



Everything Starts With A Plan

Demand Wealth
Legacy & Responsibility To Family

Life Events Checklist

Any of the events listed below could have significant implications for your present or future financial situation, needs or plans. Please let us know which of these events you have experienced recently or expect to experience in the near future:

- | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Retired/ Retiring Soon | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Selling Your Business | <input type="checkbox"/> Divorce or Separation |
| <input type="checkbox"/> Refinancing Your Business | <input type="checkbox"/> Birth of a Child |
| <input type="checkbox"/> Failure of Business | <input type="checkbox"/> Birth of a Grandchild |
| <input type="checkbox"/> Losing your Job | <input type="checkbox"/> Remarriage |
| <input type="checkbox"/> Children Go to College | <input type="checkbox"/> Relocation for Retirement |
| <input type="checkbox"/> Last Child Leaves Home | <input type="checkbox"/> Parent/ Other relative Moving In with you |
| <input type="checkbox"/> Child Marries | <input type="checkbox"/> Disability or Chronic Illness of Parent/Grandparent |
| <input type="checkbox"/> Adult Child Divorces or Separates | <input type="checkbox"/> Disability or Chronic Illness of Adult Child |
| <input type="checkbox"/> Adult Child Remarries | |
| <input type="checkbox"/> Purchase of a Home | <input type="checkbox"/> Relocation of Parent, Spouse, or You |
| <input type="checkbox"/> Selling Your Home | <input type="checkbox"/> Death of Parent/ Grandparent |
| <input type="checkbox"/> Selling another Property | <input type="checkbox"/> Death of Child or a Child's Spouse |
| <input type="checkbox"/> Buying another property | <input type="checkbox"/> Death of Spouse |
| <input type="checkbox"/> Leaving a Legacy | |
| <input type="checkbox"/> Inheriting an IRA, Life Insurance or Other Assets | Notes: |
| <input type="checkbox"/> New Employer/ New Career | |
| <input type="checkbox"/> Spouse Begins Work | |
| <input type="checkbox"/> Spouse Stops Work | |
| <input type="checkbox"/> Relocation for a New Job | |
| <input type="checkbox"/> Start-up New Business | |

Income & Expected Lump Sum Worksheet

Primary Client's Income – (Before Taxes)				
Source of Income	~Start Date	~End Date	~Monthly	~Lump Sum
Full Time Employment				
Part Time Employment				
Pensions				
Social Security				
Rental Income				
Expected Inheritance				
Sale of Business				
Sale of Real Estate				
Other				
Other				
Other				

Co-Client's Income – (Before Taxes)				
Source of Income	~Start Date	~End Date	~Monthly	~Lump Sum
Full Time Employment				
Part Time Employment				
Pensions				
Social Security				
Rental Income				
Expected Inheritance				
Sale of Business				
Sale of Real Estate				
Other				
Other				
Other				



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Mortgages & Liabilities

	First Property	Second Property	Third Property
Address	Street : City : State : Zip :	Street : City : State : Zip :	Street : City : State : Zip :
~Market Value			
Interest Rate			
Monthly Payment			
Current Balance of Loan			
Payoff/ ARM Reset Date (MM/YY)			

2nd/ Home Equity Line of Credit. (add all info)	
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	Auto Loans	Personal Loans	Other
Type of Loan			
Loan Amount			
Interest Rate			
Monthly Payments			
Current Balance of Loan			
Payoff Date (MM/YY)			

Approximate Monthly Expenses (not including mortgages & loans):

(details to be discussed)

Notes:



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Risk Assessment

Please check the box next to the number to answer each of the risk tolerance questions below:

1. How would you describe your Risk Tolerance?

<i>Conservative</i>	<i>Somewhat Conservative</i>	<i>Somewhat Aggressive</i>	<i>Aggressive</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. Assuming you have a rate of return objective, what is the annual Rate of Return you have in mind?

<i>2%-3%</i>	<i>4%-6%</i>	<i>>8%</i>	<i>Out Perform the Market</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. If you had a \$1million dollar portfolio and it grew to \$1.3million over a couple years, how would you react?

<i>Sell Everything</i>	<i>Sell Some Securities</i>	<i>Hold your position</i>	<i>Buy More</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4. If you had a \$1million dollar portfolio and it dropped to \$800,000 (20% drop) within a few months, how much "stomach pain/ discomfort" would this cause?

<i>None</i>	<i>Low Discomfort</i>	<i>Moderate Discomfort</i>	<i>High Discomfort</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

5. Based on your answer in question #4, how would you react to the 20% drop in your portfolio?

<i>Sell Everything</i>	<i>Sell Some Securities</i>	<i>Hold your position</i>	<i>Buy More</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

6. How important is low volatility?

<i>Not at all</i>	<i>Low importance</i>	<i>Moderately important</i>	<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7. How important is current income from your investment portfolio?

<i>Not at all</i>	<i>Low importance</i>	<i>Moderately important</i>	<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8. How comfortable are you with seeing the value of your portfolio decline overtime to reflect withdrawals during retirement?

<i>Not at all</i>	<i>Low Comfort</i>	<i>Moderately Comfortable</i>	<i>Very Comfortable</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

9. How important is it to leave an inheritance to children or other family members?

<i>Not at all</i>	<i>Low importance</i>	<i>Moderately important</i>	<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

10. How often do you fly first class?

<i>Never</i>	<i>Sometimes</i>	<i>Most times</i>	<i>Always</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

11. How would you describe your level of investment experience?



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No Experience

1

Low Experience

2

Moderate Experience

3

High Experience

4

12. How would you describe your outlook for the U.S. economy over the next 12 months?

No Opinion

Negative

Steady

Positive

1

2

3

4

13. When do you expect to make withdrawals from your portfolio?

< 1 Year

2-3 Years

5+ Years

10+ Years

1

2

3

4

14. Which of the alternatives below is more important to you?

1- Income

OR

2- Growth

15. Which of the alternatives below is more important to you?

1- No Down Years

OR

2- Out Performing the Market

16. Which of the alternatives below is more important to you?

1- Consistent Returns

OR

2- Higher Rewards

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Notes:



Financial Planning/ Portfolio Assessment Checklist

- Copies of Social Security statements (Available at www.ssa.gov).
- Copies of mortgage statements (optional).
- Copies of 401k/ retirement statements.
- Copies of all investment statements.
- Copies of all insurance (Life, Long-Term Care, Disability, Umbrella, Homeowner policy).
- Copies of College Savings plan statements.

Notes:



We Are Here To Help

Please do not hesitate to contact us with any questions

