

FINANCIAL PROFILE QUESTIONNAIRE

Personal Accounts
Trusts
IRA Rollovers
Personal Foundations

Client Name(s) _____

Advisor _____

Date _____

YOUR FINANCIAL PROFILE

Account Owner/Trustee/Custodian (Circle One)

Name _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____ Title _____

Employer Address (Street Address/City/State/Zip) _____

Home Phone _____ Business Phone _____ Fax _____

Cell Phone _____ E-Mail _____

Date of Birth _____ Driver's License # _____ Expiration _____

Social Security Number _____ Citizenship: U.S. Other _____

Registered with FINRA: Yes No 10% or >Owner or Director of a publicly traded company: Yes No

If yes, provide firm name(s) _____

Qualified as an "insider" under Rule 144 Yes No

Account Owner 2/Trustee/Custodian (Circle One)

Name _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____ Title _____

Employer Address (Street Address/City/State/Zip) _____

Home Phone _____ Business Phone _____ Fax _____

Cell Phone _____ E-Mail _____

Date of Birth _____ Driver's License # _____ Expiration _____

Social Security Number _____ Citizenship: U.S. Other _____

Registered with FINRA: Yes No 10% or >Owner or Director of a publicly traded company: Yes No

If yes, provide firm name(s) _____

Qualified as an "insider" under Rule 144 Yes No

Your Spouse (if not a co-owner of the account)

Name _____ Social Security Number _____
Employer _____ Occupation _____ Title _____
Employer Address (Street Address/City/State/Zip) _____
Business Phone _____ Cell Phone _____ E-Mail _____
Date of Birth _____ Driver's License # _____ Expiration _____
Registered with FINRA: Yes No 10% or >Owner or Director of a publicly traded company: Yes No
If yes, provide firm name(s) _____
Qualified as an "insider" under Rule 144 Yes No Citizenship: U.S. Other _____

Your Children

(#1) Name _____ Date of Birth _____
Address _____
Home Phone _____ Cell Phone _____
Social Security Number _____ E-Mail _____

(#2) Name _____ Date of Birth _____
Address _____
Home Phone _____ Cell Phone _____
Social Security Number _____ E-Mail _____

(#3) Name _____ Date of Birth _____
Address _____
Home Phone _____ Cell Phone _____
Social Security Number _____ E-Mail _____

(#4) Name _____ Date of Birth _____
Address _____
Home Phone _____ Cell Phone _____
Social Security Number _____ E-Mail _____

Please provide us with the names of your other advisors:

Attorney _____

Firm Name _____

Address _____

Phone _____ Email _____

Permission to share information with your attorney, if needed: Yes No

Accountant _____

Firm Name _____

Address _____

Phone _____ Email _____

Permission to share information with your accountant, if needed: Yes No

Your current tax information:

Marginal Federal Income Tax Rate _____% Marginal State Tax Rate _____% Capital Gains Rate _____%

Year-to-date capital gains (losses) are: Short-term \$ _____ Long term (>12 months) \$ _____

If you have capital carry-forward losses from prior years, please indicate amount: \$ _____

Are you subject to federal alternative minimum tax (AMT)? Yes No

Your current insurance coverage:

Account Owner 1

Group Life Policy through Employer	Death Benefit	\$ _____	
Term Life	Death Benefit	\$ _____	
Whole Life	Death Benefit	\$ _____	Cash Value \$ _____
Variable Life / Universal Life	Death Benefit	\$ _____	Cash Value \$ _____
Long-term Care	Benefit	_____	Carrier _____

Account Owner 2

Group Life Policy through Employer	Death Benefit	\$ _____	
Term	Death Benefit	\$ _____	
Whole Life	Death Benefit	\$ _____	Cash Value \$ _____
Variable Life / Universal Life	Death Benefit	\$ _____	Cash Value \$ _____
Long-term Care	Benefit	_____	Carrier _____

Tell us about income/distributions you plan to take from your investments:

Please provide us with your current financial information.

(Please estimate your current assets and liabilities on this page or attach a current financial statement. Unless otherwise noted, we will assume that joint account owners have provided combined assets and liabilities).

YOUR CURRENT ASSETS

- 1. Cash, CD's, Money Market \$ _____
- 2. Other Taxable Investments \$ _____
- 3. Retirement assets (incl. 401(k) / IRAs) \$ _____
- 4. Annuities \$ _____
- 5. Life Insurance / Cash Value \$ _____
- 6. Real Estate / Estimated Value \$ _____
- 7. Other Assets / Estimated Value \$ _____

Total Assets (Lines 1 thru 6) \$ _____

YOUR CURRENT LIABILITIES

- 8. Mortgage Loan Balance \$ _____
- 9. Other Loan Balances \$ _____
- 10. Other Liabilities \$ _____

Total Liabilities (Lines 7 thru 9) \$ _____

Annual Debt Service \$ _____

Net Worth (Total Assets-Total Debt) \$ _____

YOUR ESTIMATED ANNUAL INCOME

Account Owner 1

- 1. Wages/Commissions/Bonus \$ _____
- 2. Pension / Social Security \$ _____
- 3. Interest/Dividends \$ _____
- 4. Other Income _____ \$ _____ **Total Income \$ _____**

Anticipated changes, if applicable: _____

Account Owner 2

- 1. Wages/Commissions/Bonus \$ _____
- 2. Pension / Social Security \$ _____
- 3. Interest/Dividends \$ _____
- 4. Other Income _____ \$ _____ **Total Income \$ _____**

Anticipated changes, if applicable: _____
