

| | | | | | |
|--|--|-------------------------------|---|---|----------|
| Personal Information | | | | Date of Statement | |
| Name (first, middle, last) | | Birthdate | | Social Security Number | |
| Home Address (include apt.) | | City, State, Zip | | | |
| Home Phone (with area code) | | Email address | | Smoker <input type="radio"/> | |
| | | | | Non-Smoker <input type="radio"/> | |
| Business/Employer | | | Title | | How long |
| Business Address | | | City, State, Zip | | |
| Business Phone (with area code) | | Business Fax (with area code) | | Do you have dependents? If yes, list ages | |
| Assets | | | Liabilities | | |
| Cash on hand and unrestricted in banks | | \$ | Notes payable to banks | | \$ |
| Notes Receivable | | \$ | Credit Cards | | \$ |
| Cash surrender value life insurance (Do not deduct loans) --- Schedule 1 | | \$ | Loan(s) against life insurance --- Schedule 1 | | \$ |
| Listed (AMEX, NYSE) stocks, bonds, US Govt Securities --- Schedule 2 | | \$ | Margin accounts | | \$ |
| Other stocks --- Schedule 2 | | \$ | Taxes accrued but unpaid | | \$ |
| Mutual Funds | | \$ | Mortgage payable on real estate --- Schedule 3 | | \$ |
| Real estate at cost or market value --- Schedule 3 | | \$ | Other liabilities - itemize | | \$ |
| Qualified retirement plans (defined benefit, 401(k), etc.) | | \$ | | | \$ |
| Automobiles | | \$ | | | \$ |
| Other assets - itemize | | \$ | | | \$ |
| | | \$ | | | \$ |
| | | \$ | | | \$ |
| Total Assets = | | | Total Liabilities = | | |
| | | | \$ | | |
| What is your investing philosophy? <input type="radio"/> ① conservative <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ aggressive | | | Net Worth (Total asset - Total liabilities) = \$ | | |
| How concerned are with the funding of your retirement <input type="radio"/> ① not concerned <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ very concerned | | | Income Information <input type="radio"/> Monthly <input type="radio"/> Annual | | |
| How are you with protecting your assets? <input type="radio"/> ① not concerned <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ very concerned | | | Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation | | |
| Notes | | | Estimated Income (salary gross) | | \$ |
| | | | Earned Income (bonus & commissions) | | \$ |
| | | | Portfolio Income (dividends, interest, etc.) | | \$ |
| | | | Passive Income (real estate, etc.) | | \$ |
| | | | Other Income - itemize | | \$ |
| | | | Total Income | | \$ |

Supplementary Schedules Take totals to front (Attach additional pages if necessary)

| Schedule 1 – Life Insurance | | | | | | | | |
|------------------------------------|-------------|---------------|-----------------------|-----------------|----------------------|----------------|----------------|---------------------|
| Name of Insured | Beneficiary | Insurance Co. | Face amount of policy | Surrender value | Loans against policy | Yearly premium | Type of policy | Is Policy assigned? |
| | | | \$ | \$ | \$ | \$ | | |
| | | | \$ | \$ | \$ | \$ | | |
| | | | \$ | \$ | \$ | \$ | | |
| | | | \$ | \$ | \$ | \$ | | |
| Total | | | \$ | \$ | \$ | \$ | | |

| Schedule 2 – Stocks, Bonds and US Government Securities | | | | | | | |
|--|-----------------------|---|--------------------|--------------------|---|---|--|
| Description of Security | Registered in name of | Face value (bonds) No. of shares (stocks) | Market value/share | Total market value | Pledged Yes/No | Listed (L) on NYSE, NASDAQ, AMEX Unlisted (U) Government Security (G) | |
| | | | \$ | \$ | <input type="radio"/> <input type="radio"/> | | |
| | | | \$ | \$ | <input type="radio"/> <input type="radio"/> | | |
| | | | \$ | \$ | <input type="radio"/> <input type="radio"/> | | |
| | | | \$ | \$ | <input type="radio"/> <input type="radio"/> | | |
| Total Listed | | | | \$ | | | |
| Total Unlisted | | | | \$ | | | |

| Schedule 3 – Real Estate | | | | | | | |
|---|------------------|---------------|--------------|-----------------|----------------|-----------------|--|
| Description or address include city and state | Title in name of | Date acquired | Market value | Original amount | Unpaid balance | Monthly payment | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |

| Contacts for Information Who would be the best source of information for the following; | | | | |
|--|------|----------|--------------|-------|
| Accounts receivable aging? | Name | Position | Phone number | Email |
| Personal tax returns (last 2 years)? | Name | Position | Phone number | Email |
| Business tax returns (last 2 years)? | Name | Position | Phone number | Email |
| Profit & Loss statement and balance sheet | Name | Position | Phone number | Email |
| Certified Articles of Incorporation | Name | Position | Phone number | Email |

| Other Advisors | | | |
|-----------------------|--------------|----------------------|-------------|
| Name | Name | Technical Specialist | Affiliation |
| Position | Position | Marketing Specialist | Affiliation |
| Phone number | Phone number | | |