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Client Profile – Section 1

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.

All information given is kept confidential within our firm

Personal Information

Date _____

Name (Title: Mr./Mrs./Ms./Dr./Prof.) _____

SSN _____ Birthdate _____

Mailing Address _____

Physical Address (if different from above) _____

Mobile Phone _____ Home Phone _____

Email Address _____

Male Female Married Single Divorced

Occupation _____ Industry _____

Employer Name _____

Retired? No Yes (if yes, include former occupation and industry)

Spouse

Name (Title: Mr./Mrs./Ms./Dr./Prof.) _____

SSN _____ Birthdate _____

Mailing Address _____

Physical Address (if different from above) _____

Mobile Phone _____ Home Phone _____

Email Address _____

Male Female

Occupation _____ Industry _____

Employer Name _____

Retired? No Yes (if yes, include former occupation and industry)

Children / Beneficiaries

Name _____ Primary Contingent Per Stirpes
 Birthdate _____ Relationship _____
 Spouse _____ Percent of benefit _____ %
 Grandchildren _____

Name _____ Primary Contingent Per Stirpes
 Birthdate _____ Relationship _____
 Spouse _____ Percent of benefit _____ %
 Grandchildren _____

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 Birthdate _____ Relationship _____
 Spouse _____ Percent of benefit _____ %
 Grandchildren _____

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 Birthdate _____ Relationship _____
 Spouse _____ Percent of benefit _____ %
 Grandchildren _____

Current Financial Position – Section 2

Income Sources

Client Name: _____	Client Name: _____
Employment: \$ _____ annually/monthly	Employment: \$ _____ annually/monthly
Investment Income: \$ _____ annually/monthly	Investment Income: \$ _____ annually/monthly
Social Security: \$ _____ annually/monthly	Social Security: \$ _____ annually/monthly
Other: \$ _____ annually/monthly	Other: \$ _____ annually/monthly

Employer-Sponsored Retirement Plans

Client Name:	Type*	Deferral %/\$	Company Match	Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*401k, 403b, IRA, Simple IRA, Roth IRAs, Roth 401k, etc.

Assets (Savings/checking, IRA/investment accounts, education funds, etc)

Type	Ownership	Description	Liquid (L) / Non-Liquid (NL)	Value
				\$
				\$
				\$
				\$
				\$
Current Home Value				\$

Liabilities

Personal Debt	Original Year/Term	Interest Rate	Monthly Payment	Add'l Payments or Withdrawals	Current Balance
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$

Current Risk Management Plans

Life Insurance Plans

Insured: Carrier	Premium	Type (Term, UL, Whole)	Group/ Personal	Death Benefit	Current Value
Insured:					

Disability Insurance Plans

Carrier	Insured	Premium	Group/Personal	Benefit Amount

Long Term Care

Carrier	Insured	Premium	Group/Personal	Benefit Amount

Investment Profile – Section 3

What is your primary investment goal?

- Capital Preservation
 Income
 Growth

How familiar are you with investing and the different types of investments available?

- I am starting to learn about the subject
 I know something about investing, but not in-depth
 I am reasonably familiar with basic types of investments
 I believe I am fairly knowledgeable about the broad range of investments
 I am both knowledgeable and experienced in investing

Investment Experience - # of years

Mutual Funds _____ Stocks _____ Bonds _____ Annuities _____
 Margins _____ Options _____ Partnerships _____ Other _____

Investment Needs

What is your investment time horizon? _____ Years

If you have liquidity needs, which account type will it be, approximate dollar amount, and when and for what purpose do you need these funds? _____ 0-3 yrs. 3+ yrs

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?

- My main concern is that I don't lose any of my money.
 I would like my money to keep ahead of inflation, but it is more important that I receive steady and consistent returns.
 It is essential that my money grows in value at a rate that exceeds inflation

Rate how important each of the following investment characteristics are to you on a scale from 1 to 5 (1 being not important and 5 being very important)

- 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 the monthly value of my overall portfolio

What level of risk are you willing to take with your capital?

(Where 1 is a government T-Bill and 10 is a very speculative stock. A balanced portfolio would be a 5 or 6)

- 1 2 3 4 5 6 7 8 9 10

Conservative (low level of risk)	Balanced (moderate level of risk)	Aggressive (high level of risk)
-------------------------------------	--------------------------------------	------------------------------------

You are offered to buy into a speculative property venture for \$10,000. You have a 50% chance of getting back \$50,000 within 5 years and a 50% chance of losing your money. Would you buy into the venture for \$10,000?

- Definitely Probably Maybe Probably Not Definitely Not

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?

- Take some time to recover and feel okay again Take a long time to recover and be more cautious and protective Bounce back well, regain my optimism, and know that I will move onto a better place

Suppose that your investment declined in value. How easily could you replace that reduction in value with other income?

- 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 2 to 5 years With some planning, I could replace the reduction with other income I could easily replace a reduction in value with other income

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?

If yes, please detail:

Do you have any other tax considerations?

Will you require a significant amount of money at one time? Purpose? Timeframe?

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?

Financial & Estate Planning – Section 4

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?

Financial Goals and Objectives

(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

Short-Term Goals:

Long-Term Goals:

Retirement Planning

Name: _____ Semi-Retire at Age: _____ Retire at Age: _____

Name: _____ Semi-Retire at Age: _____ Retire at Age: _____

Desired Retirement Income \$ _____

Retirement Goals:

Current Estate Information

Do you have a Will(s) in place?

Yes No Date last updated: _____ Executor: _____

Do you have Power(s) of Attorney in place?

Yes No Date last updated: _____ Who holds this power? _____

Do you have guardians named for your children?

Yes No N/A Date last updated: _____ Who are they? _____

Do you have a Representation Agreement stating your health care wishes (living will)?

Yes No Date last updated: _____

Estate Planning Goals

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

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

Planning for Long-Term Disability or Illness:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | To take care of self and family in the event of my long-term disability |
| <input type="checkbox"/> | To provide _____ % of income in the event of my long-term disability |
| <input type="checkbox"/> | To provide funding for medical expenses that may come in the last five years of life |
| <input type="checkbox"/> | Other, please specify: |

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) |

Professional Advisors

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

General Notes

Business Information

Business Name: _____ Phone: _____

Address: _____

Incorporation Date: _____ Nature of Business: _____

Type of Business: Proprietorship Partnership S-Corp C-Corp

Details of Partner's or Shareholder's Interests

Name	Date of Birth	Interest in Company	Preferred Shares	Common Shares
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Estimated Fair Market Value of Business: \$ _____

Does this valuation include shareholder 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?

Who are these key employees? _____

Do you have a Buy-Sell Agreement in place? Yes No

Business Advisors

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