

FINANCIAL FACT FINDER

 Client (1) Name (How You Hold Title) Preferred/Nickname Birth Date Social Security #

 Client (2) Name (How You Hold Title) Preferred/Nickname Birth Date Social Security #

Married Single Domestic Partnership

Client 1 Drivers' License # _____ State _____ Expiration Date _____ Issue Date _____

Client 2 Drivers' License # _____ State _____ Expiration Date _____ Issue Date _____

CLIENT CONTACT

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Client 1 Mobile: _____

Alternate Phone 1: _____ Client 2 Mobile: _____

Alternate Phone 2: _____ Home Fax: _____

Client 1 Home Email: _____

Client 2 Home Email: _____

Preferred Contact:

Client 1: Home Phone Business Phone Mobile Home Email Work Email

Client 2: Home Phone Business Phone Mobile Home Email Work Email

Preferred Performance Report/Billing Statement Delivery: PDF (via Website) Paper (via Mail)

EMPLOYMENT & BUSINESS

Item	Client 1	Client 2
Occupation (Title):		
Business Name:		
Business Address:		
Business Phone Number:		
Business FAX Number:		
Business Email Address:		
Publicly traded company of which you are a director, 10% shareholder or officer:		
Securities firm with which affiliated:		

PERSONAL INFORMATION**Children and/or Dependents:**

Name	Relationship	Birth Date	Social Security #

Current Other Advisors:

Advisor	Name and Address	Phone/Email
CPA		
Attorney		
Trustee		
Insurance Agent		

FINANCIAL INFORMATION**Investment Portfolio:**

List your current investment accounts **and provide us with copies of the most recent statements for each account.**

Owner ¹	Institution ²	Account Type ³	Current Balance	Approximate Asset Allocation		
				% Cash	% Bonds	% Stocks
i.e. Michael Smith	Bank of America	Brokerage	\$1 Million	25%	25%	50%

¹ Client(s), Trust, Joint Tenancy, Community Property, etc.

² Name of Brokerage Firm, Bank, Trust Company, etc.

³ Individual, IRA, 401(k), Profit Sharing Plan, Vested Pension Lump-Sum, etc.

Investment Portfolio, Continued:

Are there any securities in your current portfolio that we should NOT sell without prior authorization from you? (i.e. restricted stock, investments with large built-in gains, securities held less than one year , etc.)	Security	Reason for Holding

Real Estate: Please tell us about any real estate holdings that you currently own.

Type	Fair Market Value	Cost & Improvements	Mortgage Amount/Rate/Term
Primary Residence			
Secondary Residence			
Investment Property #1			
Investment Property #2			
Other			

Personal Insurance:

Life Insurance:

Company	Insured	Owner	Death Benefit	Beneficiary	Cash Value

Disability Insurance:

Company	Monthly Benefit	How long Before Benefits Begin?	Length of Benefit Period	Premium & Frequency

Other Insurance (Health Coverage, Long Term Care, Umbrella, etc.):

Company	Monthly Benefit	How long Before Benefits Begin?	Length of Benefit Period	Premium & Frequency

ESTATE PLANNING

Do you have a Will? Yes No Last Updated _____
 Do you have a Trust? Yes No Last Updated _____

(If yes, please provide us a copy or Abstract of the Trust)

Trust Name _____

CURRENT INCOME & EXPENSES (Estimates are fine) *Required

Cash Receipts		Expenses	
Household Income*		Normal Living Expenses	
Bonus		Educational Expenses	
Net business or Practice Income (Loss)		Health Insurance Premiums	
Investment Cash Receipts		Retirement & Employer Match	
Dividends		Other:	
Interest			
Alimony			
Other (specify)		TOTAL EXPENSES	
		Estimated Taxes	
TOTAL RECEIPTS		POTENTIAL ANNUAL SAVINGS	

Balance Sheet:

Assets		Liabilities	
Checking		Home 1 st Mortgage	
Savings/CD's/Money Market*		Home 2 nd Mortgage	
Insurance/Annuities/Cash Value		Car Loan/s	
Stocks/Mutual Funds/Bonds		Revolving Charge Accounts	
Stock Options		Notes Payable	
Notes Receivable		Other	
Retirement Plans (401(k)/IRA/etc.)		Other	
Investment Real Estate (Net Equity)		TOTAL LIABILITIES	
Investment Partnerships			
Value of Business			
Home			
Other			
Personal Property		NET WORTH*	
TOTAL ASSETS		(Total Assets – Total Liabilities)	

MISCELLANEOUS

1. What amount of cash reserves do you feel comfortable with outside of your managed accounts(s)? \$ _____
2. What is your "target" retirement date?

Client 1	Client 2
3. How much income will you require from your Capital Advantage account(s) to fund your living expenses?

<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
4. Please describe any additional inflows/outflows you will incur over the next 10 years: (Examples: inheritance, loan payoff, large tax liability, home purchase, large charitable contributions, educational expenses, etc.)

5. What is your combined Federal and State marginal tax rate? _____%
6. What are your expectations of Capital Advantage?

Completion Date: _____

Financial Advisor: JH GC DZ

Financial Advisor Comments:

Investment Objective

- Aggressive Growth
- Growth
- Growth & Income
- Balanced
- Income & Growth
- Income

Billing Specification

- Spec 1
- Spec 2
- Spec 3
- Spec 4
- Spec 5
- Spec 6
- Spec 7
- Spec 8

Client Classification

- Investment Management
- Investment Management
& Financial Planning