



# Confidential Financial Discovery Form

Thank you for the opportunity to assist you with your financial goals!

The following pages will provide us with information needed to accurately review your financial health. Our form has been designed to gather much more than objective information about your financial world. More importantly, this form will be one of our on-going efforts to achieve the best possible understanding of your unique needs. Please be assured that we treat this information with the highest level of confidentiality.

The form is divided into two sections: the first will tell us about your current financial situation; the second will tell us your goals and objectives. Please complete as much as possible.

In some areas there will be a **TIME SAVER** tip. If you can comply with the tip suggestion (such as by providing us with copies of statements, policies, or other supporting documents) there is no need to complete that section of the form.

This form has been designed to gather as much information as possible with a minimal time investment from you. **However, if you simply hate to fill out forms, can't stand to detail the workings of your financial life or just would rather spend your time doing other things, we have a suggestion.** Call our office and schedule a time for us to complete the form together.

Thank you for the confidence you have placed with us. We welcome the responsibility of helping you pursue your financial goals. There will be nothing we take more seriously.

Sincerely,

**Damon J. Boyar**  
Wealth Management Advisor

# Section #1 – Current Situation

**General Information** Today's Date:

Personal		Date of Birth	Wedding Anniversary
Name			
Spouse			
Children			
Name			
Date of Birth			
Child's Spouse			
Grandchild			
Grandchild			
Grandchild			

Residence	Office	Office (Spouse)
Address:	Address:	Address:
City:	City:	City:
State:      Zip:	State:      Zip:	State:      Zip:
Telephone:	Telephone:	Telephone:
Best time to call:	Best time to call:	Best time to call:
E-mail:	E-mail:	E-mail:

Employment Data			Employment Data (Spouse)		
Are you retired?	Yes	No	Are you retired?	Yes	No
Occupation/Specialty:			Occupation/Specialty:		
Employer:	Years:		Employer:	Years:	
Approximate Annual Salary			Approximate Annual Salary		
Approximate Annual Bonus			Approximate Annual Bonus		
Other Income:			Other Income:		
Total Annual Income:			Total Annual Income:		
Do you anticipate a substantial change in your income over the next few years?	Yes (please explain)	No	Do you anticipate a substantial change in your income over the next few years?	Yes (please explain)	No

**Monthly Cash Flow**

After taxes, what is your approximate monthly living expenses?

	Client	Spouse
<b>Hobbies</b>		
<b>Sports</b>		
<b>Interests</b>		

## Assets and Liabilities

**\*\*TIME SAVER, please provide us with copies of all account statements (below are some account examples) or if you would rather, list your assets on the following page.**

- Retirement Plans (Pension, 401(k), 403(b), SEP, IRA, PSP, MPP, Annuities, etc.)
- Brokerage Accounts (Trusts, Individual, Annuities, Money Market, etc.)

### Real Estate

Description	Owner**	Value	Mortgage Balance	Loan Start Date	Original Loan Amount	Loan Duration	Monthly Payment (P + I)	Loan Interest Rate	Home Purchase Cost
								%	
								%	
								%	

### Liabilities (Loans, Credit Cards, etc.)

### Miscellaneous Assets (Business Entities, Collectables, etc.)

Item	Amount	Interest Rate	Item	Owner**	Value
		%			
		%			
		%			

### List Contributions to Retirement Plans

Type of Plan	Owner**	Annual Employee Contributions	Annual Employer Contributions

**\*\*Owner Alternatives:**

I (S, SP) = Individual (Self, Spouse)    T (S, SP) = Trust (Self, Spouse)    JT = Joint Titled    TE = Tenancy / Entireties    CP = Community Property

## List Additional Assets

**\*\*TIME SAVER, Please provide copy(ies) of an account statement**

Type	Description	Owner**	Value	Annual Savings
Cash				
Stocks/Bonds				
Retirement Plans				
Annuity				
Other				

**\*\*Owner Alternatives:**

I (S, SP) = Individual (Self, Spouse)    T (S, SP) = Trust (Self, Spouse)    JT = Joint Titled    TE = Tenancy / Entireties    CP = Community Property

# Insurance

**\*\*TIME SAVER, Please provide copy(ies) of declaration page or policy statement**

## Life Insurance

Insured <sup>1</sup>	Owner <sup>2</sup>	Type of Policy <sup>3</sup>	Company	Year Purchased	Beneficiary <sup>2</sup>	Cash Value	Death Benefit	Annual Premium	Loans

## Disability Insurance\*

Insured <sup>1</sup>	Type of Coverage <sup>4</sup>	Company	Waiting Period	Monthly Benefits	Inflation Option <sup>5</sup>	Length of Benefit Period	Annual Premium

**\*Please note,** if you have any riders on your disability policy that you would like us to review please provide us with a copy of your policy or a list of the riders. Typical riders include residual disability, cost of living adjustment (COLA), future increase option, automatic increase option, and guaranteed insurability.

## Long Term Care Insurance

Insured <sup>1</sup>	Company	Waiting Period	Type of Care (Home/Nursing Home/Other)	Monthly Benefits	Inflation Option <sup>5</sup>	Length of Benefit Period	Annual Premium

<sup>1</sup> I (S, SP) = Individual (Self, Spouse)  
CS = Survivor (last-to-die)

<sup>2</sup> I (S, SP) = Individual (Self, Spouse)  
T (S, SP) = Trust (Self, Spouse)  
IT = Irrevocable Trust

<sup>3</sup> T= Term (5, 10, 20)  
G = Group  
UL = Universal Life  
V = Variable  
WL = Whole Life

<sup>4</sup> I= Individually Owned Policy  
G= Group Coverage  
A= Association Coverage  
S=Short Term  
L=Long Term

<sup>5</sup> S= Simple  
C= Compounded  
N= None

## Investment Attitudes

**What amount of confidence do you have in your ability to make good investment decisions?**

None                      Limited                      Reasonable                      Extensive                      Complete

**When faced with a major investment decision are you more focused with possible losses or possible gains?**

Always losses                      Usually losses                      Neutral                      Usually gains                      Always gains

**Investments fluctuate in value (up and down) and you should be prepared to weather a downturn. By how much could your investments decrease in value over a 12 month period before you would feel uncomfortable?**

2% drop                      5% drop                      10% drop                      20% drop                      35% drop                      50% drop

**What do you think is a reasonable overall rate of return objective?** \_\_\_\_\_ %

**How many years do you anticipate being invested before funds will be used to support your goals?**

0-5 Years                      5-10 Years                      10-15 Years                      15-20 Years                      20+ Years

**Investing requires a balance between expected return over the long term and potential decrease in value over the short term. With this in mind please indicate which risk/return alternative you are most comfortable:**

Indicate Your Selection:	Alternative	Potential Decrease in Value Over 12-Month Period	Potential Return (5-Year Average Annual)
	<b>A</b>	<b>-2.5%</b>	<b>5.0%</b>
	<b>B</b>	<b>-5.0%</b>	<b>6.0%</b>
	<b>C</b>	<b>-7.5%</b>	<b>7.0%</b>
	<b>D</b>	<b>-10.0%</b>	<b>8.0%</b>
	<b>E</b>	<b>-12.5%</b>	<b>8.5%</b>

# Section #2 – Goals and Objectives

## Target Age

	Client	Spouse
• At what age would you <b>like to achieve</b> financial independence (retirement)?		
• What is the latest age at which <b>you must</b> retire?		
• <b>Life Expectancy?</b> (Typically we use age 95)		

## Goals

Please provide your **TOTAL ANNUAL AFTER-TAX RETIREMENT SPENDING GOAL** \_\_\_\_\_

Goal (ex. Travel, 2nd Home, ...)	Priority	Annual After-Tax Amount	Frequency	Age to Begin	Age to End

**Will you be providing financial assistance to support parent(s) or children during your retirement?**

If so, what amount and for how many years?

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**Is there an institution, organization or charitable entity that you would like to leave a meaningful legacy at death? If so, please indicate the organization and amount of assets you would like to leave in the space below.**

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## Potential or Current Retirement Income Sources

	Client		Spouse	
	Yes	No	Yes	No
<b>Will you be/are you generating income during retirement (part-time employment)?</b>				
Until the age of:				
Annual Income: (today's dollars)				
Other income during retirement: Please Describe:				

## Defined Benefit Pension Income if Applicable

Owner	Pension Sponsor	Starting Age for Benefits	Lump Sum Available/Amount	Monthly Benefit	Benefit Adjusted for Inflation		Joint and Survivor Options <i>(Please Describe)</i>
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	

**Provide us with a copy of your social security statement.**

If not available, we will calculate an average benefit based on your salary and age.

**Any other income or potential inheritance?** \_\_\_\_\_

**Desired age to start your Social Security Benefits** \_\_\_\_\_

**Desired age to start your Spouse's Social Security Benefits** \_\_\_\_\_

## Education Goals and Objectives

**\*\*TIME SAVER, Please provide copy(ies) of an account statement**

Child's and/or Grandchild's Name	Age	Anticipated Annual College Cost (in Today's Dollars) <sup>1</sup>	Number of Years Attending <sup>2</sup>	**Current Value of Investments for Education	**Type of Account <sup>3</sup>

<sup>1</sup> If college started today, what would you estimate as an annual cost in current dollars? If uncertain, indicate "public" or "private" university, and we will use national averages for estimated costs.

<sup>2</sup> How many years do you anticipate the child to spend in college and graduate/professional school?

<sup>3</sup> 529 = 529 College Savings Plan      C = Custodial Account      T = Trust

# Risk Management Goals and Objectives

## If Disability “Forces” You to Retire

Can you afford to retire today?      Yes                      No                      Why? \_\_\_\_\_

**If you became disabled:**

Should your current standard of living be guaranteed?                      Yes                      No

Should the education objectives you established for your children be guaranteed?                      Yes                      No

Should your long-term retirement objectives be guaranteed?                      Yes                      No

**What plans have you made to guarantee that the items identified above will take place?**

Would it be acceptable to deplete your assets to support you during disability even if it jeopardizes your retirement goals?                      Yes                      No

## Your Financial Goals for Surviving Family

Should your family maintain the current standard of living after your death?                      Yes                      No

If not, what monthly standard of living (after tax income) would you like to provide to your family? \_\_\_\_\_

How long should this standard of living be provided?                      For the rest of my spouse’s life.  
For \_\_\_\_\_ years after my death.

Would your spouse work?      Yes      No      How much money could your spouse earn? \_\_\_\_\_

Until what age would your spouse work? \_\_\_\_\_

In the event of your death, would you like to have the following liabilities or obligations paid?

Mortgages                      Education                      Other Liabilities                      Total: \_\_\_\_\_

## Long-Term Care

**If you were to need long-term care, what type of care would you prefer?**

Nursing Home Care      Assisted Living Care      Home Health Care

I am not interested in Long-Term Care as I prefer to self-insure.

## Personal Health

Health related conditions will impact the appropriateness of various planning strategies. Are there any health conditions or concerns for you or your family? **If so, please explain:**

## Estate Planning Goals and Objectives

**\*\*TIME SAVER, Please provide copy(ies) of estate planning documents**

Will Information	Client		Spouse	
Do you have a current Will?	Yes	No	Yes	No
When did you last have your Will reviewed by an attorney? (Provide the year document was reviewed)				
<b>Power of Attorney</b>				
Durable Power of Attorney (property)?	Yes	No	Yes	No
Healthcare Power of Attorney?	Yes	No	Yes	No
<b>Trust Information</b>				
Do you have a current Trust?	Yes	No	Yes	No
When did you last have your Trust reviewed by an attorney (Provide the year document was reviewed)				
If you have a Trust as part of your estate plan, please describe your understanding of how it works:	<p>A Trust is created after both of our deaths for the benefit of our children.</p> <p>After my death a Trust is created which divides assets into separate Trusts for my spouse and children.</p> <p>A Trust already exists. This Trust divides assets into separate Trusts for my spouse and children at my death.</p> <p>A Trust already exists which owns and is the beneficiary of life insurance policies on my life.</p>		<p>A Trust is created after both of our deaths for the benefit of our children.</p> <p>After my death a Trust is created which divides assets into separate Trusts for my spouse and children.</p> <p>A Trust already exists. This Trust divides assets into separate Trusts for my spouse and children at my death.</p> <p>A Trust already exists which owns and is the beneficiary of life insurance policies on my life.</p>	
<b>Other Trust Strategies</b>				
Special Needs Trust?	Yes	No	Yes	No
Irrevocable Life Insurance Trust?	Yes	No	Yes	No
Charitable Gifts?	Yes	No	Yes	No
Other:	Yes	No	Yes	No

## Priority List

Thank you for taking the time to provide us with this important information. You can be assured that your information will be treated with the utmost confidentiality. In order to make certain we have as clear a picture as possible of your personal interests, please take a minute to indicate your interest in each of the following areas.

Please use a scale from 1 to 10, with #10 being “very important and must be addressed” and #1 being “not important” (you can use the same number more than once):

Enter 1 to 10	Objective
	Generate needed income for retirement
	Plan for long-term care
	Accumulate needed assets for children’s/grandchildren’s education
	Provide for family in the event of disability or death
	Leave a legacy for family
	Leave a legacy for charitable organization
	Reduce portfolio volatility through risk management
	Others:

## Anything Else We Should Know?

Please provide us with any other pertinent information not covered on this questionnaire (legal, tax considerations, etc.) that we should know about your own personal situation and goals: