Date:									



Client	Co-Client							
Legal First Name:	Legal First Name:							
Nickname:	Nickname:							
Middle Name:	Middle Name:							
Last Name:	Last Name:							
Birth date:	Birth date:							
SSN:	SSN:							
Country of Citizenship:	Country of Citizenship:							
Marital Status:								
How did you hear of ElderAdo Financial?								
Home Address	Home Address (If different)							
Preferred Mailing Address: ☐ Physical Address ☐ PO Box	Preferred Mailing Address: ☐ Physical Address ☐ PO Box							
Street:	Street:							
PO Box:	PO Box:							
City:	City:							
State:	State:							
Zip:	Zip:							
Cell:	Cell:							
Home Phone:	Home Phone:							
Email:	Email:							
Employment	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:							
Regulatory	y Questions							
1) Check box if you, any member of your immediate family, personal of Please explain:	or business associate is a senior political figure.							
2) Specify any publicly traded company of which you are a director, 10%	shareholder or officer:							
) Specify any securities firm with which you or immediate family are affiliated:								

		Wills /	Trusts						
Da	No. Date	-		- N-	Data				
Do you nave a will? Yes	No Date	Do you r	nave a trust? Ye	S NO	_ Date				
	Childı	r en (add addit	tional sheet as n	eeded)					
Child #1			Birth Date:		SSI	N:			
Address:	Beneficiary % (if applicable):								
Child #2			Birth Date:		5N:				
Address:			Beneficiary %						
Child #3			Birth Date:			SSN:			
Address:			Beneficiary %	(if applicab	le):				
Curr	ent Assets/Investments	S (attach sepai	rate sheet as nee	eded or incl	lude copies of s	tatements)			
Type of Asset (IRA, Savings, Annuity,	Owner of Asset		ested In sh, CD, Mutual		Value		Are you satisfied with service, investment		
401(k), gold, 457, etc.)	(Self, Spouse, Child)		ETF, etc.)	value		36	return, etc.?		
				\$					
				\$					
				\$					
				\$					
			\$						
				\$					
	<u> </u>			<u> </u>					
	Current Real Es	state Holdi	ngs (attach ext	ra sheet as	needed)				
Type Of Real Estate	Owner of Asset (Self, Spouse, Child)		Market Value nuch it's worth)	Balance (How much o		Interest Rate		
Primary Residence	(Jerj, Spouse, erma)	\$	TUCH IC 3 WOITH	\$	(110W IIIacii o	weay	%		
Second Residence		\$		\$			%		
Investment Property		\$		\$			%		
		\$		\$					
Investment Property		<u> </u>		Υ			%		
			=						
			ith ElderAdo						
What is your primary finance	cial concern?								
What are your expectations	s concerning working with us? ((Performance r	eports, custome	r service, h	ow often conta	cted, etc.)			
What is your preferred conf	tact method: □Cell □ Home F	Phone 🗆 Work	k Phone □ Ema	ail 🛮 Wor	k Email □Otho	er	<u>-</u>		
We deliver performance rep	ports to clients electronically th	rough a secure	web portal.						
What is your preferred ema	ail for these reports?								
	ear that we should call you and/					es ② No			

Please explain & provide alternative address: _

Investment Account Profile							
Time Horizon – Your current situation and future income needs							
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?							
☐ Immediately ☐ Within 5 years ☐ 5-10 years ☐ 10 to 20 years ☐ Not for at least 20 years							
Long-Term Goals & Expectations – Your views of how an investment should perform over the long-term							
Tour views of now arranvestment should perform over the long term							
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 profits							
☐ 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 make a little gain							
☐ To make a modest gain							
☐ To be little affected by what happens in the stock market							
Short-Term Risk Attitudes – Your attitude towards short-term volatility							
Which of these statements would best describe your attitudes about the next 3 years performance?							
☐ 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 lossesI need to see at least a little return							
Theed to see at least a little retain							
Which of these statements would best describe your attitudes about the next 3 months performance?							
☐ 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.

Investm	ent Appro	ach							
_		account are: Education	: Emergency I	Funds 🗆] Vacation	□ Car □ H	lome □ Ot	ther	
☐ Safet		Investment	this account and Income	Growth	☐ Tax Advar	ntaged 🖵 Di			
What's	the worst i	investment	you've made (if applical	ole)?				
		-	s Account Are: ely Conservative	е 🗖 Мо	derate 🖵	Moderately <i>i</i>	Aggressive	☐ Aggres	ssive
Sliding	Scale: On a	scale of 1-1	.0 indicate you	r preferer	nce for your	investments			
									
1	2	3	4	5	6	7	8	9	10
Low Ris Low Ret Safety o Low Vol	turn of Principal								High Risk High Return Growth Potentio High Volatility
•			ents are accura o Financial will			•	•	ommenda	tions.
Client P	rinted Nan	ne:							
Client S	ignature: _						Date: _		·····
Spouse	Printed Na	ıme:							
Spouso	Signatura:						Date:		