

Date: _____
 Please complete form using Black Ink



Profile

Client	Spouse
Legal First Name:	Legal First Name:
Nickname:	Nickname:
Middle Name:	Middle Name:
Last Name:	Last Name:
Birth date:	Birth date:
SSN:	SSN:
Drivers License #:	Drivers License #:
State: Exp. Date: Country of Citizenship:	State: Exp. Date: Country of Citizenship:
Marital Status: <i>(Married, Single, Divorced, Widow(er))</i>	
How did you hear of ElderAdo Financial? <i>(referred by friend/family, saw ad, web site, etc.):</i>	

Client Home Address	Spouse Home Address <i>(If different than client's)</i>
Street:	Street:
PO Box:	PO Box:
City:	City:
State:	State:
Zip:	Zip:
Phone:	Phone:
Cell:	Cell:
Fax:	Fax:
Email:	Email:

Client Employment	Spouse Employment
Name of Employer:	Name of Employer:
Street or PO Box::	Street or PO Box::
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:

Children	
Child #1	Birth Date:
Address:	SSN:
Child #2	Birth Date:
Address:	SSN:
Child #3	Birth Date:
Address:	SSN:
Child #4	Birth Date:
Address:	SSN:

Preferred Communication Method: <i>(Phone (Home or Work), Mail, Email, Fax)</i>	
1 st Choice:	2 nd Choice:

Preferences

Is there a certain time of year that we should call you and/or send correspondence to any alternative location? Yes No
 If yes, please explain and provide alternative address/phone information: _____

Would you like the ability to view your account information online? Yes No

You will have the ability to access and download your investment information and accounts.
 If this is of interest to you, which software would you use? Microsoft Money Quicken

Advisors			
	Name	Address	Phone
Attorney			
Accountant			
Insurance Agent			
Broker			
Banker			

Current Investments				
Type Of Plan <i>(IRA, 401k, Joint, SEP, Trust, Individual)</i>	Owner of Asset <i>(Self, Spouse, Child)</i>	Invested In <i>(Stock, Bank, Mutual Funds)</i>	Balance	Average Annual Return %

Current Real Estate Holdings				
Type Of Real Estate	Owner of Asset <i>(Self, Spouse, Child)</i>	Fair Market Value <i>(How much worth)</i>	Balance <i>(How much owed)</i>	Interest Rate
Primary Residence				
Second Residence				
Investment Properties				

Current Assets				
Type Of Asset <i>(Car, Coins, Jewelry, etc.)</i>	Owner of Asset <i>(Self, Spouse, Child)</i>	Current Value <i>(How much worth)</i>	Balance <i>(How much owed)</i>	Average Annual Return %

Loans / Debts			
Debt <i>(car, credit card, etc.)</i>	Payment	Balance <i>(How much owed)</i>	Interest Rate

Financial Profile

What is your primary financial concern? _____

What are your expectations concerning working with us? (*Performance reports, customer service, how often contacted*)

How much money do you need monthly to live Today? \$ _____ What is your current total monthly income? \$ _____
 Your Income \$ _____ Spouse's Income \$ _____ Other Income \$ _____

At what age do you plan to retire? _____ In Today's dollars, how much monthly income do you need at retirement? _____

When you retire, how much do you expect to receive monthly from: Social Security? _____
 Pension, 401k, or 403b benefits? _____

Please describe any additional sources of funds you will receive over the next 10 years:
 (*Examples: sale of business, inheritance, sale of home*)

Source of Funds	Estimated Amount	Estimated Date of Receipt
	\$	
	\$	
	\$	

How much are you considering initially investing with us? \$ _____

If ElderAdo Financial manages your portfolio, will other assets be managed either by you personally or by another advisor?

Please explain: _____

Are there any securities in your current portfolio that we should not sell without prior authorization from you? (*e.g. restricted stock, investments with large built-in gains, etc.*)

Security	Reason for Holding

Regulatory Questions

Check here if you, any member of your immediate family, personal or business associate is a senior political figure. Please explain: _____

Specify any publicly traded company of which you are a director, 10% shareholder or officer: _____

Specify any securities firm with which you are affiliated: _____

Concerns: Rank the following concerns 1 (very low) through 9 (very high).

_____ **Inflation Hedge:** How much are you concerned about having your savings dollars and investments keep pace with inflation?

_____ **Tax Advantage:** To what extent are you concerned about getting all of the tax relief to which you are legally entitled and which is suitable for you?

_____ **Safety:** How much are you concerned about being sure you could get back your own dollars? (High score indicates a desire for safe investments)

_____ **Liquidity:** How much are you concerned that your investments can be quickly converted to cash?

_____ **Current Income:** How much are you concerned about getting maximum income from your savings and investments this year?

Please share some of your dreams & goals (Include approximate dollar amount needed)

Short Term (0-3 Years) *e.g. Pay off Debt, Buy Home, New Car:* _____

Mid Term (3-10 Years) *e.g. Child Education, Own a Business, Vacation Home:* _____

Long Term (+10 Years) *e.g. Retirement, Travel:* _____

Wills / Trusts

Do you have a will? Yes ___ No ___ Date _____

Do you have a trust? Yes ___ No ___ Date _____ Executor(trix) _____

Is your will/trust current? Yes ___ No ___ What information is missing? _____

Do you anticipate changes in the future? Yes ___ No ___ What changes? _____

Life Insurance

Owner Name	Beneficiary Name	Insurance Company	Term Period for coverage (5,10,20 yrs.)	Cash Value for permanent life coverage	Death Benefit or Face Value

Retirement Account Beneficiary Designation

If we will be managing your retirement plan accounts, whom should we list as the beneficiaries?

**If space is needed for additional beneficiaries, please attach separate sheet.*

Account Name: _____

	Name and Address	Date of Birth	SSN
Primary Beneficiary			
Contingent Beneficiary			

Account Name: _____

	Name and Address	Date of Birth	SSN
Primary Beneficiary			
Contingent Beneficiary			

Investment Account Profile

Time Horizon

What is your current age?

- Less than 45 45 to 55 56 to 65 66 to 75 Older than 75

When Will You Need To Make Withdrawals From Your Investment For Income Or Other Needs?

- Not for at least 20 yrs. In 10 to 20 yrs. In 5-10 yrs.
 Not now, but within 5 yrs. Immediately

Long-Term Goals & Expectations

What Is Your Long Term Goal For This Investment?

- To grow aggressively To grow significantly To grow moderately
 To grow with caution To avoid losing money

Assuming Normal Market Conditions, What Would You Expect From This Investment Over Time?

- To generally keep pace with the stock market
 To slightly trail the stock market, but make a good profit
 To trail the stock market, but make a moderate profit
 To have some stability, but make modest profit
 To have a high degree of stability, but make small profits

Suppose The Stock Market Performs Unusually Poorly Over The Next Decade.

What Would You Expect From This Investment?

- To lose money
 To make very little or nothing
 To eke out a little gain
 To make a modest gain
 To be little affected by what happens in the stock market

Short-Term Risk Attitudes

Which Of These Statements Would Best Describe Your Attitudes About The Next Three Years' Performance Of This Investment?

- I don't mind if I lose money
 I can tolerate a loss
 I can tolerate a small loss
 I'd have a hard time tolerating any losses
 I need to see at least a little return

Which Of These Statements Would Best Describe Your Attitudes About The Next Three Months' Performance Of This Investment?

- Who cares? One calendar quarter means nothing
 I wouldn't worry about losses in that time frame
 If I suffered a loss of greater than 10%, I'd get concerned
 I can only tolerate small short-term losses
 I'd have a hard time stomaching any losses

Investment Account Profile, cont.

Investment Approach

The Goals For This Account Are:

Retirement Education Emergency Funds Vacation Car Home Other _____

My Investment Objectives For This Account Are:

Safety of Principle Income Growth Tax Advantaged Diversification Other _____

I Would Feel Comfortable With The Following Investments In My Portfolio:

Money Market CDs Mutual Funds Bonds Stocks Annuities Other _____

The Investment Styles For This Account Are:

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Sliding Scale Questions

Please Circle Your Response

	<u>Disagree</u>				<u>Agree</u>
Outpacing Inflation Is More Important Than Preserving The Initial Capital:	1	2	3	4	5
I Am Willing To Accept Fluctuating Values For The Long Term:	1	2	3	4	5
To Obtain Above-Average Returns I'm Willing To Accept Above-Average Risk:	1	2	3	4	5

**I agree that the above statements are accurate and true to the best of my knowledge.
I also understand that ElderAdo Financial will use this information to provide advice and recommendations.**

Client Signature _____ **Date** _____

Spouse Signature _____ **Date** _____