



**PERSONAL INFORMATION**

**Individual #1**

Full Name:		Social Security #:	Date of Birth:
Mobile #:	Home #:	Fax #:	
Legal Address: (no PO Box)	City:	State:	Zip:
Mailing Address (if different):	City:	State:	Zip:
Previous Address (if current address less than two years):	City:	State:	Zip:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed		
Email:			

**Individual #2**

Full Name:		Social Security #:	Date of Birth:
Mobile #:	Email:		
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident Alien			

**EMPLOYMENT**

**Individual #1**

<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student					
Employer:		Occupation:		Years Employed:	
Address:		City:	State:	Zip:	

**Individual #2**

<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student					
Employer:		Occupation:		Years Employed:	
Address:		City:	State:	Zip:	

## ONGOING SERVICE

How often would you like to meet in person with your advisor? (per year)  0  1  2

Would you like periodic updates (in addition to quarterly reports & newsletters)  Yes  No

If yes, how often annually?  1  2

What is your preferred method of contact?  Phone  Email  Either

## ACCOUNT ACCESS & DOCUMENTS

How would you like to receive your statement?  Paper  Paperless

Would you like online access?  Yes  No

Mother's Maiden Name (last name): \_\_\_\_\_

## HOUSEHOLD FINANCIAL INFORMATION

Annual Household Income: \$ \_\_\_\_\_ Net Worth (excluding primary residence): \$ \_\_\_\_\_

Liquid Net Worth:\* \$ \_\_\_\_\_ Approximate Account Value: \$ \_\_\_\_\_

\*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.

Federal Tax Bracket: % \_\_\_\_\_ Source of Income (i.e. wages, business, investments): \_\_\_\_\_

Do you have debt?  Yes  No

Debt Type: (i.e. mortgage, credit card, loans, etc.)	Interest Rate:	Balance:
_____	_____	_____
_____	_____	_____
_____	_____	_____

## TAX INFORMATION

Do you itemize deductions on your tax return?  Yes  No

Do you have any investment carry loss forwards?  Yes  No

Estimated annual charitable contribution: \$ \_\_\_\_\_

Tax filing status:  Single  Married filing Jointly  Married filing separately  Head of household

Qualifying widow(er) with dependent child

## SOCIAL SECURITY & PENSION INFORMATION

<b>Social Security:</b>	<b>Individual #1:</b>	<b>Individual #2:</b>
Have you started receiving benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your monthly benefit amount?	\$ _____	\$ _____
If no, what is your estimated monthly benefit amount?	Age 62: \$ _____	\$ _____
	FRA (full retirement age): \$ _____	\$ _____
	Age 70: \$ _____	\$ _____
Are you subject to Windfall Elimination or Government Pension Offset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Other Pension(s)** (i.e.: military pension, state pension, etc.):

Annual Amount: \$ \_\_\_\_\_ Starting Age: \_\_\_\_\_

Annual COLA (cost of living adjustment):  Yes  No Survivor benefit: % \_\_\_\_\_

## CHILDREN

Name:		Permission to release confidential information: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Phone #:	Email:	
Name:		Permission to release confidential information: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Phone #:	Email:	
Name:		Permission to release confidential information: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Phone #:	Email:	

## PROFESSIONAL CONTACTS

<b>CPA:</b>				
Name:		Permission to release confidential information: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		City:	State:	Zip:
Phone #:	Email:			

<b>Estate Attorney:</b>				
Name:		Permission to release confidential information: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		City:	State:	Zip:
Phone #:	Email:			

## OTHER CONTACTS

Name:		Relationship:	Permission to release confidential information: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City:	State:	Zip:
Phone #:	Email:			

## ESTATE

Do you have a Will?  Yes  No  
Do you have a Trust?  Yes  No **If yes, what type:**  Revocable  Irrevocable  
Durable General Power of Attorney  Yes  No **If yes, Name:** \_\_\_\_\_  
Advanced Health Care Directive  Yes  No

## INSURANCE

### Medicare

#### Individual #1

#### Individual #2

Is Medicare your primary form of Health Insurance?  Yes  No  Yes  No

Do you have supplemental insurance (i.e. Medicare part B, D, etc.)? \_\_\_\_\_  
Description Description

### Life Insurance

Yes  No Policy #1 Benefit Amount: \$ \_\_\_\_\_ Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Yes  No Policy #2 Benefit Amount: \$ \_\_\_\_\_ Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

### Long Term Care Insurance

Yes  No Individual #1 Annual Benefit Amount: \$ \_\_\_\_\_ Insured: \_\_\_\_\_  
 Yes  No Individual #2 Annual Benefit Amount: \$ \_\_\_\_\_ Insured: \_\_\_\_\_

### Disability Insurance

Yes  No Individual #1 Annual Benefit Amount: \$ \_\_\_\_\_ Insured: \_\_\_\_\_  
 Yes  No Individual #2 Annual Benefit Amount: \$ \_\_\_\_\_ Insured: \_\_\_\_\_

### Health Savings Account (HSA) / Cafeteria 125 Employer Plan

Do you contribute to an HSA?  Yes  No Do you contribute to a Cafeteria 125 Employer Plan?  Yes  No  
**If no, does your Health Insurance Plan qualify for HSA/Cafeteria 125 Plan?**  Yes  No

## EMPLOYER SPONSORED RETIREMENT PLAN (i.e. 401(k), 403(b), other)

	Individual #1	Individual #2
Does your employer offer a plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you contribute annually?	\$ _____ % _____	\$ _____ % _____
Does your employer offer a match to your contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, what is the matching formula?</b> (i.e. 3% match)	% _____	% _____

# Risk Questionnaire

## INVESTMENT TIME HORIZON

The portfolio should be structured to meet financial objectives over a period of:

- Less than 1 year     
  1-4 years     
  5-10 years     
  11-20 years     
  Over 20 years

## INVESTMENT EXPERIENCE

List the number of years you have experience for each:

Annuities	<input style="width: 50px; height: 25px;" type="text"/>	Bonds	<input style="width: 50px; height: 25px;" type="text"/>	Margin	<input style="width: 50px; height: 25px;" type="text"/>	Mutual Funds	<input style="width: 50px; height: 25px;" type="text"/>
Options	<input style="width: 50px; height: 25px;" type="text"/>	Partnerships	<input style="width: 50px; height: 25px;" type="text"/>	Stocks	<input style="width: 50px; height: 25px;" type="text"/>	Other	<input style="width: 50px; height: 25px;" type="text"/>

## RISK ATTITUDE

The graph below represents your attitude towards risk with respect to the assets you are placing under our management. You understand and accept that any one component of your portfolio may be more or less volatile or aggressive than the entire portfolio. *Circle the most appropriate number.*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Low Volatility</b>			<b>Medium Volatility</b>				<b>High Volatility</b>			
Represents lower volatility than the broad equity market. Often requires a position in cash, bonds and treasuries that could be significant at time to protect capital. Returns will be expected to be lower than equity markets.			The broad equity market is represented by the S&P 500 and indicates a stock portfolio generally invested in stocks with larger capitalization.				Represents higher volatility than the broad equity market. Often requires a position in smaller stock, emerging market securities or alternative investments. You would expect a premium on your return for the additional risk.			

## GOALS

**1: What is the main goal for your investments?**

- |  |  |
|--|--|
| <input type="checkbox"/> Preserve the assets I currently have      | <input type="checkbox"/> Safely generate income from my investments                |
| <input type="checkbox"/> Long term growth and capital appreciation | <input type="checkbox"/> Generate income, while also pursuing capital appreciation |
| <input type="checkbox"/> Aggressively grow my assets               |  |

## FINANCIALS

### 2: What is your level of expected annualized return?

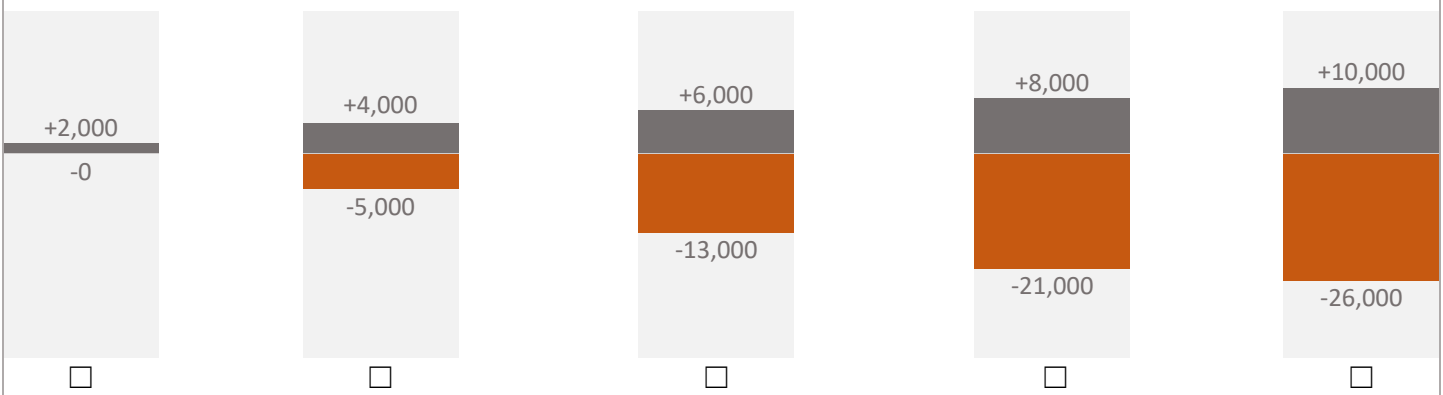
- (0% to 2% annualized) - Very low return & risk
- (2% to 4% annualized) - Low return & risk
- (4% to 6% annualized) - Moderate return & risk
- (6% to 8% annualized) - High return & risk
- (8% or more annualized) - Very high return & risk

## RISK TOLERANCE

### 3: When I invest my money, I am:

- Most concerned about my investment losing value
- Concerned about keeping up with inflation
- Trying to earn a real return up and above inflation
- Not concerned about the volatility of my portfolio

### 4: This chart shows the 1-year expected return and the 1-year worst case loss of \$100,000 investment. Which would you choose?



### 5: Please select the most complex investment you have owned

- Money Market / CDs
- Mutual Funds / ETFs
- Individual Stocks or Bonds
- Commodities
- Options, Futures, Unlisted Securities

### 6: I would describe my knowledge of investments as:

- Very inexperienced
- Somewhat inexperienced
- Somewhat experienced
- Experienced
- Very experienced

**7: You make an investment, planning to hold it for 5 years. It then loses 20% in its first year. How would you react?**

- I would sell my investment because of my concerns
- I would consider selling part of my investment
- I would hold, and it would not concern me
- I wouldn't sell my investment, but would be concerned
- I would buy more of the investment because of the discount

**8: Suppose you have saved \$500,000 for retirement in a diversified stock portfolio. By what percentage could the total value of your retirement assets drop before you would begin to think about selling your investments?**

- A 10% drop (retirement assets drop \$50,000)
- A 20% drop (retirement assets drop \$100,000)
- A 30% drop (retirement assets drop \$150,000)
- A 40% drop (retirement assets drop \$200,000)
- A 50% drop (retirement assets drop \$250,000)

**9: If you had to invest \$500,000 for retirement, which of the following investment choices would you find the most appealing?**

- 100% in low risk investments, 0% in medium risk investments, 0% in high risk investments.
- 60% in low risk investments, 20% in medium risk investments, 20% in high risk investments
- 30% in low risk investments, 20% in medium risk investments, 50% in high risk investments
- 0% in low risk investments, 30% in medium risk investments, 70% in high risk investments
- 0% in low risk investments, 0% in medium risk investments, 100% in high risk investments

***Acknowledgement***

By signing this agreement, client confirms all information provided is accurate and you give permission to Bridgewealth Advisory Group, LLC to transfer this information to other forms, documents and software. If you marked yes to releasing confidential information to any part within this contract, you are granting permission to Bridgewealth to release your personal information to that individual.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (Print)