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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.

In 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®, CIMA®

Chris Landwair
Financial Consultant

Date: _____

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

College Funds

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

	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? _____

Life/Health Insurance

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

Long-Term Care/Disability

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.

Financial Goals

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

Risk Profile

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