

CLIENT INTAKE: PERSONAL FINANCIAL AND INVESTMENT PROFILE

This comprehensive, personal financial summary is designed to help us take inventory of your financial life. It is an essential first step in creating a customized financial plan for your future. Please take note of the following:

- Please complete this form *prior* to your appointment.
- Please print clearly.
- It is okay to approximate amounts and include attachments if you need additional space.
- If you are unsure of any information, please feel free to contact us or leave the space blank.
- Remember to sign and date the last page.
- **Bring this completed form and your most recent tax return with you to your appointment.**

Client 1 Full Name: _____ Nickname: _____

Social Security Number: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Mobile Phone: _____ Work Phone: _____ Ext.: _____

Home Phone: _____ Primary E-Mail Address: _____

Preferred Phone: Mobile Work Home Have you been married before? Yes No

Client 2 Full Name: _____ Nickname: _____

Social Security Number: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Mobile Phone: _____ Work Phone: _____ Ext.: _____

Home Phone: _____ Primary E-Mail Address: _____

Preferred Phone: Mobile Work Home Have you been married before? Yes No

Alternate/Seasonal Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone: _____ Marital Status: Single Married



THE WEALTH TRANSITION
COLLECTIVE

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AMKTG-3951-42668_07/20

If you were married previously, describe any financial obligations that resulted under the terms of your settlement agreement:

What is the best time to call you between 8:00 A.M. and 5:00 P.M.?

8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

What is the best day to call you?

Monday Tuesday Wednesday Thursday Friday

What is the best day and time to schedule annual meetings? _____

Were you referred by anyone? _____

Family Information

Children's Names and Ages

Full Name: _____ Social Security Number: _____ DOB: _____

Full Name: _____ Social Security Number: _____ DOB: _____

Full Name: _____ Social Security Number: _____ DOB: _____

Full Name: _____ Social Security Number: _____ DOB: _____

Full Name: _____ Social Security Number: _____ DOB: _____

Do you anticipate having more children? Yes No Uncertain

Should any special allowances be made for your children? Yes No

Are your parents living?

Client 1 Name: _____ Mother: Yes No Father: Yes No

Client 2 Name: _____ Mother: Yes No Father: Yes No

Do you have any specific concerns about your parents?

Occupation and Hobbies

Client 1 Name: _____ Job Title: _____

Employed Retired Retirement Date: _____

Current or Most Recent Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Start Date/Year: _____ Work Phone: _____

Community Involvement: Charities Volunteerism Other: _____

Interests/Hobbies: _____

Client 2 Name: _____ Job Title: _____

Employed Retired Retirement Date: _____

Current or Most Recent Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Start Date/Year: _____ Work Phone: _____

Community Involvement: Charities Volunteerism Other: _____

Interests/Hobbies: _____

Professional Advisors

Prior Financial Advisor's Name: _____

Firm Name: _____ City/State: _____

What did you like/dislike about working with him/her? _____

Attorney's Name: _____

Firm Name: _____ City/State: _____

Accountant's Name: _____

Firm Name: _____ City/State: _____

Insurance Agent's Name: _____

Firm Name: _____ City/State: _____

Please list any advisors you have a preference for or a commitment to working with, if applicable:

Personal Finances

Income

Client 1 Name: _____ Annual Income Salary: \$ _____

Bonus: \$ _____ Pension: \$ _____ Social Security: \$ _____

Client 2 Name: _____ Annual Income Salary: \$ _____

Bonus: \$ _____ Pension: \$ _____ Social Security: \$ _____

Savings

How much do you have in an emergency fund?

Short-term (cash equivalents) \$ _____ (which is _____ months at your current spending)

Mid-term (liquid investments) \$ _____ (which is _____ months at your current spending)

On average, how much do you save per month, including in retirement accounts? \$ _____

How many times per year do you dip into savings/investments to pay for expenses? _____

Expenses

How much do you spend each month?

Debt \$ _____

Necessities \$ _____

Lifestyle expenses \$ _____

Total \$ _____

What life stage are you in (e.g., accumulating, retired, gifting)? _____

Do you expect any special expenses within the next five years? Please explain:

Balance of Outstanding Personal Debt/Liabilities

Car loans: \$ _____ Credit cards: \$ _____

Student loans: \$ _____ Other misc. loans: \$ _____

Mortgage: \$ _____

Net Worth

Total estimated assets \$ _____

Total estimated liabilities – \$ _____

Total net worth = \$ _____

Insurance

What type(s) of insurance do you have?

Client 1 Name: _____

Client 2 Name: _____

Yes No Uncertain

Yes No Uncertain

Life

Life

Health

Health

Disability

Disability

Home and auto (P&C)

Home and auto (P&C)

Umbrella policy

Umbrella policy

Long-Term care

Long-Term care

Investment Assets

Please check the range below that most accurately reflects the total of your investments in each category:

Non-Retirement Investments

\$100,000–\$250,000

\$250,001–\$500,000

\$500,001–\$1,000,000

\$1,000,001–\$5,000,000

\$5,000,001+

Please provide a current statement for all accounts.

Retirement Plan Investments (IRA, 401(k), 403(b))

\$100,000–\$250,000

\$250,001–\$500,000

\$500,001–\$1,000,000

\$1,000,001–\$5,000,000

\$5,000,001+

Please provide a current statement for all accounts.

Stock Purchase Plan

Client 1: Yes No

Client 2: Yes No

Stock Options

Client 1: Yes No

Client 2: Yes No

Estate Planning

- 1. Do you have updated wills? Yes No Uncertain
- 2. Have you established any trusts? Yes No Uncertain
- 3. Are you the beneficiary of any trusts? Yes No Uncertain
- 4. Will you receive a significant inheritance? Yes No Uncertain
- 5. Have you adequately considered estate taxes? Yes No Uncertain
- 6. Have you provided adequate estate liquidity for your heirs? Yes No Uncertain
- 7. Is proper titling a concern? Yes No Uncertain
- 8. Have you or your spouse made any gifts of cash or property? Yes No Uncertain
- 9. Are your important documents secure and in one location? Yes No Uncertain

Concerns

Please list any concerns you have:

Personal Views

1. What are your top priorities in life?

2. What are your biggest fears in life?

3. What is your vision for your future?

Client 1 Name: _____

Life Values

Please choose five of the goals below and rank them in order, 1 as the most important and 5 as the least important:

- _____ **Achievement:** To accomplish something in life
- _____ **Adventure:** To experience variety and excitement
- _____ **Aesthetics:** To be able to appreciate and enjoy beauty
- _____ **Authority:** To be a key decision-maker, directing priorities
- _____ **Autonomy:** To be independent and have freedom
- _____ **Friendship:** To have close personal relationships; to share with family and friends
- _____ **Health:** To be physically, mentally, and emotionally well
- _____ **Integrity:** To be honest and straightforward, just and fair
- _____ **Pleasure:** To experience enjoyment and satisfaction from my activities
- _____ **Recognition:** To be seen as successful and receive acknowledgment for achievement
- _____ **Security:** To feel stable and comfortable, with few changes or anxieties in my life
- _____ **Service:** To contribute to other people's quality of life
- _____ **Spirituality/growth:** To be in harmony with the infinite source of life
- _____ **Wealth:** To acquire an abundance of money/possessions; to be financially independent
- _____ **Wisdom:** To have insight; to be able to pursue new knowledge

Personal Financial Goals

Which item(s) would you like help with?

- Financial security at retirement
- Investing and accumulating wealth to increase my standard of living
- Reducing my tax budget
- Debt management
- Paying for the college education of _____ my children and/or _____ grandchildren
- Providing for my family in the event of my (or my spouse's) death
- Minimizing the cost of probate and estate taxes
- Controlling the distribution of assets to my heirs/developing an estate plan
- Planning for long-term care
- Buying a _____ house and/or _____ seasonal house
- Charitable giving
- Other (Explain.): _____

If you could change two things about your current financial situation, what would you change?

1. _____
2. _____

Client 2 Name: _____

Life Values

Please choose five of the goals below and rank them in order, 1 as the most important and 5 as the least important:

- _____ **Achievement:** To accomplish something in life
- _____ **Adventure:** To experience variety and excitement
- _____ **Aesthetics:** To be able to appreciate and enjoy beauty
- _____ **Authority:** To be a key decision-maker, directing priorities
- _____ **Autonomy:** To be independent and have freedom
- _____ **Friendship:** To have close personal relationships; to share with family and friends
- _____ **Health:** To be physically, mentally, and emotionally well
- _____ **Integrity:** To be honest and straightforward, just and fair
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- _____ **Recognition:** To be seen as successful and receive acknowledgment for achievement
- _____ **Security:** To feel stable and comfortable, with few changes or anxieties in my life
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Personal Financial Goals

Which item(s) would you like help with?

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- Minimizing the cost of probate and estate taxes
- Controlling the distribution of assets to my heirs/developing an estate plan
- Planning for long-term care
- Buying a _____ house and/or _____ seasonal house
- Charitable giving
- Other (Explain.): _____

If you could change two things about your current financial situation, what would you change?

1. _____
2. _____

Factors affecting your financial planning

Retirement

Client 1 Name: _____

At what age would you like to retire? _____

Are you considering a career change prior to retirement? (If yes, explain.) Yes No

Client 2 Name: _____

At what age would you like to retire? _____

Are you considering a career change prior to retirement? (If yes, explain.) Yes No

Educational Funding

Do(es) your child(ren) currently attend private school? Yes No

If yes, will this continue through high school? Yes No

Do you anticipate that your child(ren) will attend a four-year Yes No
private college or public college?

Do you anticipate paying for the full cost of college for your child(ren)? Yes No

Other Objectives

Do you have any additional objectives requiring capital or income? (If yes, explain.) Yes No

What do you want most from financial planning? (In order of priority, summarize your objectives.)

1. _____

2. _____

3. _____

4. _____

Economic Fears

What economic fears or concerns do you have? (Check all that apply.)

Client 1 Name: _____

- Loss of job
- Cost of living increasing faster than my income
- Inability to save regularly
- Threat of retiring on inadequate resources
- Effect of health on my career or assets
- Ineffective investment programs
- Economic effect of premature death
- Paying too much in taxes
- Heirs will not handle money properly
- Current financial plan won't meet overall objectives

Client 2 Name: _____

- Loss of job
- Cost of living increasing faster than my income
- Inability to save regularly
- Threat of retiring on inadequate resources
- Effect of health on my career or assets
- Ineffective investment programs
- Economic effect of premature death
- Paying too much in taxes
- Heirs will not handle money properly
- Current financial plan won't meet overall objectives

Investment Attitude Risk Questionnaire

Client 1 Name: _____

Please choose a number under each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

2. How important is growth?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

3. How important is low volatility?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

4. How important is inflation protection?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

5. How important is cash flow?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

6. How much risk are you willing to take to achieve a high return?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

What average annual rate of return do you want to earn on your portfolio to reach your financial goals? _____%*

*This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment, and there is no guarantee you will actually receive this rate.

Client 2 Name: _____

Please choose a number under each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all					Moderately important				Very important
1	2	3	4	5	6	7	8	9	

2. How important is growth?

Not at all					Moderately important				Very important
1	2	3	4	5	6	7	8	9	

3. How important is low volatility?

Not at all					Moderately important				Very important
1	2	3	4	5	6	7	8	9	

4. How important is inflation protection?

Not at all					Moderately important				Very important
1	2	3	4	5	6	7	8	9	

5. How important is cash flow?

Not at all					Moderately important				Very important
1	2	3	4	5	6	7	8	9	

6. How much risk are you willing to take to achieve a high return?

Not at all					A moderate amount				A lot
1	2	3	4	5	6	7	8	9	

What average annual rate of return do you want to earn on your portfolio to reach your financial goals? _____%*

*This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment, and there is no guarantee you will actually receive this rate.

The preceding information reflects an accurate picture of my financial position at this time.

Client Signature 1 Date

Client Signature 2 Date