

**DRP**  
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**& Associates**

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**Client Profile**

The information provided will be used as the foundation of your financial plan. Providing both accurate and detailed answers will give us a clear picture of your current financial situation, financial goals and objectives, and enables us to serve you better. Should you have a business, please also complete section 4.

**\*All information given is kept confidential within our firm**

**1. PERSONAL INFORMATION**

**DATE:** \_\_\_\_\_

Client Name A (Title: Mr./Mrs./Ms./Dr./Prof.):		Date of Birth:	Social Security Number:
Client Name B (Title: Mr./Mrs./Ms./Dr./Prof.):		Date of Birth:	Social Security Number:
Address:			
Client A Phone:	Client B Phone:	Client A Email:	Client B Email:
Client A Profession/Occupation:		Client B Profession/Occupation:	
Employer (if applicable):	Years of Service:	Employer (if applicable):	Years of Service:
Client A Citizenship:		Client B Citizenship:	
Marital Status:    Married            Single            Widowed            Separated/Divorced			
Is this a first marriage/relationship?    Yes    No		Anniversary Date:	

**Dependents and Beneficiaries:**

Names:	Date of Birth:	Relationship:	Dependent of Client	
			A	B
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Professional Advisors:**

	Name:	Firm:	Phone:
CPA:			
Attorney:			
Financial Advisor:			
Other:			

**Hobbies, Interests, Professional and Civic Organizations:**

Client A:	Client B:

**2. Financial Information**

Do you have a written financial plan?    Yes    No
What are your primary expectations from your financial advisor?
How much money do you feel you need for emergencies?
How are you currently saving money?
How do you feel about renting vs. owning your residence in the future?

**Please list all short-term and long-term financial objectives or concerns**

*(e.g. home down payment, mortgage paid off, travel, child education fund, debt elimination, retirement goals, wealth accumulation [include target amount], estate preservation for heirs).*

Please make your goals as specific as possible.

**Financial Goals and Objectives:**

Short-Term Goals:
Long-Term Goals:

**Retirement Ages:**

Client A: Semi-retire at Age:	Retire at Age:
Client B: Semi-retire at Age:	Retire at Age:
Desired retirement income: \$ _____ (after-tax)	

**Retirement Goal Notes:**


**Current Financial Position**

Please list all major assets and liabilities. If possible, please attach a recent copy of your investment and/or retirement plan statements for our review. Please note any desired restrictions on listed assets below.

**Assets:**

Personal:	Ownership	Description	Basis	Amount
Home <i>(include current valuation)</i>				
Liquid Savings:				

**Other Savings and Investments:**

Qualified*	Non-Qualified*	Client		Description	Basis	Current Value
		A	B			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Employer Sponsored Retirement Plans:		Client		Type	Deferral %	Company Match	Current Value
		A	B				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total:	\$
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\***Qualified** = (Pre-tax accounts) 401ks, 403bs, IRAs, Simple IRAs

\***Non-Qualified** = (After-tax accounts) Roth IRAs, all other after tax

**Liabilities:**

Personal Debt (i.e. mortgage, personal loans):	Type of Loan	Current Balance	Original Year / Term	Int. Rate/ Adj Rate/ Yrs Until Adj.	Monthly Payment	Additional Payments or Withdrawals
		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	
Investment or Business Debt:		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	
		\$	____yrs	____%	\$	

Total	\$
Net worth:	\$

**Children's Education Plans:**

Child's Name	Notes	Amount

**Current Income Sources:**

Client A	Amount	Client B	Amount
Employment/Business:		Employment/Business:	
Employer Retirement Plan:		Employer Retirement Plan:	
Investment Income:		Investment Income:	
Social Security*:		Social Security*:	
Other:		Other:	

**\*If you have a social security statement, please provide us a copy.**

**Current Estate Information:**

Do you have a will(s) in place? Yes No	Date Last Updated:	Executor:
Do you have Power(s) of Attorney? Yes No	Date Late Updated:	Who holds this Power?
Do you have guardians named for your children? Yes No N/A	Who are they?	
Do you have a Representation Agreement stating your health care wishes (living will)?	Yes No	Date Last Updated:

**Current Risk Management Plans (Your own plus those at work):**

**Life Insurance Plans:**

Carrier/Company	Insured	Beneficiary	Premium	Type*	Death Benefit	Current Value

**Disability Insurance Plans:**

Carrier/Company	Insured	Notes	Premium	Type**	Benefit Amount

<b>Long Term Care:</b>					
Carrier/Company	Insured	Notes	Premium	Type**	Benefit Amount

**Longevity:**

<input type="checkbox"/> Abbreviated (i.e., poor family medical history)
<input type="checkbox"/> Normal
<input type="checkbox"/> Long (i.e., good family medical history)

**Notes:**


\*Group insurance (may be held through work, or through a professional association) vs. individual insurance (policies you hold personally with the insurance company); term coverage (a policy with no cash value) vs. permanent coverage (a policy which may have a cash value). \*\* Group insurance vs. individual plan; see explanation in footnote above.

**Please rate how important the following statements are to you**  
(1 being not very important at all, and 5 being very important)

**Estate Planning and Risk Management Goals:**

<b>Estate Planning Goals:</b>	
	Liquidity: To provide adequate liquidity at death to pay for last expenses.
	Debt Elimination: To provide adequate funding to pay off mortgage or other debts.
	Income Replacement: To provide adequate financial resources to maintain your family's standard of living
	Taxes: To eliminate, reduce or defer potential tax burdens at death
	Education Funding: To provide education funding for children or grandchildren
	Simplify Estate: To simplify the estate & the continuation of family financial affairs for the surviving spouse.
	Estate Maximization: To preserve and direct the disposition of my business interest(s).
	Business Matters: To provide for the disposition of a closely-held business.
	Gifting: To begin a gift program in favor of children, grandchildren, charity(ies), or others.

**Planning for Long-Term Disability or Illness:**

	To take care of self and family in the event of my long-term disability.
	To provide _____% of income in the event of my long-term disability.
	To provide funding for medical expenses that may come in the last five years of my life.
	Other, please specify:

Please provide us with any additional comments or relevant financial information that you feel we should know about.

**General Notes:**


**3. INVESTMENT PROFILE**

**Return Required to Meet Objectives:**

What is your primary investment goal?	Capital Preservation	Income	Growth
Do you require income from your investments now or in the future?		Now	Future
How much income will you require?			

**Time Horizon for Investment (volatility considerations):**

How important is it for your savings and investments to keep ahead of inflation – that is, to increase in value faster than the cost of living rates?					
<input type="checkbox"/>	My main concern is that I don't lose any of my money.	<input type="checkbox"/>	I would like my money to keep ahead of inflation, but it is more important that I receive steady and consistent returns	<input type="checkbox"/>	It is essential that my money grow in value at a rate that exceeds inflation.

**Taxation of Investments:**

Do any of your existing securities have unrealized capital gains?	Yes	No
Does your employer offer you the opportunity to purchase company stock within the retirement plan?	Yes	No
If yes, please detail:		
Do you have any other tax considerations:		

**Liquidity Requirements:**

Will you require a significant amount of money at one time? Purpose? Timeframe?
Are you doing or planning to do any home renovations or purchase a recreational property or vehicle? Timeframe?

**Key Purpose:**

Do you have any political / social / environmental / faith based restrictions on your investment choices?
Do you have any sentimental attachments to any of your investments?
Other:

**Risk Tolerance:**

<p><b>How familiar are you with investing and the different types of investments available?</b></p>	<input type="checkbox"/> I am starting to learn about the subject
	<input type="checkbox"/> I know something about investing, but not in depth
	<input type="checkbox"/> I am reasonably familiar with basic types of investments
	<input type="checkbox"/> I believe I am fairly knowledgeable about the broad range of investments
	<input type="checkbox"/> I am both knowledgeable and experienced in investing



<p align="center"><b>Rate how important each of the following investment characteristics are to you on a scale from 1 to 5</b></p> <p>(1 being not important at all and 5 being very important)</p>		The size of a loss in my overall portfolio in any one year
		The quarterly performance of each of my holdings
		The annual performance of my overall portfolio
		Avoiding any loss in my total portfolio over a one year period
		Staying ahead of inflation over the next 5 years
		Variability in monthly value of my overall portfolio

<p><b>What level of risk are you willing to take with your capital?</b> (Where 1 is a government T-Bill and 10 is a very speculative stock. A balanced portfolio would be a 5 or 6).</p>										
1	2	3	4	5	6	7	8	9	10	
<p><b>Conservative</b> (low level of risk)</p>			<p><b>Balanced</b> (moderate level of risk)</p>				<p><b>Aggressive</b> (high level of risk)</p>			

<p><b>You are offered to buy into a speculative property venture for \$10,000. You have a 50% chance of getting back \$500,000 within 5 years and a 50% chance of losing your money. Would you buy into the venture for \$10,000?</b></p>	<input type="checkbox"/> Definitely
	<input type="checkbox"/> Probably
	<input type="checkbox"/> Maybe
	<input type="checkbox"/> Probably Not
	<input type="checkbox"/> Definitely Not

<p><b>What would you do if you lost 20%? For example, if you invested \$100,000 today and tomorrow it was worth only \$80,000, what would you do?</b></p>	<input type="checkbox"/> Take some time to recover and feel okay again.
	<input type="checkbox"/> Take a long time to recover and be more cautious and protective.
	<input type="checkbox"/> Bounce back well, regain my optimism, and know that I will move onto a better place.

<p><b>Suppose that your investment declined in value. How easily could you replace that reduction in value with other income?</b></p>	<input type="checkbox"/> It would be very difficult, because I depend on the income from my investments, or I may need to use the money in the next two to five years.
	<input type="checkbox"/> With some planning, I could replace the reduction with other income.
	<input type="checkbox"/> I could easily replace a reduction in value with other income.

**General Notes:**


# 1. Business Information

Please complete this section if you have a business

Business Name:	Phone:	Fax:
Street Address:	Incorporation Date:	Classification: Public    Private
City, State, Zip Code:	Nature of Business:	
Website:	Type of Business: Proprietorship    Partnership    Corporation	

**Details of Partner's or Shareholder's Interests:**

Name	Date of Birth	Interest in Company	Preferred Shares	Common Shares
Est. fair market value of business: \$		Does this valuation include shareholder's loans? Yes    No		

**Business Succession:**

Are your business interests to be continued or sold in the event of your death?
If continued, by whom?
If sold, by whom?

**Employees:**

Would the success of your business be seriously interrupted due to the loss of one or more key employees? Yes    No
Who are these key employees?

**Other:**

Do you have a buy-sell agreement with any business associates?    Yes    No
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**Professional Advisors (CPAs, Lawyers, etc.):**


**General Notes:**
