



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)
Spouse's First Name	MI	Last name	Nick Name	Age	Birth Date	Social Security # (Optional)
Wedding Date						
1st Child Name	1st Child DOB	3rd Child Name	3rd Child DOB	5th Child Name	5th Child DOB	
2nd Child Name	2nd Child DOB	4th Child Name	4th Child DOB	6th Child Name	6th Child DOB	
Residence Address			City	State	Zip Code	
Mailing Address			City	State	Zip Code	
Home Phone	Cell #1	Cell #2	Fax			
Email #1			Email #2			
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
Spouse's Job Title	Employer (last, if retired)	# of Years	Work Phone	Retirement Date

PERSONAL ADVISORS

FINANCIAL

Accounting

Financial Advisor's Name:

Firm:

Length of Relationship: Phone: Email:

Are you committed to working with this advisor? Yes No

Accountant's Name:

Firm:

Length of Relationship: Phone: Email:

Are you committed to working with this advisor? Yes No

LEGAL

INSURANCE

Attorney's Name:

Firm:

Length of Relationship: Phone: Email:

Are you committed to working with this advisor? Yes No

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	General			
	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	Retirement Planning			
	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	Protection Insurance			
	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	Estate Planning			
	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	Concerns			
	Please list your current concerns, financial or otherwise: 			

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
(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**