



Personal Information

CLIENT Name ID

Street Address City Zip Code Home Phone Cell Phone

Occupation Employer Office Phone Facsimile

E-mail Tax number

CO-CLIENT (if applicable)

Name ID

Occupation Employer Office Phone Facsimile

E-mail

CHILDREN

Name Sex Birth date Marital Status No. of Children

Name Sex Birth date Marital Status No. of Children

Name Sex Birth date Marital Status No. of Children

ANY OTHER DEMOGRAPHIC INFORMATION YOU WOULD LIKE TO SHARE, SUCH AS, TYPE OF MARRIAGE, ETC?

WHAT QUALITIES ARE YOU LOOKING FOR IN A FINANCIAL ADVISOR?

IN ORDER OF IMPORTANCE, WHAT ARE YOUR THREE MOST CRITICAL FINANCIAL ISSUES?

1.

2.

3.



Assets

CASH EQUIVALENTS

Checking & Savings Accounts R _____

Money Market Accounts R _____

Bonds R _____

Life Insurance Cash Value R _____

Annuities R _____

STOCKS/BONDS/UNIT TRUST FUNDS

Attach separate statement listing individual securities/funds
 R _____
 R _____
 R _____
 R _____

RETIREMENT FUND

RA R _____

Pension fund R _____

Provident fund R _____

Pension Preservation fund R _____

Provident Preservation fund R _____

Deferred Compensation Plan R _____

Stock Option Plan R _____

Profit Sharing Plan R _____

REAL ESTATE

Home R _____

Other property R _____

BUSINESS INTERESTS

R _____

R _____

OTHER ASSETS

Accounts Receivable R _____

Gold or Precious Metals R _____

Venture Capital R _____

Coin/Stamp/Other Collections R _____

Other R _____

TOTAL ASSETS R

Liabilities

Home Mortgage R _____

R _____

Access Bond or Second Mortgage R _____

R _____

Other Mortgages R _____

R _____

Auto Loans/Leases R _____

R _____

Other Installment Loans R _____

R _____

Business Loans R _____

R _____

Taxes Due R _____

R _____

Credit Cards R _____

R _____

R _____

Other Personal Debt R _____

TOTAL LIABILITIES R

Net Worth

Assets minus Liabilities R _____

Income

WHAT IS YOUR ANNUAL INCOME FROM:

Salary/Self-Employment R _____

Investments R _____

Other R _____



Quick Questions

	YES	NO	
Are you satisfied with your financial progress to date?	<input type="checkbox"/>	<input type="checkbox"/>	How much do you think the following affect portfolio performance?
Do you plan to retire at a specific age? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Security Selection _____% <i>(Which stocks, bonds to buy)</i>
Do you save systematically?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Marketing Timing _____% <i>(When to get in and out of market)</i>
Do you plan to make a significant financial change in the next five years?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Asset Allocation _____% <i>(How much cash vs. bonds vs. stocks)</i> <p style="text-align: right;">100%</p>
Do you have a:			How do you feel when the stock market goes down?
<ul style="list-style-type: none"> • Will • Power of attorney • Healthcare power of attorney 	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a/an:			What happens to the value of a bond when interest rates go up?
<ul style="list-style-type: none"> • Attorney • Accountant • Estate agent • Broker • Investment advisor • Banker • Trustee 	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a/an:			What do you think the average annual rate of inflation has been over the past 20 years?
<ul style="list-style-type: none"> • Short term policy • Medical Aid • Endowment policy • Pension type policy • Life insurance policy • Unit trust investment • Other 	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you plan to pay for your children's or grandchildren's varsity education?	<input type="checkbox"/>	<input type="checkbox"/>	What do you believe is a reasonable rate of return on your investments?
Are your parents or adult children dependent on you for support?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you wish to start a business?	<input type="checkbox"/>	<input type="checkbox"/>	What is your highest qualification?
Have you ever been declined or rated for life or disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you smoke or not?	<input type="checkbox"/>	<input type="checkbox"/>	Why are you seeking a change?
Do you expect an inheritance? How much R _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Are there any extraordinary expenses expected within the next two years? If yes, please list type and amount.

			Are there any extraordinary receipts of capital expected within the next two years? If yes, please list type and amount.
