



FINANCIAL  
DISCOVERY  
DOCUMENT

# Financial Discovery Document

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## Introduction

In order to develop a comprehensive wealth plan for you and your family, we need to establish an accurate picture of your current financial situation. This document was designed to provide us with the information we need to begin putting together a plan to address your long-term financial needs and goals. Please take the time to completely and accurately answer the questions on the following pages.

So that we can get the most out of your next meeting, it is essential that you bring the following documents (as applicable) along with this completed document:

- Most recent statements from your Current Investments (Brokerage Statements, Mutual Fund Statements, Annuity Statements, Bank Statements)
- Most recent statements from your Employer's Qualified Retirement Plan (401(k), 403(b), Profit Sharing, Money Purchase Pension, Defined Benefit, etc.)
- Most recent statements from your Individual Retirement Accounts (IRAs, Roth IRAs, Inherited IRAs)
- Most recent statements from your 529 Plan (Qualified State Tuition Program)
- All Insurance Policies (Life, Disability, Long Term Care, Health, Homeowners etc.)
- Tax Returns for the last 2 years
- A current copy of your wills, trusts, power of attorneys etc.

# Financial Discovery Document

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## Personal Information

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Spouse/Partner Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Social Security Number

**Gender:**  Male  Female

**U.S. Citizen:**  Yes  No

\_\_\_\_\_  
Social Security Number

**Gender:**  Male  Female

**U.S. Citizen:**  Yes  No

\_\_\_\_\_  
Primary Telephone Number

\_\_\_\_\_  
Primary Telephone Number

\_\_\_\_\_  
Secondary Telephone Number

\_\_\_\_\_  
Secondary Telephone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## Dependent Information (attach separate sheet if necessary)

<i>Name</i>	<i>Gender</i>	<i>Date of Birth/Age</i>	<i>Relationship</i>
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____

# Financial Discovery Document

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## Employment Information

\_\_\_\_\_  
Your Title/Occupation

\_\_\_\_\_  
Spouse/Partner Title/Occupation

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Annual Income

- Self-Employed
- Section 16 insider
- Subject to Rule 144
- Retired

\_\_\_\_\_  
Annual Income

- Self-Employed
- Section 16 insider
- Subject to Rule 144
- Retired

## Professional Relationships (Accountants, Attorneys and Other Advisors)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type of Advisor/Firm

\_\_\_\_\_  
Contact Info

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type of Advisor/Firm

\_\_\_\_\_  
Contact Info

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type of Advisor/Firm

\_\_\_\_\_  
Contact Info

## Financial Discovery Document

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### Portfolio Objective (Check only one box)

- CAPITAL PRESERVATION** — My primary objective for the portfolio is capital preservation. Emphasis is placed on the prevention of loss or preservation of capital while achieving a return that meets or exceeds inflation.
- INCOME** — My primary objective for the portfolio is to generate income. I understand that preservation of capital may not always be consistent with this objective, and the portfolio will be subject to fluctuation. I specifically am not seeking long-term capital appreciation in the value of my portfolio.
- GROWTH** — My primary investment objective for the portfolio is long term capital appreciation. I understand that the value of the investments within my portfolio, as well as the portfolio as a whole, will be subject to fluctuation.
- AGGRESSIVE GROWTH** — My primary investment objective is to seek the highest gains in my portfolio. I understand that the value of the investments within my portfolio, as well as the portfolio as a whole, will be subject to significant fluctuation.

Investment Experience?  Yes  No

Stocks: \_\_\_\_\_ years.      Bonds: \_\_\_\_\_ years.      Mutual Funds: \_\_\_\_\_ years.      Options: \_\_\_\_\_ years.  
Annuities: \_\_\_\_\_ years.      Other: (*Specify*) \_\_\_\_\_, \_\_\_\_\_ years.

### Time Horizon (Check only one box)

An important consideration is your investment time horizon — the length of time you will remain fully invested. Because of the increased possibility of losses, there should be a minimal allocation to stocks in portfolios with relatively short investment time horizons.

How long do you plan to hold this investment portfolio?

- Less than 5 years
- 5 to 9 years
- 10 to 19 years
- 20 years or more

### Liquidity/Cash Needs

Beyond your income needs above, will you need to make significant withdrawals from your portfolio within the next five years to fund major expenses (i.e. college funding, vacation home)?

If yes, please indicate the estimated amount of withdrawals as a percentage of your portfolio:

- Less than 15%
- 15 – 35%
- 35 – 50%
- 50 – 60%
- 60 – 75%
- 75 – 100%

# Financial Discovery Document

## Portfolio Returns vs. Potential Losses

What level of returns do you expect from your portfolio and what losses can you withstand?

The example below is for illustrative purposes only and not representative of any specific investment. The table below shows six hypothetical portfolios and their greatest 1-year loss and highest 1-year gain for a hypothetical investment of \$100,000.

Which portfolio would you feel most comfortable with?



The above example is for illustrative purposes only and is not intended to represent a specific investment or portfolio of investments. The highest 1-year gain and greatest 1-year loss are based on rolling 12 month returns from January 1972 to December 2012 for portfolios represented by Five-Year U.S. Treasury Notes and the S&P 500 Index. Returns assume the reinvestment of dividends and capital gains, but do not include the deduction of management fees or taxes, which will reduce an investor's returns. Indices are unmanaged and do not reflect the payment of advisory fees and other expenses associated with an investment in a mutual fund or separate account. Investors cannot directly invest in an index. Portfolios were constructed using the following assumptions:

	Five-Year U.S. Treasury Notes		S&P 500 Index		
<b>Portfolio A</b>	75%	25%	<b>Portfolio D</b>	35%	65%
<b>Portfolio B</b>	60%	40%	<b>Portfolio E</b>	15%	85%
<b>Portfolio C</b>	50%	50%	<b>Portfolio F</b>	2%	98%

Data Source: CRSP 2013

## Financial Information (Use Worksheets on following pages if needed)

\$ \_\_\_\_\_ Annual Income      \$ \_\_\_\_\_ Annual Expenses      \$ \_\_\_\_\_ Annual Income      \$ \_\_\_\_\_ Annual Expenses

\$ \_\_\_\_\_ Net Worth      \$ \_\_\_\_\_ Liquid Assets      \$ \_\_\_\_\_ Net Worth      \$ \_\_\_\_\_ Liquid Assets

\_\_\_\_\_ % Federal Tax Bracket      \_\_\_\_\_ % State/County Tax Bracket      \_\_\_\_\_ % Federal Tax Bracket      \_\_\_\_\_ % State/County Tax Bracket

## Income and Expense Worksheet

### Income

Income	Earned by	Monthly		Annually
Salary and Wages			x12	
Salary and Wages			x12	
Self-Employment			x12	
Self-Employment			x12	
Interest			x12	
Dividends			x12	
Social Security			x12	
Social Security			x12	
Pension Income			x12	
Pension Income			x12	
Other			x12	
<b>Total Income</b> (total columns above)			x12	

### Expenses

Expenses	Description	Monthly		Annually
Mortgage			x12	
Rent			x12	
Property Taxes			x12	
Health Care			x12	
Utilities			x12	
Food			x12	
Education			x12	
Insurance			x12	
Entertainment			x12	
Automobile			x12	
Savings/Investments			x12	
Pension/IRA/401k Contributions			x12	
Other			x12	
Other			x12	
<b>Total Expenses</b> (total columns above)			x12	

# Net Worth Worksheet

## Assets

Description	Owner	Market Value	Cost Basis
<b>Total Assets</b> (total columns above)			

## Liabilities

Description	Monthly Payment	Amount Owed	Interest Rate
<b>Total Liabilities</b> (total columns above)			

**Net Worth** (subtract Total Liabilities from Total Assets)

# Financial Discovery Document

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## Other Holdings

Please list any other investments you will hold outside of this portfolio.

### Assets

Security Name	Ticker Symbol	Number of Shares	Current Market Value

Do you have any other relevant information that should be considered as part of our analysis?

If you chose not to answer particular questions above, please specify the reason(s) why they are not relevant to this investment analysis.