

Client Information Worksheet

Answers to questions in **bold** are required.

(Date)

1 *Contact Details*

	Client 1	Client 2
Name(s)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
	(Date of Birth)	(Date of Birth)
	(SSN)	(SSN)
Street Address (no PO boxes)	(Street)	
	(City)	(State) (Zip)
	<input type="checkbox"/> Primary Residential <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Other (if seasonal, list details):	
Mailing Address (if different from street address)	(Street)	
	(City)	(State) (Zip)
	<input type="checkbox"/> Secondary Residential <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Other (if seasonal, list details):	
Secondary Address	(Street)	
	(City)	(State) (Zip)
	<input type="checkbox"/> Secondary Residential <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Other (if seasonal, list details):	
Phone(s) (check preferred)	(Home) <input type="checkbox"/>	(Home) <input type="checkbox"/>
	(Business) <input type="checkbox"/>	(Business) <input type="checkbox"/>
	(Mobile) <input type="checkbox"/>	(Mobile) <input type="checkbox"/>
	(Vacation) <input type="checkbox"/>	(Vacation) <input type="checkbox"/>
	(Fax)	(Fax)
Email(s) (check preferred)	(Personal) <input type="checkbox"/>	(Personal) <input type="checkbox"/>
	(Business) <input type="checkbox"/>	(Business) <input type="checkbox"/>

2 *Objectives (Why are we meeting today?)*

How did you hear about us?	<input type="checkbox"/> Event <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Print Ad <input type="checkbox"/> Web <input type="checkbox"/> Referral (list details) <input type="checkbox"/> Other (list details):
What is the purpose for this meeting?	

3 Current Assets

Estimated total portfolio value excluding real estate (i.e., all liquid assets)

\$

Current portfolio breakdown (approximate)

Stocks

\$ or %

Bonds

\$ or %

Cash & Equivalents

\$ or %

Current custodians/brokers

☐ Statement provided?

☐ Statement provided?

☐ Statement provided?

Primary source of assets

☐ Accumulated savings

☐ Inheritance

☐ Other

Value of real assets

- ☐ Family home
☐ Second home
☐ Investment property

\$

Any mortgage attached to family home?
Any other liabilities?

- ☐ Mortgage
☐ Credit card debt
☐ Other liabilities

\$

Other financial assets

- ☐ Employee stock
☐ Stock options
☐ Pension plans
☐ Cash-value insurance
☐ Other

\$

Form of ownership

- ☐ Living trusts
☐ Irrevocable trusts

- ☐ Joint (JTWROS, TIC, etc)
☐ Separate property

Significant inheritance expected?

\$

4 Employment, Retirement, and Income

Client 1

Client 2

Employment status

- ☐ Full time
☐ Part time

- ☐ Retired
☐ Not employed

- ☐ Full time
☐ Part time

- ☐ Retired
☐ Not employed

Employment information

(Employer)

(Employer)

(Occupation)

(Occupation)

(Address)

(Address)

(City)

(State)

(Zip)

(City)

(State)

(Zip)

Projected retirement date

Approximate annual income

\$

\$

Sources of income (check all that apply)

- ☐ Employment
☐ Pension
☐ Social Sec.

- ☐ Investments
☐ Other

(Notes)

How stable are your current and future income sources? ☐ Very stable ☐ Unstable
☐ Somewhat stable ☐ Very unstable

Do you have a will? ☐ Yes ☐ No Do you have a living trust? ☐ Yes ☐ No

Insurance

<input type="checkbox"/> Health	(Notes / Value)
<input type="checkbox"/> Disability	(Notes / Value)
<input type="checkbox"/> Life	(Notes / Value)
<input type="checkbox"/> Long-term care / CCRC	(Notes / Value)

5 Investment Experience and Outlook

How would you rate your level of knowledge and expertise in each of the following products?

<i>Mutual Funds</i>	<i>None</i>	<i>Some</i>	<i>A lot</i>	<i>Expert</i>
<i>Stocks</i>	<i>None</i>	<i>Some</i>	<i>A Lot</i>	<i>Expert</i>
<i>Bonds</i>	<i>None</i>	<i>Some</i>	<i>A Lot</i>	<i>Expert</i>
<i>Options</i>	<i>None</i>	<i>Some</i>	<i>A Lot</i>	<i>Expert</i>

What is your long-term outlook for the US economy?

<i>Optimistic</i>	<i>Positive</i>	<i>Neutral</i>	<i>Negative</i>	<i>Pessimistic</i>
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What is your long-term outlook for the world economy?

<i>Optimistic</i>	<i>Positive</i>	<i>Neutral</i>	<i>Negative</i>	<i>Pessimistic</i>
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Do you desire global portfolio diversification?

<i>Not at all</i>	<i>Unsure</i>	<i>Prefer</i>	<i>Strongly prefer</i>
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6 Risk Attitude and Tolerance

Which of the following best describes your attitude toward investing?

☐ As a long-term investor, I can accept substantial swings in account value

☐ I am a long-term investor, but I can only accept modest swings in account value

☐ Any declines in account value make me very nervous

☐ Other

(Notes)

In the financial crisis of 2007-2009, the US stock market dropped approximately 50% from peak to trough. A \$1 million portfolio with a 60% allocation to stocks would have been reduced to \$700,000 at its lowest point.

How would you describe your emotional reaction to this period of turmoil?

☐ Scared / Despondent ☐ Calm / Philosophical

☐ Anxious / Worried ☐ Other:

What, if any, action did you actually take in response to what was happening in the financial markets?

☐ Sold stocks / Pulled back from the market

☐ Maintained investments / Stayed the course

☐ Bought stocks / Added to my portfolio

☐ Other:

(Notes)

7 Investment Objectives

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Preservation of capital | <input type="checkbox"/> Funding living expenses in retirement |
| <input type="checkbox"/> Current income | <input type="checkbox"/> Funding significant gifts and/or bequests |
| <input type="checkbox"/> Preservation of purchasing power | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Capital appreciation | |

(Notes)

Describe any other financial goals (i.e., dreams, bequests, etc.)

Given your stated objectives and tolerance for risk, what long-term average rate of return do you expect from a portfolio that meets these criteria?

%

What long-term average rate of return would you expect from a portfolio that assumes a minimal amount of risk?

%

8 Other Investment Considerations

Projected liquidity/cash requirements (recurring, near-term, or long-term)

\$

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> One-time |

Marginal federal tax bracket (approximate)

- | | | | |
|--------------------------------|------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> < 15% | <input type="checkbox"/> 15% - 24% | <input type="checkbox"/> 25% - 35% | <input type="checkbox"/> > 35% |
|--------------------------------|------------------------------------|------------------------------------|--------------------------------|

Marginal state tax bracket (approximate)

- | | | | |
|-------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> < 5% | <input type="checkbox"/> 5% - 8% | <input type="checkbox"/> 9% - 12% | <input type="checkbox"/> > 12% |
|-------------------------------|----------------------------------|-----------------------------------|--------------------------------|

May tax-exempt securities be used where appropriate?

- | | |
|------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | |

(Notes)

Do you have any accumulated tax-loss carryforwards?

- | | |
|------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | |

(If yes, amount)

Investment time horizon

- | | | |
|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> 5-10 years | <input type="checkbox"/> 10+ years |
|------------------------------------|-------------------------------------|------------------------------------|

(Other)

Unique restrictions (e.g., any assets which should not or cannot be sold?)

Special legal considerations (e.g., trusts, dual citizenship, etc.)

9 Additional Personal Details

Professional Advisors

- | |
|---|
| <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Estate Planner |
| <input type="checkbox"/> Other |

☐ Permission to speak with professional advisors

Children (name, age, city, state)	
Siblings (name, state/country)	
Parents	
Grandchildren	
Any hobbies, favorite charities, or anything else we should know about you?	

IRA Beneficiaries	Beneficiary 1		Beneficiary 2	
	(Name)		(Name)	
	(Date of Birth)		(Date of Birth)	
	(SSN)		(SSN)	
	(Primary, Contingent, %)		(Primary, Contingent, %)	
	Beneficiary 3		Beneficiary 4	
	(Name)		(Name)	
	(Date of Birth)		(Date of Birth)	
(SSN)		(SSN)		
(Primary, Contingent, %)		(Primary, Contingent, %)		

11 Recommendations (to be completed by a Gould professional)

Risk Profile

(check one or two)

- ☐ Conservative
- ☐ Moderately Conservative
- ☐ Moderate
- ☐ Moderately Aggressive
- ☐ Aggressive

(Notes)

Investment Objective(s)

- ☐ Current income and preservation of capital, over time.
- ☐ Preservation and enhancement of purchasing power of invested capital, over time.
- ☐ Moderate income, with potential for some long-term capital appreciation.
- ☐ Moderate long-term capital appreciation, with potential for some income.
- ☐ Long-term participation in the returns of a specified stock market index, with reduced variability of returns relative to the index.
- ☐ Aggressive long-term capital appreciation.

Strategy	Variant	Allocation (\$ or %)	Source of Funds	Fee
Quality Fixed Income	<input type="checkbox"/> Taxable <input type="checkbox"/> Tax-Deferred			%
TargetReturn				%
Diversified Income	<input type="checkbox"/> Taxable <input type="checkbox"/> Tax-Deferred			%
BenchmarkPlus				%
Equity Index Plus				%
Master Limited Partnerships				%
Global Growth & Resources				%
Other:				%

Asset Location Explained? ☐ Approved? ☐ Yes ☐ No

Custodian ☐ Charles Schwab ☐ Fidelity ☐ TD Ameritrade ☐ TIAA-Cref

Form ADV ☐ Given (Date)

Consolidated Group Name (Include C-)

Privacy Policy ☐ Given (Date)

Real Estate Interest? ☐ Yes ☐ No **Qualified?** ☐

ERISA Plans ☐

Additional Options

- ☐ Chicago Clearing Corporation (form req'd)
- ☐ Prefers paper statements (not electronic only)

(Notes)

(Signature)

(Employee Name)

(Date)