

CLIENT INFORMATION

Name: _____ Nickname: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____ Cell Phone: _____

Business Phone: _____ E-Mail: _____

Mailing Address: _____

Time to Call: _____ Day to Call: _____ Way to Contact: _____

Do you have a current will? Yes No Do you have a current living trust? Yes No

Do you own life insurance? Yes No Do you own individual stocks? Yes No

Do you own mutual funds? Yes No Do you own bonds? Yes No

(Planned) Retirement date: _____ Do you own your own business? Yes No

Products and Services

Rank the following products and services in order of importance to you, with “1” being the most important.

- _____ Estate planning
- _____ Tax planning
- _____ College funding/educational planning
- _____ Retirement planning
- _____ Budgeting
- _____ Debt management
- _____ Trust planning
- _____ Socially responsible investing
- _____ Accumulation of wealth
- _____ Life insurance
- _____ Disability insurance
- _____ Long-Term care insurance
- _____ Nursing home expenses
- _____ Alternative investments (limited partnerships, REITs, etc.)
- _____ Regular portfolio reviews
- _____ Other: _____
- _____ Other: _____



THE WEALTH TRANSITION
COLLECTIVE

1632 Northampton Street | Holyoke, MA 01040 | 413.584.1805 | 413.584.1854 fax | www.twealthtc.com

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Goals

Rank the following goals in order of importance to you, with “1” being the most important.

- _____ Lower income taxes
- _____ Hedge against inflation
- _____ Plan for retirement
- _____ Reduce estate taxes
- _____ Avoid probate fees
- _____ Reduce insurance premiums
- _____ Increase net worth
- _____ Increase current income
- _____ Assure proper disposition of assets
- _____ Organize financial affairs
- _____ Peace of mind
- _____ Other: _____
- _____ Other: _____

Desired Investment Features

Rank the following features in order of importance to you, with “1” being the most important.

- _____ Liquidity
- _____ Current income
- _____ Growth potential
- _____ Future income
- _____ Tax advantages
- _____ Preservation of capital
- _____ Other: _____
- _____ Other: _____