

ADVISOR NAME _____

DATE _____

PERSONAL DETAILS CLIENT

Primary Name _____

DOB _____ SSN _____

Address _____

City _____ State _____ Zip _____

Primary Email _____

Primary Phone _____

Marital Status

Single Married Divorced Widowed Unmarried Partner
If married, wedding anniversary date

PERSONAL DETAILS CO CLIENT

Primary Name _____

DOB _____ SSN _____

Address _____

City _____ State _____ Zip _____

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Primary Phone _____

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Single Married Divorced Widowed Unmarried Partner
If married, wedding anniversary date

PERSONAL INFORMATION CLIENT

Employed Retired Self Employed

Employer _____

Title _____

PERSONAL INFORMATION CO CLIENT

Employed Retired Self Employed

Employer _____

Title _____

BENEFICIARIES/CHILDREN CLIENT

Primary Name _____

DOB _____ Relationship _____

Primary Name _____

DOB _____ Relationship _____

Primary Name _____

DOB _____ Relationship _____

Primary Name _____

DOB _____ Relationship _____

BENEFICIARIES/CHILDREN CO CLIENT

Primary Name _____

DOB _____ Relationship _____

Primary Name _____

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Primary Name _____

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Primary Name _____

DOB _____ Relationship _____

FINANCIAL PROFILE SNAPSHOT CLIENT

INCOME

Monthly Income

Annual Employment Income

Annual Other Income
(Ex. Pension/Rent, Royalties, etc)

Social Security Income

Other Income

EXPENSES

Mortgage/Rent

Utilities Food/Entertainment

Insurance Student Loans

Credit Cards

Cars/RV Payment

Other

CASH/INVESTMENTS

Checking Savings

CD's IRA

Roth IRA 401K

Annuities Other

ESTIMATED TOTAL INVESTMENTS

FINANCIAL PROFILE SNAPSHOT CO CLIENT

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ESTIMATED TOTAL INVESTMENTS

FINANCIAL PROFILE SNAPSHOT CLIENT

INSURANCE

Life Yes No

Total Life Insurance

Premium Amount

Long-term Care Yes No

ESTATE

Will Yes No Trust Yes No

Power of Attorney Yes No

Medical Directive Yes No

CPA

Attorney

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CPA

Attorney

RISK TOLERANCE CLIENT

1. Which of the following best describes you, as an investor?

- Accumulation: continued capital appreciation
- Utilization: maintaining desired lifestyle or level of security
- Distribution: using wealth for living expenses or transferring wealth to others

2. Approximately how many years do you expect to continue investing

- 3-5 years
- 6-10 years
- 11-15 years
- Greater than 15 years

3. You invest \$100,000. After one year, indicate which portfolio represents the risk/return you would be willing to accept:

Possible High Value

- \$148,352
- \$139,263
- \$130,146
- \$121,834
- \$114,051

Possible Low Value

- \$58,863
- \$67,529
- \$77,073
- \$87,514
- \$98,860

4. How are you able to handle financial emergencies without touching your investments?

- Very Able
- Somewhat Able
- Able
- Not Able

5. On a scale of 1-100, where do you feel your risk tolerance is? 1 being no risk, 50 being moderate, 100 being aggressive.

RISK TOLERANCE CO CLIENT

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FINANCIAL PLANNING CLIENT

Please rank from 1-5, 1 being the most important CLIENT

- Adequate Life, Long Term Care & Disability Insurance 1 2 3 4 5
- Build Wealth 1 2 3 4 5
- College Funding Strategy 1 2 3 4 5
- Leave a Legacy to My Children 1 2 3 4 5
- Purchase a Home 1 2 3 4 5
- Purchase a Vacation Home 1 2 3 4 5
- Reduce Estate Taxes 1 2 3 4 5
- Reduce Income Taxes 1 2 3 4 5
- Retirement Planning 1 2 3 4 5
- Investment Portfolio Diversification / Assistance 1 2 3 4 5
- Other (Specify) _____ 1 2 3 4 5

FINANCIAL PLANNING CO-CLIENT

Please rank from 1-5, 1 being the most important CO-CLIENT

- Adequate Life, Long Term Care & Disability Insurance 1 2 3 4 5
- Build Wealth 1 2 3 4 5
- College Funding Strategy 1 2 3 4 5
- Leave a Legacy to My Children 1 2 3 4 5
- Purchase a Home 1 2 3 4 5
- Purchase a Vacation Home 1 2 3 4 5
- Reduce Estate Taxes 1 2 3 4 5
- Reduce Income Taxes 1 2 3 4 5
- Retirement Planning 1 2 3 4 5
- Investment Portfolio Diversification / Assistance 1 2 3 4 5
- Other (Specify) _____ 1 2 3 4 5

RETIREMENT PLANNING CLIENT

At what age do you plan to retire?

Do you plan on working after retirement? Yes No

How long? Anticipated Annual Income

Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes No

Explain

What inheritances may be received over the next 10, 20 or 30+ years?

RETIREMENT PLANNING CO-CLIENT

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Do you plan on working after retirement? Yes No

How long? Anticipated Annual Income

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Explain

What inheritances may be received over the next 10, 20 or 30+ years?

GOALS/EXPECTATIONS

CLIENT

CO-CLIENT

- What do you consider a reasonable rate of return on a long-term investment portfolio?
- A market correction of what % would concern you?
- What is the worst investment you ever made?
- What is the best investment you ever made?
- What is your most important 5-year goal?
- How much are you planning to invest?
- What do you lie awake at night thinking about?

| GOALS/EXPECTATIONS | CLIENT | CO-CLIENT |
|---------------------------------------------------------------------------------------|--------|-----------|
| What do you consider a reasonable rate of return on a long-term investment portfolio? | | |
| A market correction of what % would concern you? | | |
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| What is the best investment you ever made? | | |
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| How much are you planning to invest? | | |
| What do you lie awake at night thinking about? | | |

CHECKLIST

CLIENT

CO-CLIENT

| | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Have you moved, changed emails or phone numbers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or your spouse changed employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have there been any changes to your family dynamic? (marriage, divorce, children, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you feel your emergency savings is adequate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your budget or income changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have accounts with high levels of cash? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to review how much you are saving or withdrawing from your accounts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you feel your investment goals or risk tolerance has changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you received any inheritance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you acquired or sold a major asset or property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect any significant expenses in the near future? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you incurred any new debts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you own a business, has there been any major changes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to review your Employer Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do we have copies of your current life insurance policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to review your life insurance coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any tax planning concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you considering making any charitable donations or gifts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you need to determine any cost basis on assets you own? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an Estate Plan? (Will, Health Care Directive, Power of Attorney, Trust, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have an Estate Plan, has anything changed or needs to be updated? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to review your beneficiaries on all your accounts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are your Estate Plan and Financial Documents organized and properly stored? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Could you be forgetting any assets or accounts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have your financial or life goals changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any outside investment accounts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Securities offered through LPL Financial, Member FINRA/SIPC. Investment advisory services offered through NewEdge Advisors, LLC, a registered investment adviser. NewEdge Advisors, LLC and Tribox Private Wealth are separate entities from LPL Financial.