

INVESTMENT PROFILE

This data may be informative in choosing the types of investments used to fund the income plan segments and relative risk assumptions.

Have you ever had a professional portfolio review performed? Yes No

What is the overall rate of return assumption on your current investments?

How did you choose the investments that you currently hold?

Are there any products or investments that you prefer to own or not own?

Have you worked with a financial advisor before? If so, how would you describe your experience?

Are there any individuals or professionals that you would like to review your retirement income plan?

Is there any other information you would like to share about your investments or investment history?

FAMILY DATA

Please list the children of both clients and their associated data.

		Natural	Step-Child	
Name	Married?			Date of Birth

Address

		Natural	Step-Child	
Name	Married?			Date of Birth

Address

		Natural	Step-Child	
Name	Married?			Date of Birth

Address

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Name	Married?			Date of Birth

Address

		Natural	Step-Child	
Name	Married?			Date of Birth

Address

LEGAL DATA

Do you have a will? Yes No

If yes, check all that apply:
 Living Simple Joint

Who has Medical Power of Attorney?

Who has Financial Power of Attorney?

Name of Attorney(s)

Do you have trusts? Yes No

Trust type: Living Testamentary Special Needs Trust for Minors Other:

Trustee Name

Additional Trustee Name(s)

Trust type: Living Testamentary Special Needs Trust for Minors Other:

Trustee Name

Additional Trustee Name(s)

Additional Notes