

INVESTMENT DEPT.

INVESTMENT MANAGEMENT

Client Application

Notice: This form is intended for new clients of Investment Dept. If you are a current client and seek to update information, please reach out to your financial adviser or at info@investmentdept.com. Confidentiality and protection of your personal information is of the highest importance to our firm. We will not disclose any information about you to anyone -- including your employer, accountant, attorney, or family -- without your permission.

Account Information

To effectively advise you on financial decisions and make the best use of meeting time, we will need complete information about your financial life. The first step in the financial planning process is data collection. To facilitate the data collection and make our initial meeting more productive, we ask that you to complete our client questionnaire. We ask that you please return the completed questionnaire to us by regular mail, fax, or electronically via ShareFile (link is on our web site). Please do not hesitate to call us with any questions prior to getting started.

Client Info	CLIENT 1	CLIENT 2
Name (First, MI, Last)		
Preferred nickname		
Home Street Address		
City, State, ZIP		
Home Telephone		
Mobile Phone		
Date of Birth		
US Citizen (Yes/No)		
Marital Status (Single, Married, Divorced, Widowed)		
Number of children & age		
COMMUNICATION PREFERENCES	How should we contact you: home or work, email or mobile, etc.	

Goals & Objectives

What are your areas of financial concern (check all that apply):

- Cash flow & budgeting
- Investment review
- Tax planning
- College planning
- Retirement planning
- Estate planning
- Insurance review
- Home purchase
- Other goals (describe below)

Other goals, please describe.	
Describe your picture of financial security 5 years from now?	
Please list your major financial obligations and planned expenditures within the next 2 years.	
Please list your major financial obligations and planned expenditures after 2 years.	
How satisfied are you with the performance of your investments?	
Please note any health or other family circumstances that may impact your financial planning.	
How comfortable are you managing your finances? (very, somewhat, not at all)	

INCOME STATEMENT		CLIENT #1	CLIENT #2
Occupation / Job Title			
Self Employed (Yes/No)			
Employer Name			
Employer Address			
Years with Current Employer			
Years in Industry			
Current employment status			
What is your gross annual income from all sources?			
How often are you paid?			
Are you considering a career change?			
Do you anticipate major changes in income within the next 3 years?			
SPECIAL CONSIDERATIONS	Please describe any special considerations regarding your income		

RETIREMENT PLANNING		CLIENT #1	CLIENT #2
At what age do you expect to retire?			
What are your expected annual income needs in retirement?			
How much do you contribute each year to your retirement plan(s)?			
How much does your employer contribute each year to your retirement plan(s)?			
During retirement how much monthly income do you expect to receive from Social Security?			
During retirement how much monthly income do you expect to receive from Employer Pension(s)?			
Do you participate in an employer stock option plan (non-qualified or incentive)?			
Do you participate in an employer stock grant plan (restricted stock)?			
Do you participate in an employee stock purchase plan (ESPP)?			
SPECIAL CONSIDERATIONS	Please describe any special considerations regarding your retirement plans		

STATEMENT OF NET WORTH	CLIENT 1	CLIENT 2	TOTAL
ASSETS			
Cash accounts (checking, savings, money market, CDs, savings bonds)			
Taxable investments (stocks, bonds, mutual funds)			
Retirement investments (401k, 403b, 457, SEP, SIMPLE, IRA)			
Investments in real estate (primary residence, rental property, vacation)			
Personal property (Vehicles, boats, jewelry, art, antiques, household)			
TOTAL ASSETS			
DEBTS			
Primary residence mortgage			
Second mortgage, equity loan, or line of credit			
Education loans			
Auto Loans			
Credit card balances			
401k or retirement plan loans			
TOTAL DEBTS			
NET WORTH (assets – debts)			

DETAILS OF DEBTS/LIABILITIES	ORIGINAL AMOUNT	CURRENT BALANCE	INTEREST RATE	TERM OF LOAN	MONTHLY PAYMENT
Creditor					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

BUCKET LIST	Please list a few of your non-financial goals, as they may be related to your financial plan
NOTES TO YOUR ADVISOR	Please list any additional points of interest or concern)

RISK SCORES	CLIENT 1	CLIENT 2
How important is it for you to be able to quickly and easily sell all or a part of the investments in this account without losing significant value?		
What do you plan on using this investment and any related returns for?		
If a substantial portion of your investments were securities and the stock market experienced a significant drop in value during a market decline (e.g., over 10% in a month), what would you do? (If you did experience a significant value drop in your investments at some point, please select the answer that corresponds to the actual course of action you took).		
Which statement best describes your investment experience?		
How do you rate your understanding of your investments?		