

Client Information Form

Client Information			
First Name:	Middle Name:		
Last Name:	Nickname:		
Address:	City:		
State:	Zip code:		
SSN:	Birthdate:		
Mother's Maidan Name:	Phone Number:		
Email Address:	Marital Status:		
Employer:	Job Title:		
Trusted Conta	ct Information		
First Name:	Last Name:		
Email Address:	Phone Number:		
Spouse Informat	ion (If applicable)		
First Name:	Middle Name:		
Last Name:	SSN:		
Birthdate:	Phone Number:		
Email Address:			
Entity In	formation		
Legal Entity Name:			
Tax ID #:			
Legal Address:	City:		
State:	Zip code:		
Email Address:			
Phone Number:			
Year Entity was established:			
Year Trust was established (if applicable):			
Year 401k was established (if applicable):			
Living Trust	Information		
Name of Trust:			
SSN on Trust:	Execution Date:		
Attorney Name:	Phone Number:		
Email Address:			
(Please forward a copy of your living trust)			
Photo Identification Card			
Type of ID:	State Issued:		
ID #:	ID Expiration:		

1. Primary Beneficiaries		Dependent?
Name		
Percentage	%	
DOB		
Relationship		
SSN		
Phone Number		
Email Address		
Address		
2. Primary Beneficiaries		Dependent?
Name		
Percentage	%	
DOB		
Relationship		
SSN		
Phone Number		
Email Address		
Address		
3. Primary Beneficiaries		Dependent?
Name		
Percentage	%	
DOB		
Relationship		
SSN		
Phone Number		
Email Address		
Address		
1. Contingent Beneficiaries		Dependent?
Name		
Percentage	%	
DOB		
Relationship		
SSN		
Phone Number		
Email Address		
Address		
2. Contingent Beneficiaries		Dependent? 🗆
Name		
Percentage	%	
DOB		
Relationship		
SSN		
Phone Number		
Email Address		
Address		

3. Contingent Beneficiaries		Dependent? 🗆
Name		
Percentage	%	
DOB		
Relationship		
SSN		
Phone Number		
Email Address		
Address		
4 C 4: 4 D C: :		5 L 2 🗆
4. Contingent Beneficiaries		Dependent? □
4. Contingent Beneficiaries Name		Dependent? ☐
- C	%	Dependent? ☐
Name	%	Dependent? □
Name Percentage	0%	Dependent? □
Name Percentage DOB	%	Dependent?
Name Percentage DOB Relationship	%	Dependent?
Name Percentage DOB Relationship SSN	9%	Dependent?
Name Percentage DOB Relationship SSN Phone Number	%	Dependent?

[IF YOU PREFER TO PROVIDE US WITH AN ASSET LIST, WE WILL CALCULATE THIS FOR YOU]

Financials			
Annual Income:	\$		
Liquid Assets:	\$		
Net Worth (Excluding Primary Home):	\$		
Total Net Worth (Including Home):	\$		

Liquid Assets: Liquid assets refer to cash on hand or an asset that can be readily converted to cash. Liquid assets include cash or cash equivalents (short-term maturities less than 90 days), stocks and marketable securities, U.S. Treasuries and bonds, mutual funds, marketable cryptocurrencies, and money-market funds. Please note that IRAs are only included if the participant is 59.5+ years old.

Net Worth: Net Worth Excluding Primary Home includes all liquid assets + nonliquid assets (not including your primary residence). Nonliquid assets include land, real estate investments (net equity only), business equity, collectables, personal property and automobiles, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them (i.e., 401K, IRA if you're under 59.5), and securities in private companies.

Total Net Worth Excluding Primary Home + Net Equity of Primary Residence: Net equity is the fair market value of home less the outstanding mortgage.

Investment Experience			
Equities:			
Fixed Income:			
Options:			
Mutual Funds:			
DPP:			
REIT's:			
Annuities:			
Real Estate:			

Investment Experience: number of years invested in each type.

The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in? ☐ Portfolio A \$16,500 ☐ Portfolio B ☐ Portfolio C \$14.750 ☐ Portfolio D \$18,000 \$36,000 ☐ Portfolio E -\$21,250 ☐ Portfolio F \$42,500 \$24,000 ☐ Portfolio G Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its impact on your investments? ☐ You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns. ☐ You would like your investments to outpace inflation. You are willing to assume some potential for shortterm loss in order to achieve that goal. ☐ You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to achieve that goal. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your stocks behaved in a similar fashion)? ☐ Sell all the stocks in your portfolio. You are afraid that the stock market is in a downturn, and you cannot afford the decrease in value. ☐ Sell half of the stocks in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss. ☐ Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'. ☐ Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the stocks will regain their previous value increase in value. Once again, assume you have a substantial portion of your investment portfolio in stocks. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 22% of its value over a year, which of the following would you do? ☐ Sell the securities in your portfolio and realize the 22% loss. You wish to avoid the risk of further loss. ☐ Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss. ☐ Do nothing. You are comfortable waiting for the stocks to regain their previous value or to increase in value. ☐ Invest more now because stocks are selling for approximately 22% less than they were 12 months ago. You believe that the stocks will regain their value or possibly appreciate even higher over the long-term.

What is your current Annual Household Income?					
, and the second	111111111111111111		0.0		
□ None		□ \$250,001 − 500,000			
□ \$0 – 30,000		\square \$500,001 $-$ 1,000,000			
□ \$30,001 − 50,000		\square \$1,000,001 - 3,000,000			
□ \$50,001 − 100,000		\square More than \$3,000	0,001		
\square \$100,001 - 250,000)				
What is your Approx	What is your Approximate Net Worth?				
☐ Less than \$250K		□ \$3M – 5M			
□ \$250 – 500K		□ \$5M – 10M			
□ \$500K – 1M		□ \$10M – 20M More	than \$20M		
□ \$1M – 3M					
What are your Incom	ne Needs from	m Program Assets?			
□ None		□ \$60,000 Per Year			
☐ \$10,000 Per Year		□ \$70,000 Per Year			
☐ \$20,000 Per Year		□ \$80,000 Per Year			
☐ \$30,000 Per Year		□ \$90,000 Per Year			
☐ \$40,000 Per Year		☐ \$100,000 Per Year			
☐ \$50,000 Per Year		☐ More than \$100,000 Per Year			
What is Your State T	ax Bracket?		What is your Fe	deral Tax Bracket?	
□ 0%	□ 6%		□ 0%	□ 28%	
□ 1%	□ 7%		□ 10%	□ 33%	
□ 2%	□ 8%		□ 15%	□ 35%	
□ 3%	□ 9%		□ 25%	□ 39.6%	
□ 4%	□ 10%				
□ 5%	\square Over				