

**1 PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  Same as Legal  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Preferred Method of Contact:  E-mail  Phone: ( Cell | Home | Work) \_\_\_\_\_

**2 SPOUSE INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Preferred Method of Contact:  E-mail  Phone: ( Cell | Home | Work) \_\_\_\_\_

**3 OCCUPATION**

Your Occupation: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years worked here? \_\_\_\_\_  
Spouse Occupation: \_\_\_\_\_ Spouse Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years worked here? \_\_\_\_\_

**4 GENERAL INFORMATION**

I would like InVested Advisors to help me with (check all that apply):

- Financial Planning  Investment Management  Risk Management

What are your financial goals? \_\_\_\_\_  
\_\_\_\_\_

What are your biggest concerns at this time? \_\_\_\_\_  
\_\_\_\_\_

On the scale from 0-5 how comfortable are you with your finances?

Very Uncomfortable     0     1     2     3     4     5    Very Comfortable

**5 ESTATE DOCUMENTS**

Do you have a Will?  Yes  No If yes, date of Will? \_\_\_\_\_ State Created? \_\_\_\_\_

Does your spouse have a Will?  Yes  No If yes, date of Will? \_\_\_\_\_ State Created? \_\_\_\_\_

Do you have a Trust?  Yes  No If yes, date of Trust? \_\_\_\_\_ State Created? \_\_\_\_\_

Does your spouse have a Trust?  Yes  No If yes, date of Trust? \_\_\_\_\_ State Created? \_\_\_\_\_

**6 GETTING TO KNOW YOU**

Do you have any children?

Name	Date of Birth	Child of	
		You	Spouse
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Are there any special needs or concerns for any of your dependents? \_\_\_\_\_

Do you have any grandchildren?

Name	Date of Birth	Child of			
		Child 1	Child 2	Child 3	Child 4
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Are there any special needs or concerns for any of your family members? \_\_\_\_\_

**Willingness – How much risk are you willing to bear within your portfolio? Questions 1 – 5**

Your willingness to tolerate risk measures the emotional aspect of investing. If the level of volatility in your portfolio causes you stress, you may be invested more aggressively than you are comfortable with. If you rarely are concerned about portfolio fluctuations, you likely have a higher risk tolerance.

1

During the global financial crisis of 2007–2009, stocks lost 57% of their value from top to bottom. If you owned stocks that lost this amount in just a few months, you would:

- 1. sell all of the investment.
- 2. sell a portion of the investment.
- 3. hold the investment and do nothing.
- 4. buy more of the investment.

2

You have \$100,000 in your emergency savings fund. Your family member is starting a tech company in an up and coming industry and needs seed capital. You believe the potential upside is great but know startup companies are exposed to a lot of risk. How much of your emergency fund would you be willing to commit?

- 1. \$0
- 2. \$1,000-\$10,000
- 3. \$10,000-\$40,000
- 4. >\$40,000

3

How concerned are you about inflation (the risk your money will buy fewer goods and services in the future because of rising prices)?

- 1. My goal is to minimize swings in my portfolio’s value, even if growth does not keep pace with inflation.
- 2. My goal is for growth to at least keep pace with inflation, with the risk of modest swings in my portfolio’s balance.
- 3. My goal is for growth to exceed inflation, with the risk of modest to larger swings in my portfolio’s balance.
- 4. My goal is for growth to significantly exceed inflation, with the risk of larger swings in my portfolio’s value.

4

More volatile investments typically have greater potential for long term appreciation. How do you feel about fluctuations in the value of your investment portfolio?

- 1. I am uncomfortable with a fluctuating portfolio value
- 2. I am comfortable with some degree of fluctuation in order to achieve long-term results
- 3. I am comfortable with frequent portfolio volatility to achieve my growth objectives.
- 4. Portfolio volatility does not bother me.

5

For a given year, if green represents the potential for upside return and the red represents the potential downside loss, which of the portfolios would you choose from the chart to the right?

- 1. A
- 2. B
- 3. C
- 4. D



Willingness Total Score \_\_\_\_\_ (score 1 point for option 1, 2 points for option 2, etc.)

**Ability – How much risk is appropriate for your portfolio needs and horizon? Questions 6 – 10**  
The ability to bear risk is measured in terms such as time horizon, income levels, and level of overall wealth relative to your spending needs. For example, an investor with a longer time horizon has a greater ability to bear risk as there is more time to recover losses than an investor who will need to liquidate a significant percentage of the portfolio within a few years.

6

Which most closely describes your situation for projected income?

- 1. No sources other than what can be generated by the investment portfolio
- 2. Modest income (social security, pension, etc.)
- 3. Employment or self-employment income that's expected to adequately cover all expenses
- 4. Significant income above expenses which will result in additional contributions to portfolio over time

7

When do you plan to begin taking regular/ongoing distributions from this portfolio?

- 1. Currently taking distributions
- 2. Within the next 5 years
- 3. After 5 years
- 4. No plans for distributions from the portfolio

8

Approximately what percentage of your total net worth is represented by these assets?

- 1. > 80%
- 2. 50-80%
- 3. 20-50%
- 4. < 20%

9

Do you foresee a scenario before your indicated investment time horizon where you would need to liquidate a portion of your portfolio to fund a significant expense (college education, purchase second home, wedding, funding assisted living or buying a dream car)?

- 1. Almost certainly
- 2. More likely than not
- 3. Unlikely but possible
- 4. Almost no chance

10

In terms of experience how would you describe yourself as an investor?

- 1. No or limited knowledge
- 2. Some knowledge but still uncomfortable making most decisions
- 3. Moderately knowledgeable and comfortable with investing
- 4. Very experienced

Ability Total Score \_\_\_\_\_ (score 1 point for option 1, 2 points for option 2, etc.)

**RISK TOLERANCE SCORING MATRIX**

Ability	20	Balanced	Growth & Income	Growth & Income	Enhanced Equity	Enhanced Equity
	16	Balanced	Balanced	Growth & Income	Growth	Enhanced Equity
	13	Balanced	Balanced	Growth & Income	Growth	Growth
	10	Enhanced Fixed Income	Balanced	Balanced	Growth & Income	Growth & Income
	7	Enhanced Fixed Income	Enhanced Fixed Income	Balanced	Balanced	Balanced
	5	7	10	13	16	20
	Willingness					

Willingness Score (from page 3): \_\_\_\_\_

Ability Score (from page 4): \_\_\_\_\_

Using scores, circle/click corresponding risk tolerance on box above. To use scoring grid, determine willingness column on horizontal axis and ability score row on vertical axis and find intersecting grid square (example willingness of 11 and ability of 15 would correspond to risk profile of "moderate").

Optional override – "I request the investment portfolios be managed to the following target risk profile irrespective of the scoring results:" (only check if you wish to override standard scoring)

Risk Tolerance	Strategic Allocation Stock / Bond	Potential Range of Stock Exposure
<input type="checkbox"/> Enhanced Fixed Income	10% / 90%	0% - 20%
<input type="checkbox"/> Balanced	50% / 50%	40% - 60%
<input type="checkbox"/> Growth & Income	65% / 35%	55% - 75%
<input type="checkbox"/> Growth	75% / 25%	65% - 85%
<input type="checkbox"/> Enhanced Equity	90% / 10%	80% - 100%
<input type="checkbox"/> Custom	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 1 TELL US ABOUT YOUR CURRENT SITUATION

Are you retired?      You  Yes  No      Spouse  Yes  No

### 2 INCOME SOURCES

*(For hardcopy forms, please choose from these options: Employment Wages, Annual Bonuses, Social Security, Pension, Rental Property Income, Investment Income, Annuities, Royalties, Alimony, Other)*

Description	Recipient <i>(You or Spouse)</i>	Amount	Frequency <i>(Annual or Monthly)</i>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

### 3 EXPENSES

	Monthly Payment	OR	Annual Payment
<b>Home</b>			
Rent	_____		_____
Property Taxes	_____		_____
Home Owner / Renter Insurance	_____		_____
Home Maintenance / Repair	_____		_____
Homeowners Association Fees	_____		_____
Garden / Yard Maintenance	_____		_____
<b>Utilities</b>			
Water / Sewer	_____		_____
Refuse / Trash / Recycling	_____		_____
Electric	_____		_____
Heat	_____		_____
Telephone / Cable	_____		_____
Cell Phone	_____		_____
<b>Automobile</b>			
Car Fuel	_____		_____
Car Lease Payment	_____		_____
Car Insurance	_____		_____
Car Registration / Tags	_____		_____
Car Maintenance / Repair	_____		_____

*(Expenses continued on next page)*

3. Expenses Continued

	Monthly Payment	OR	Annual Payment
<b>Debts</b>			
Mortgage Payments <i>(Principle &amp; Interest Only)</i>	_____		_____
Car Loan Payments	_____		_____
Credit Card	_____		_____
Line of Credit	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
<b>Medical</b>			
Health Insurance Premiums	_____		_____
Medical / Dental / RX Copays	_____		_____
<b>Insurance</b>			
Life Insurance Premiums	_____		_____
Long Term Care Premiums	_____		_____
<b>Food</b>			
Food and Beverage	_____		_____
Dining Out	_____		_____
<b>Personal Care</b>			
Personal Care Items	_____		_____
Beauty / Haircut	_____		_____
Clothing Purchases	_____		_____
Dry Cleaning / Laundry	_____		_____
<b>Entertainment</b>			
Entertainment	_____		_____
Books / Magazines / Newspapers	_____		_____
Club / Professional Dues	_____		_____
Cultural / Recreational Activities	_____		_____
<b>Vacation / Gifts</b>			
Vacations	_____		_____
Holidays / Birthday / Wedding Gifts	_____		_____
<b>Miscellaneous</b>			
_____	_____		_____
_____	_____		_____
_____	_____		_____

**4 ASSETS**

*(For hardcopy forms, please choose from these options: Residence, Other Real Estate, Bank Account, Employer Retirement Plan, Traditional IRA, Roth IRA, Non-retirement Investment account, HSA, Annuity, 529 College Savings Plan, Other)*

Description	Ownership <i>(Joint/You/Spouse)</i>	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**5 LIABILITIES**

*(For hardcopy forms, please choose from these options: Mortgage, 2nd Mortgage, Car Loan, Credit Card, Line of Credit, Other)*

Description	Ownership <i>(Joint/You/Spouse)</i>	Current Balance	Interest Rate
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

**6 INSURANCE**

*(For hardcopy forms, please choose from these options: Term Insurance, Group Term, Index Life, Whole Life, Universal Life, Variable Life, Long Term Care Insurance, Disability Insurance, Other)*

Type of Insurance	Owner <i>(You/Spouse/Trust/Other)</i>	Benefit	Cash Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____



**7 RETIREMENT**

Describe your ideal retirement:

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At what age would you like to retire? You \_\_\_\_\_ Spouse \_\_\_\_\_  
 How willing are you to retire later?  Very  Somewhat  Not at All!

RETIREMENT CONCERNS	You	Spouse	High/Med/Low concern
<b>Money Concerns</b>			
Not having a paycheck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Running out of money	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suffering investment losses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leaving money to others	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Health Concerns</b>			
Cost of health care or long-term care	<input type="checkbox"/>	<input type="checkbox"/>	_____
Current or future health issues	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dying early	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living too long	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Personal &amp; Family Concerns</b>			
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parents needing care	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Other</b>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**POTENTIAL INCOME SOURCES AT RETIREMENT**

(For hardcopy forms, please choose from these options: Part-time Wages, Social Security, Pension, Rental Property Income, Investment Income, Annuities, Royalties, Other)

Description	Recipient (You or Spouse)	Amount	Frequency (Annual or Monthly)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**POTENTIAL RISKS IN RETIREMENT**

**Healthcare** – It has been estimated that a married couple retiring today at age 65 will need between \$330,000 and \$500,000 for health care costs during their retirement.

Do you currently have Long Term Care insurance? You  Yes  No Spouse  Yes  No

# DOCUMENT CHECKLIST

Please provide us with the following documents along with this Financial Planning Profile:

## 1 CURRENT ASSETS AND DEBTS

- Most recent bank statements for all checking, savings and money market accounts.
- The most up to date certificate of deposit statements.
- Current copies of all Defined Benefit pension statements and benefits.
- Most recent statements of all retirement accounts such as IRA, 401(k), 403(b), 457, SEP IRA, Roth IRA.
- Information regarding health savings accounts, medical savings or other employer deferred accounts.
- Most recent statements of non-retirement accounts such as individually or jointly owned investments.
- Copies of stock or bond certificates held in "street name".
- Any information relative to stock options including corresponding vesting schedule.
- Employee benefit statement.
- Any previous monthly budgets or annual financial spreadsheets.

## 2 TAX AND INCOME INFORMATION

- Most recent Tax return.
- Most recent business, corporate or fiduciary tax returns.
- Most recent pay stubs.
- Most recent Social Security statement (your online statement can be found at [ssa.gov](http://ssa.gov)).

## 3 HOME RELATED INFORMATION

- Copy of all outstanding mortgages, notes and lines of credit on all real estate.

## 4 PRIOR LEGAL AND ESTATE PLANNING DOCUMENTATION

- Copies of any prenuptial, postnuptial or marital property agreements.
- Current Last Will and Testament.
- Current Living Will.
- General Durable Power of Attorney or Health Care Power of Attorney.
- Copies of any trusts of which you are a trustee or are related to you or your spouse's estate planning.

## 5 INSURANCE POLICIES

- Most recent life insurance policy statements.
- Health insurance & major medical policy information.
- Disability income insurance policy statements.
- Long Term Care policy information.