

**FAMILY MEMBERS AND ADVISORS**

**Client Information**

First Name	_____	Last Name	_____
Middle Name	_____	Social Security No.	_____
Home Address	_____		
City	_____	State	_____ Zip _____
Home Phone	_____	Home Fax	_____
Work Phone	_____	Work Fax	_____
Mobile Phone	_____	E-mail Address	_____
City/State of Birth	_____	Date of Birth	_____ <input type="checkbox"/> U.S. Citizen?
Mother's Maiden	_____	Occupation	_____
Current Employer	_____	Years with Employer	_____
Employer Address	_____		
City	_____	State	_____ Zip _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	Previous Marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Unknown

**Spouse's Information** (if married)

First Name	_____	Last Name	_____
Middle Name	_____	Social Security No.	_____
Work Phone	_____	Work Fax	_____
Mobile Phone	_____	E-mail Address	_____
City/State of Birth	_____	Date of Birth	_____ <input type="checkbox"/> U.S. Citizen?
Mother's Maiden	_____	Occupation	_____
Current Employer	_____	Years with Employer	_____
Employer Address	_____		
City	_____	State	_____ Zip _____
Previous Marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Unknown

**Children**

Full Name	Date of Birth	Social Security No.	Grade	Tax Dependent
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

# PROSPECT

FINANCIAL GROUP LLC

**Grandchildren**

Please list all grandchildren you plan to support or gift.

Full Name	Date of Birth	Social Security No.	Tax Dependent	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parents		Health Status	Financial Status	Spouse's		Health Status	Financial Status
Your	Age			Mother	Age		
Mother	_____	_____	_____	Mother	_____	_____	_____
Father	_____	_____	_____	Father	_____	_____	_____

Grandparents			Health Status	Spouse's			Health Status
Your	Age			Mother	Age		
Maternal grandmother	_____	_____	_____	Maternal grandmother	_____	_____	_____
Maternal grandfather	_____	_____	_____	Maternal grandfather	_____	_____	_____
Paternal grandmother	_____	_____	_____	Paternal grandmother	_____	_____	_____
Paternal grandfather	_____	_____	_____	Paternal grandfather	_____	_____	_____

**Other Income Tax/Financial Dependents**

Does anyone other than your children depend on you/your spouse for financial support?  Yes  No  
 If so, please provide names, ages, and relationships.

**Desired Account Beneficiaries**

Please consult your trust and estates attorney regarding the proper way to name your beneficiaries, particularly if you have a will or any trusts.

Name	Relation	Social Security	Date of Birth	Address	Type	Share %
_____	_____	_____	_____	_____	<input type="checkbox"/> Primary	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Contingent	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Primary	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Contingent	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Primary	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Contingent	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Primary	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Contingent	_____

**Professional Advisors** (include names, addresses, phone numbers, and e-mail addresses)

- Attorney \_\_\_\_\_
- Accountant (CPA) \_\_\_\_\_
- Insurance Agent \_\_\_\_\_
- Broker \_\_\_\_\_
- Other \_\_\_\_\_

**FINANCIAL PLANNING GOALS AND OBJECTIVES**

**Retirement Goals**

At what age do you and your spouse plan to retire? \_\_\_\_\_ You \_\_\_\_\_ Spouse  
Describe your plans for retirement. Include a description of your desired retirement lifestyle and how expenses may change.

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**Education Funding Goals**

Do you want to provide funds for your children to attend college or graduate school?  Yes  No  
Do you want to fund public or private post-secondary education?  Private  Public  
What portion of post-secondary expenses do you want to provide? \_\_\_\_\_%  
How many years of post-secondary education do you want to fund? \_\_\_\_\_years

In addition to any current education expenditure you may have, do you plan to provide private primary or secondary school education for any children?  Yes  No

**Major Purchase Goals**

Do you want to save for any major purchase goals, such as purchasing a new home?  Yes  No

Goal	Purchase Amount	Desired Timing

How often do you purchase new cars? Every \_\_\_\_\_ years  
About how much do you typically spend on vehicles? \_\_\_\_\_

**Life Insurance Goal**

Please describe any support need to be able to provide to your dependents or surviving spouse if you were to die pre-maturely. If you are married, please detail any sacrifices that you or your spouse would be willing to make to your plan or any additional needs you may have in the event of pre-mature death.

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**Disability Insurance Goal**

Please describe any changes you would be willing to make to your financial plan if you were disabled.

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**Financial Concerns and Goals**

Please briefly describe any financial concerns or goals that may not be reflected above.

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## **RISK ASSESSMENT**

### ***Long-Term Goals and Expectations***

1. What is your goal for this investment?
  - To grow aggressively
  - To grow significantly
  - To grow moderately
  - To grow with caution
  - To avoid losing money
  
2. Assuming normal market conditions, what would you expect from this investment over time?
  - To generally keep pace with the stock market
  - To slightly trail the stock market, but make a good profit
  - To trail the stock market, but make a modest profit
  - To have some stability, but make modest profit
  - To have a high degree of stability, but make small profit
  
3. Suppose the stock market performs unusually poorly over the next decade, what would you expect from this investment?
  - To lose money
  - To make very little or nothing
  - To make out a little gain
  - To make a modest gain
  - To be little affected by what happens in the stock market

### ***Short-Term Risk Attitudes***

4. Which of these statements would best describe your attitudes about the next three years' performance of this investment?
  - I don't mind if I lose money
  - I can tolerate a loss
  - I can tolerate a small loss
  - I'd have a hard time tolerating any losses
  - I need to see at least a little return
  
5. Which one of these statements would best describe your attitudes about the next three months' performance of this investment?
  - Who cares? One calendar quarter means nothing
  - I wouldn't worry about losses in that time frame
  - If I suffered a loss of greater than 10%, I'd get concerned
  - I can only tolerate small short-term losses
  - I'd have a hard time stomaching any losses

## CLIENT PORTAL

Our clients generally aggregate all of their financial accounts on our website in order to see their entire net worth in one place and keep us up to date on their financial situation. Please sign into our website (wealth.emaplan.com/ema) using the invitation received via e-mail. Click on the Add button next to Accounts to add the following assets, liabilities, and insurance policies. You will be asked to specify the financial institution and your login for the account. For any account that you are unable to add to this system, please provide recent statements.

### *Assets*

- Checking/Savings Accounts
- Brokerage Accounts
- Retirement Accounts (eg, 401k, IRAs)
- Education Savings Accounts (eg, 529s)

### *Liabilities*

- Mortgages
- Home Equity Loans
- Auto Loans
- Student Loans
- Other Loans

### *Insurance*

- Life Insurance
- Disability Insurance

## DOCUMENTS

Please provide the following documents in paper or PDF form.

### *Investment Planning*

- Set up 401k accounts in AccountView
- Statements for all brokerage/retirement accounts to be transferred to TD AMERITRADE
- Statements for assets and liabilities not set up in the Financial Planning Portal
- List of investment options in 401k or other retirement plans

### *Retirement Planning*

- Federal and state tax returns
- Recent paystub(s)
- Income/Expense report from Quicken/Mint.com (if used)
- Plan Summary Document for 401k or details on matching/employer automatic contributions
- Grant schedule for Employer Stock Options/Restricted Stock Units
- Recent social security statement(s) (accessible at <https://www.ssa.gov/myaccount/message.html>)

### *Insurance/Estate Planning*

- Copies of life insurance and long-term disability policies
- Copies of estate planning documents (eg, wills, trusts, instructions for titling/naming beneficiaries)
- Brochures/policy specimens for employer benefits including Life Insurance, Long-Term Disability Insurance, Health Savings Account, Flexible Spending Account, and Employer Stock Purchase Plan

**INCOME**

***Employment Income***

Please estimate employment income for the current year and provide recent pay stubs.

	You	Spouse	Joint
Gross Salary			
Bonuses			
Commissions			
Other			

***Other Income***

Please estimate other income for the current year or provide related documents, such as social security benefit statements or pension plan documents.

	You	Spouse	Joint
Net Rental Income			
Business Income			
Annuities			
Social Security Benefits (Gross)			
Pension/Retirement Plan			
Inheritances			
Alimony			
Child Support			
Trust Income/Distributions			
Recurring Gifts Received			
Other			

**SAVINGS AND EXPENSES**

The financial planning portal can track spending. In order to ensure that we have an accurate estimate for your financial plan, I recommend going to the Privacy tab under Settings to share full spending data. If you do not want to share spending data, then please complete the following:

	Monthly Amount	End Date
Savings 401(k)/Retirement Plan 529 Plan Brokerage Checking/Savings Other		
Loans Mortgage Home Equity Loan Auto Loan Student/Other Loan		
Insurance Health Insurance Dental Insurance Vision Insurance Homeowners Insurance Auto Insurance Personal Liability Umbrella Policy Life Insurance Disability Insurance Long-Term Care		
Household Expenses Food Utilities Clothing Medical Out-of-Pocket Auto Maintenance/Fuel Household Maintenance Housekeeper/Yard Service Memberships (Gym, Country Club) CPA/Legal/Advisory Fees Child Care Education Pet (Vet, Dogwalker) Dining Out Cash Withdrawals/Expenses Other		
Large Discretionary Travel Home Improvement Major Purchases/Other		
Other Alimony Child Support Charitable Gifts Gifts/Support/Other		

**ASSETS**

***Real Estate***

Address	Type			Original Cost	Date of Purchase	Est. Fair Market Value	Ownership		
	Primary	Vacation	Rental				You	Spouse	Joint
	Primary	Vacation	Rental				You	Spouse	Joint
	Primary	Vacation	Rental				You	Spouse	Joint

***Closely Held Business Interest***

Please provide financial statement, if available.

Company	Business Type*	Date Acquired	Percentage Ownership	Est. Fair Market Value	Ownership		
					You	Spouse	Joint
					You	Spouse	Joint
					You	Spouse	Joint

\* Sole proprietorship, partnership, LLC, Corporation

***Other Investments***

Description	Date Acquired	Cost Basis	Est. Fair Market Value	Ownership		
				You	Spouse	Joint
				You	Spouse	Joint
				You	Spouse	Joint