



Indelible Wealth Group

Financial Priorities Questionnaire
Confidential

Personal Information

Name DOB	Spouse/Partner DOB
Dependents Name/DOB	

Annual Income

Employment Status
Spouse / Partner Employment Status

Earned Income \$	Yourself	Spouse/Partner
Portfolio Income \$	Yourself	Spouse / Partner
Other Income \$	Yourself	Spouse / Partner

Assets

Cash / CDs Bonds Maturing within 30 days	\$
Investments Equities	\$
Investments Fixed Income	\$
Qualified Accounts	\$
Employer Sponsored Retirement Accounts Match % Participating (yes/no) Deferral Rate %	\$
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Business Interests/Ownership

Description Active/Passive	\$
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Real Estate

Primary Residence address	Market Value \$
Secondary Residence address	Market Value \$
Investment address	Market Value \$

Liabilities

Description	Payment \$ frequency
Current Balance	Interest Rate

Description	Payment \$ frequency
Current Balance	Interest Rate

Description	Payment \$ frequency
Current Balance	Interest Rate

Description	Payment \$ frequency
Current Balance	Interest Rate

Life Insurance

Type (group, term, whole life, variable life, other)	Death Benefit	Cash Value	Premium
Owner	\$	\$	\$
Beneficiary			

Type (group, term, whole life, variable life, other)	Death Benefit	Cash Value	Premium
Owner	\$	\$	\$
Beneficiary			

Type (group, term, whole life, variable life, other)	Death Benefit	Cash Value	Premium
Owner	\$	\$	\$
Beneficiary			

Additional Comments

Please use this section to expand on Assets, Business Interests/Ownership, Real Estate, Liabilities, or Insurance Coverage

Health Care

Client	Employer Sponsored
Spouse/Partner	Employer Sponsored

Long Term Care

Client	Benefit Level
Spouse/Partner	Benefit Level

Liability Coverage

Own or Rent a home	Circle One
Liability Coverage	\$
Deductible of homeowners/renters insurance	\$
High-value object coverage	Yes/No
Own or lease a vehicle	
Liability Coverage	\$
Collision deductible	\$
Umbrella Policy	

Education Planning

Dependent/Grandchild (dob)	Percent Funding Goal %	Public/Private
Current Savings %	Annual Savings Potential \$	Account Type (custodial, 529, IRA)

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Near Term Changes (check if applicable within the next 6-12 months)

Change Employment/Start Business	Birth of Child/Grandchild
Retirement	Dependent starting college/graduate school

Objectives

Retirement

Your retirement goals			
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle			
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track			
Matching your risk tolerance to that of your investment portfolio			
Reviewing your investment performance against that of an index			
Reviewing your investment performance against your plan			
Reviewing alternative retirement methods			
Minimizing the taxes on your investment accounts			
Reviewing techniques to save income tax and estate taxes on deferred money			
Asset protection in the result of serious illness			
Protecting assets in the event that you require long term care in the future			
Receiving adequate income in the event of disability during your working years			
Planning for income for your spouse in the event of your premature death			
Generating a guaranteed retirement income stream			
Planning for income for your children in the event of your premature death			

Rate the importance of each item according to following scale:

Low Med High

Estate

Distributing assets equally to your children			
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy			
Reviewing your insurance portfolio			
Reviewing different methods of meeting your estate tax liabilities			
Minimizing estate taxes			
Charitable planning to your estate's planning			
Contributing annually to charity			
Gifting to your children if it doesn't interfere with your financial independence			
Planning for your grandchildren's education			
Reviewing your current will structure to eliminate unnecessary taxes			
Protecting your residence and/or vacation home from estate taxes			
Having your estate in trust for your spouse in order to protect your children's inheritance			

Client Defined Goals

Rate the importance of each item according to following scale:

Low Med High

Risk Tolerance and Investment Experience

If you own a home, do you have more than 30% equity?

No

Yes

Which of the following best describes your current employment situation?

Full-Time

Part-Time

Retired

Unemployed

From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?

I would look for a way to invest more

I would take no action

I would be somewhat concerned

I would avoid any investment that could suddenly lose 15% of its value (Choose last answer for next question)

Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?

I would look for a way to invest more

I would take no action

I would be somewhat concerned

I would probably sell

I would never have made this investment (chose last answer on previous question)

Your portfolio, from \$25,000 suddenly increased by \$3750, which describes your response?

I would look to shift conservative assets into the market

I would take profits and rebalance my portfolio

I would let it ride and do nothing

I would sell the better performing positions and buy the weaker group

Have you invested in Equities?

No

Yes

Have you invested in Fixed Incomes?

No

Yes

Have you invested in Mutual Funds?

No

Yes

Have you invested in Options, Futures, or Derivatives?

No

Yes

How would you describe your level of investment knowledge?

None

Limited

Good

Extensive

How much investment experience do you have?

None

Limited (1 to 3 years)

Good (3 to 5 years)

Extensive (> 5 years)

Do you have current income needs from this investment?

Yes

No

When will you begin to use the money from your goal?

Less than two years

Two to five years

Five to ten years

More than 10 years

