEMS FOR OUR MEETING

Client Specific Investment & Protection Information

- Current 401k(s) information or statement
- Current IRA(s) or Roth IRA(s) information or statement
- Any other Investment Account(s) statements
- Social Security Statement(s) www.socialsecurity.gov
- Life Insurance Policies
- Home & Auto Policies showing the Declaration page with the Limits & Deductibles
- Copy of Driver's License
- Voided Check

SUITABILITY : SECTIONS 5 - 8

SECTION 5 : INVESTING EXPERIENCE

How many years of experience in Investing _____ yrs.

Your overall investment experience: ____ < 5 years ____ 5-10 years ____ 10-20 years ____ 20+ years

SECTION 6 : FINANCIAL NEEDS

Which of the following Horizons best meets your Financial Needs

- Less than 3 years
- 3 – 5 years
- 5 – 7 years
- 7 – 10 years
- 10 years +

Do you have liquidity needs from the funds in this account? ____ Yes ____ No

If yes, when do you need these funds? ____ 0-3 years ____ More than 3 Years ____ Other

SECTION 7 : INVESTMENT RISK TOLERANCE

The risk / volatility that you feel that you are able tolerate with your Investment Portfolio. (choose one)

- Extremely Low Risk – Extremely Conservative
- Very Low Risk – Conservative
- Low Risk – Moderately Conservative
- Average Risk – Moderate
- Average to High Risk – Moderately Aggressive
- High Risk – Aggressive
- Extremely High Risk – Very Aggressive

SECTION 8 : INVESTMENT OBJECTIVES

Account's investment objective:

- ___ Speculative
- ___ Aggressive
- ___ Growth
- ___ Growth & Income
- ___ Income

- Income & Growth (25% Equities/75% Fixed Income)
- Balanced Growth (40% Equities/60% Fixed Income)
- Balanced Growth (50% Equities/50% Fixed Income)
- Balanced Growth (60% Equities/40% Fixed Income)
- Long-Term Growth (75% Equities/25% Fixed Income)
- Long-Term Growth (85% Equities/15% Fixed Income)
- Aggressive Growth (95% Equities/5% Fixed Income)



Please describe any personal circumstances that may, in the future, affect your income, financial net worth, investment objectives or tax bracket. Please consider all relevant factors specific to your situation (i.e. college expenses, future retirement plans, the sale of real estate or other property, medical situations, etc.):

SECTION 9 FINANCIAL CONCERNS / INTERESTS



Please rate the following financial concerns or interests. 1=No Concern / Interest 5=Very Concerned / Interested

Second Opinion / Financial Health Assessment	1	2	3	4	5
Creating a Comprehensive Financial Plan	1	2	3	4	5
Retirement Income and Cash Flow Analysis	1	2	3	4	5
Social Security Strategies Analysis	1	2	3	4	5
Current Investment / Portfolio Analysis	1	2	3	4	5
Reducing Risk / Protecting My Assets	1	2	3	4	5
Obtaining Higher Return Rates	1	2	3	4	5
401(k) Investment Strategies	1	2	3	4	5
IRA Rollover Strategies / Roth Conversions	1	2	3	4	5
Annuity Analysis / Annuity Review	1	2	3	4	5
Pension Benefits Analysis	1	2	3	4	5
Reducing Taxes / Tax Return Review	1	2	3	4	5
Life Insurance Review / Analysis	1	2	3	4	5
Insurance Needs (LTC, Health, Disability, etc.)	1	2	3	4	5
Estate, Legacy or Charitable Planning	1	2	3	4	5
College Planning or Education Analysis	1	2	3	4	5
Other _____	1	2	3	4	5