

Client Profile Questionnaire



Thank you for taking the time to complete our Client Profile Questionnaire. The information provided will enable us to examine your current financial situation and understand your financial goals and needs.

Please attach copies of all investment account statements, company pension, company savings plans, college savings plans, insurance policies, tax returns, wills, etc.

If you have any questions while completing the questionnaire, please call us at 888-547-6972.

We look forward to meeting with you.

Mike Mammini, CFP®

Chris Landwair
Senior Financial Analyst

Date: _____

| All Family Members Names: | Date of Birth: | Social Security # |
|---------------------------|----------------|-------------------|
|---------------------------|----------------|-------------------|

1. Self: _____

Drivers License # _____ State: _____

2. Spouse: _____

Drivers License # _____ State: _____

1. Child: _____

2. Child: _____

3. Child: _____

Home Address: _____

Home Phone: _____ Cell Phone #1 _____ Cell Phone #2 _____

Primary email address: _____

Secondary email address: _____

Referred by: _____

Employment Information

Self

Employer: _____

Address: _____

Work Phone: _____ Title: _____

Length of Employment: _____ Annual Income: _____

Any self-employment or outside income? _____

Potential for increase in income? _____

Spouse

Employer: _____

Address: _____

Work Phone: _____ Title: _____

Length of Employment: _____ Annual Income: _____

Any self-employment or outside income? _____

Potential for increase in income? _____

Non—Retirement Assets

| | | | |
|----------|----------------------------------|----------------|----------------------|
| \$ _____ | Savings Account | \$ _____ | Savings Account |
| \$ _____ | Checking Account | \$ _____ | Checking Account |
| \$ _____ | Money Market Account | \$ _____ | Money Market Account |
| \$ _____ | Certificate of Deposit | Maturity Date: | _____ |
| \$ _____ | Certificate of Deposit | Maturity Date: | _____ |
| \$ _____ | Mutual Funds (attach statements) | | |
| \$ _____ | Primary Residence | | |
| \$ _____ | Secondary Residence | | |
| \$ _____ | Other _____ | | |
| \$ _____ | Other _____ | | |

Please submit copies of all accounts

Debt

| | | | | |
|----------|----------------------------|----------------------------------|---------------------|---------|
| \$ _____ | Home Mortgage Balance | Mo payt. _____ | Yrs Remaining _____ | % _____ |
| \$ _____ | Car Note Balance | Mo Payt. _____ | Date Paid Off _____ | |
| \$ _____ | Car Note Balance | Mo Payt. _____ | Date Paid Off _____ | |
| \$ _____ | Credit Card Balance | Combined Monthly Payments: _____ | | |
| \$ _____ | Personal Loan(s) for _____ | | | |
| \$ _____ | Student Loan(s) | Mo Payt. _____ | Balance _____ | |
| \$ _____ | Business Debt(s) | | | |
| \$ _____ | Other _____ | \$ _____ | Other _____ | |
| \$ _____ | Other _____ | \$ _____ | Other _____ | |

Please submit copies of all accounts

Do you have a college savings plan? Yes No Are you interested in adding to/starting a plan? Yes No
 Would you like me to calculate how much you will need to save for your children's education? Yes No

College Funds

| | Child 1 | Child 2 | Child 3 |
|----------------------|-----------------------|-----------------------|-----------------------|
| Name | _____ | _____ | _____ |
| Circle One | Public/Private | Public/Private | Public/Private |
| Circle One | In State/Out of State | In State/Out of State | In State/Out of State |
| % of tuition | _____ | _____ | _____ |
| Current Balance | _____ | _____ | _____ |
| Annual Contributions | _____ | _____ | _____ |

Retirement Assets

#1 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

#2 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

#3 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

#4 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

#5 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

#6 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

#7 In the Name of _____ Company _____
Type of Account: _____ Balance: _____ Annual Contribution: _____

Please submit copies of all accounts

Will you be eligible for Social Security?

Self: Yes No **Spouse:** Yes No

Do you have any Pension Benefits?

Self: Yes No How Much \$ _____ When: _____

Surviving spouse percentage ____%

Spouse: Yes No How Much \$ _____ When: _____

Surviving spouse percentage ____%

Please provide a copy of your annual Social Security and Pension Statement

Your Parents Situation

Self: Mother: Living Deceased In Good Health In Poor Health
 Father: Living Deceased In Good Health In Poor Health
 Are your parents married? Yes No Are there step-parents? Yes No
 Concerning their finances:
 Will have to help them financially
 Won't have to help them financially
 May have an inheritance

Spouse: Mother: Living Deceased In Good Health In Poor Health
 Father: Living Deceased In Good Health In Poor Health
 Are your parents married? Yes No Are there step-parents? Yes No
 Concerning their finances:
 Will have to help them financially
 Won't have to help them financially
 May have an inheritance

Estate/Tax Planning

Do you have a will? self spouse Guardian named for your children? Yes No
 Does your will reflect your current wishes? _____
 Is there a trust? Yes No Type: _____ Year written: _____
 Power of Attorney? Yes No
 Health Care Directive? Yes No
 Attorney: _____ Phone: _____

Do you currently use a tax preparer/accountant? Yes No
 Tax Preparer: _____ Phone: _____
 Accountant: _____ Phone: _____

If there was a way that you could make a charitable gift a part of your estate planning without it taking away from your family, would you be interested in pursuing that? If so, who would you like to make a gift to? _____

How much PERSONALLY OWNED life insurance do you have?

| Company | Death Benefit | Type | Premium | Cash Value | Loans? |
|---------------|---------------|-------|----------|------------|--------|
| Self: _____ | \$ _____ | _____ | \$ _____ | \$ _____ | _____ |
| Self: _____ | \$ _____ | _____ | \$ _____ | \$ _____ | _____ |
| Spouse: _____ | \$ _____ | _____ | \$ _____ | \$ _____ | _____ |
| Spouse: _____ | \$ _____ | _____ | \$ _____ | \$ _____ | _____ |
| Other: _____ | \$ _____ | _____ | \$ _____ | \$ _____ | _____ |

How much GROUP LIFE INSURANCE do you have?

| Death Benefit | Premium |
|---------------|----------|
| Self: _____ | \$ _____ |
| Spouse: _____ | \$ _____ |

Are your beneficiaries current? Yes No

How much money per month would you need in the event of the death of your spouse? \$ _____

How much money per month would he/she need in the event of your death? \$ _____

Is everyone covered by HEALTH INSURANCE? Yes No

Do you have a long-term care policy? Self: Yes No Spouse: Yes No

| Carrier's Name | Date Purchased | Monthly Benefit | Yearly Cost |
|----------------|----------------|-----------------|-------------|
| Self: _____ | _____ | \$ _____ | \$ _____ |
| Spouse: _____ | _____ | \$ _____ | \$ _____ |

Do you have a disability income policy? Self: Yes No Spouse: Yes No

| Carrier's Name | Date Purchased | Monthly Benefit | Yearly Cost |
|----------------|----------------|-----------------|-------------|
| Self: _____ | _____ | \$ _____ | \$ _____ |
| Spouse: _____ | _____ | \$ _____ | \$ _____ |

Please submit copies of all policies.

List three financial goals:

1. _____

2. _____

3. _____

Other Notes: _____

As an investor, where would you place yourself on the following scale? (circle your choice from 1-10)

Minimize loss
& Fluctuations
as much as possible

A balance mix
with some
fluctuation and growth

Maximum accumulation
of assets regardless of
fluctuation or risk.

1 2 3 4 5 6 7 8 9 10

Return Objective

Based on your investment goals, which of the following objectives best describes your desired investment approach? (check one)

- Current Income: Emphasis on maintaining purchasing power while generating high current income, with the opportunity for liquidity and preservation of capital.
- Capital Preservation: Emphasis on capital preservation and liquidity with moderate current income and limited capital appreciation.
- Conservation Growth & Income: Emphasis on growth of capital and inflation protection with current/future income and liquidity, providing small potential for loss.
- Balanced: Emphasis on inflation protection through intermediate term asset growth, with the opportunity for current/future income and liquidity.
- Capital Growth: Emphasis on capital growth and inflation protection, with the opportunity for current/future income and liquidity.
- Aggressive Growth: Emphasis on aggressive capital appreciation with likelihood of high fluctuation in asset value. Also providing inflation protection and current/future income.
- Total Equity: Emphasis on maximum long-term capital appreciation with likelihood of high fluctuation in asset value. Also providing inflation protection.

Loss Aversion

I would be comfortable sustaining a fluctuation in my account of: (Please check one.)

- 0-3% per year 4-6% per year 6-8% per year
 8-10% per year 10-12% per year over 12% per year