



# CONFIDENTIAL PROFILE

This comprehensive, personal wealth planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities.

## FAMILY INFORMATION

First Name	MI	Last Name	Nick Name	Age	Birth Date	Social Security # (Optional)	
<hr/>							
Spouse's First Name	MI	Last name	Nick Name	Age	Birth Date	Social Security # (Optional)	
<hr/>							
Wedding Date							
<hr/>							
1st Child Name	1st Child DOB	3rd Child Name	3rd Child DOB	5th Child Name	5th Child DOB		
<hr/>							
2nd Child Name	2nd Child DOB	4th Child Name	4th Child DOB	6th Child Name	6th Child DOB		
<hr/>							
Residence Address			City	State	Zip Code		
<hr/>							
Mailing Address			City	State	Zip Code		
<hr/>							
Home Phone	Cell #1	Cell #2	Fax				
<hr/>							
Email #1				Email #2			
<hr/>							
Referred By:	<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Print Publication	<input type="checkbox"/> Client (Name) _____			

## OCCUPATION

Your Job Title	Employer (last, if retired)	# of Years	Work Phone	Retirement Date
<hr/>				
Spouse's Job Title	Employer (last, if retired)	# of Years	Work Phone	Retirement Date

## PERSONAL ADVISORS

### FINANCIAL

Financial Advisor's Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Length of Relationship: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

### Accounting

Accountant's Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Length of Relationship: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

### LEGAL

Attorney's Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Length of Relationship: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

### INSURANCE

Insurance Agent's Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Length of Relationship: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

BALANCE SHEET

**ASSETS**

**Investments (Non-Retirement)**

Stocks \$ \_\_\_\_\_  
 Bonds \$ \_\_\_\_\_  
 Mutual Funds \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Investments (Retirement)**

IRA \$ \_\_\_\_\_  
 Roth-IRA \$ \_\_\_\_\_  
 401(k)/403(b) \$ \_\_\_\_\_  
 Defined Benefit \$ \_\_\_\_\_  
 Profit Sharing \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Business**

Business Value \$ \_\_\_\_\_  
 Entity Type \$ \_\_\_\_\_

**Real Estate**

Residence \$ \_\_\_\_\_  
 2nd Home \$ \_\_\_\_\_  
 Rental Property \$ \_\_\_\_\_  
 Land \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**LIABILITIES**

**Short - Term**

Interest Rate

Credit Cards, Notes \$ \_\_\_\_\_  
 Personal Loan \$ \_\_\_\_\_

**Long - Term**

Home Mortgage \$ \_\_\_\_\_  
 Second Mortgage \$ \_\_\_\_\_  
 Business \$ \_\_\_\_\_  
 Additional Property \$ \_\_\_\_\_

**Other**

\$ \_\_\_\_\_  
 Please explain.

INCOME STATEMENT

**ANNUAL INCOME**

**Client Income**

Earned \$ \_\_\_\_\_  
 Investment \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Spouse Income**

Earned \$ \_\_\_\_\_  
 Investment \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**ANNUAL EXPENSES**

**Expenses**

Fixed \$ \_\_\_\_\_  
 Variable \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

## PLANNING FACTORS

MONEY IMPORTANCE

### What Is Important About Money To Each Of You?

1) Your Most Important

1) Spouse's Most Important

2) Your Second Most Important

2) Spouse's Second Most Important

3) Your Third Most Important

3) Spouse's Third Most Important

INVESTMENT PHILOSOPHY

### Do You Have An Investment Philosophy?

Please share that here.

WEALTH PLANNING

### Wealth Planning

At Wagner Wealth Management, we focus on holistic Wealth Planning which also encompasses non-financial objectives. A Wealth Plan is a GPS designed to aid in guide you toward your life goals.

What do you value most in life?

What do you ultimately want to achieve in your life?

What is the vision for your future?

# OBJECTIVES & CONCERNS



GENERAL	<b>General</b>		
	Are you anticipating any major lifestyle changes? (i.e., marriage, divorce, retirement, move, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	If yes, what changes are you expecting and when? _____		
	Are you comfortable with your current cash flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
RETIREMENT PLANNING	<b>Retirement Planning</b>		
	What minimum after-tax income will you need at retirement (in today's dollars)?	\$ _____	
	If you plan on working during retirement, estimate your anticipated income:	\$ _____	
	Are you contributing to a traditional IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Are you contributing to a Roth-IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Are you covered by any company retirement plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Type of company retirement plan, value, and annual contribution? _____	\$ _____	\$ _____
	Type	Value	Annual Contribution
PROTECTION INSURANCE	<b>Protection Insurance</b>		
	Do you have adequate disability coverage?	<input type="checkbox"/> Yes (Amount? \$ _____ ) <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Do you have adequate personal liability coverage?	<input type="checkbox"/> Yes (Amount? \$ _____ ) <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Do you have enough life insurance?	<input type="checkbox"/> Yes (Amount? \$ _____ ) <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Do you have long-term care insurance for home health care?	<input type="checkbox"/> Yes (Amount? \$ _____ ) <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Do you have long-term care insurance for assisted living?	<input type="checkbox"/> Yes (Amount? \$ _____ ) <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Is employer-provided health insurance available during retirement?	<input type="checkbox"/> Yes (Amount? \$ _____ ) <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
ESTATE PLANNING	<b>Estate Planning</b>		
	When were your current wills/trusts signed? _____		
	Have you established any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Are you the beneficiary of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Have you adequately planned for estate taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Have you provided adequate estate liquidity for your heirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Have you planned your legacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
CONCERNS	<b>Concerns</b>		
	Please list your current concerns, financial or otherwise:		

# RISK PROFILE



RISK PROFILE

Please check the appropriate response for each question.

**1. What is your investment experience with stocks or stock mutual funds?**

- None  Limited  Moderate  Extensive

**2. What is your investment experience with bonds or bond mutual funds?**

- None  Limited  Moderate  Extensive

**3. What is your investment goal?**

- Retirement  Saving for Major Purchase  
 More Current Income  Other

**4. How many years do you have until your expected retirement?**

- < 1 yr  1-3 yrs  4-7 yrs  8-10 yrs  > 10 yrs

**5. What do you expect to be your next major expenditure?**

- Buying a house \$ \_\_\_\_\_  
Amount Timing
- Paying for a college education \$ \_\_\_\_\_  
Amount Timing
- Capitalizing a new business \$ \_\_\_\_\_  
Amount Timing
- Providing for retirement \$ \_\_\_\_\_  
Amount Timing
- Other \_\_\_\_\_

**6. What are your major objectives for your investments, in order of importance? (Rank 1 to 5)**

- Current and Future Income  Speculation  
 Hedge  Short Term Gain  Growth

**7. When do you expect to use the bulk of the money you are accumulating in your investments?**

- 0 to 1 year  1 to 5 years  5 to 10 years  10 to 20 years

**8. Over the next several years, do you expect your household annual income to:**

- Stay about the same  Decrease Moderately  
 Grow Moderately  Decrease Substantially  
 Grow Substantially

**9. I am expecting an inheritance of approximately \$ \_\_\_\_\_ in**

- 0 to 5 years  5 to 10 years  10 to 15 years  >15 years

**10. Due to a general market correction, one of your investments loses 25% of its value a short time after you buy it. What do you do?**

- Sell the investment  Wait for it to climb back up, then sell  
 Hold it  Buy more at the new lower price

**11. Some people need their investment portfolio to generate current income to meet on-going needs. This may tilt the investment portfolio toward bonds and dividend paying stocks. How accurately does this describe your objectives?**

- Very Accurate  Moderately Accurate  
 Slightly Accurate  Not Accurate at all

**12. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 on one of the three scenarios below. Which do you choose?**

- Take the money and run  
 A 20% chance of winning \$75,000  
 A 50% chance of winning \$50,000  
 A 5% chance of winning \$100,000

**13. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?**

- 10% decline (portfolio value is \$90,000)  
 15% decline (portfolio value is \$85,000)  
 20% decline (portfolio value is \$80,000)  
 25% decline or greater (portfolio value is \$75,000 or less)  
 50% decline or greater (portfolio value is \$50,000 or less)

SIGNATURE

## Sign Here

Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

**RISK PROFILE**

**How can we help you? On a scale of 1 to 10 (1 being low and 10 being high) please rate the following:**

- \_\_\_\_\_ Increase my net worth by \_\_\_\_\_%
- \_\_\_\_\_ Reduce my tax burden
- \_\_\_\_\_ Pay education expenses for my children
- \_\_\_\_\_ Potentially grow retirement assets
- \_\_\_\_\_ Purchase real estate
- \_\_\_\_\_ Plan for long-term care
- \_\_\_\_\_ Provide for my family in the event of my (or my spouse's) disability or death
- \_\_\_\_\_ Minimize the cost of probate and estate taxes
- \_\_\_\_\_ Control the distribution of assets to my heirs
- \_\_\_\_\_ Fund a charitable endeavor

**List other goals**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**If you could change three things about your current financial situation, what would you change?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Investment Goals**

**Priority Level**

- |  |                               |                              |                                 |                               |                                 |
|--|-------------------------------|------------------------------|---------------------------------|-------------------------------|---------------------------------|
| Return should exceed inflation rate                      | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Principle value is a priority                            | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Investments should be liquid<br>(immediately accessible) | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Diversification is important                             | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Professional asset management                            | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Reduce my taxable income                                 | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Build tax-free income                                    | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Long - term growth                                       | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |
| Short - term profits                                     | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Urgent |

- Risk Tolerance**       **Low**       **Moderate**       **High**       **Speculative**