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Anchorage, AK 99503

(907) 312-0826

Simple diagrams. **Clear** explanations. **Unyielding** focus.

Planning-Focused Questionnaire

Freedom Happiness Health Making a difference Security To have fun Quality Time Family
Independence Growth Adventure Confidence Balance Relaxation Desired Retirement Age: ____________________

Client 1 Name: ____________________ Client 2 Name: ____________________ Nicknames: ____________________

DOB: ____________________ DOB: ____________________ U.S. Citizen ◯ Yes ◯ No

DL#: ____________ Exp. Date ________ DL#: ____________ Exp. Date: ________ U.S. Citizen ◯ Yes ◯ No

Home Address: ____

Mailing Address: ____ Anniversary: ____________________

Cell Phone 1: ____________________ Cell Phone 2: ____________________ Home Phone: ____________________

Email: ____________________ Email: ____________________ Contact Preference choose

Family Information

Children	DOB	Marital Status	US Citizen	SSN	Special Needs
		Choose	choose		
		Choose	choose		
		Choose	choose		
		Choose	choose		

Grandchildren	DOB	Marital Status	US Citizen	Grandchildren	Special Needs
		Choose	choose		
		Choose	choose		
		Choose	choose		
		Choose	choose		

Employment Status

Occupation	Employer	Annual Income	Employer Address	Years until Retire
		$		
		$		

Other Income Sources	Amount	Details	Concerns / Questions
Social Security			
Rental Income			
Income from RMD's			
Investment Income			
Pension(s)			
Other			
Total Annual Income			

Assets	Amount	Liabilities	Amount
Cash/ Checking / Savings / CD's		Mortgage(s)	
Brokerage Accounts		Auto Loan(s)	
Retirement accounts		Credit Card(s)	
Precious Metals		Student loan(s)	
Crypto		Annual Living expense	
Real Estate		(*see budget spreadsheet)	
Total Assets		Total Liabilities	

Liquid Net Worth ______________________

Monthly Cash InFlow ______________________

Total Net Worth ______________________

Monthly Cash Outflow ______________________

Protection

- Life Insurance
- Disability Insurance
- LTC Insurance
- Trust
- Will
- POA
- Medical Directive

Investment Objectives

- Capital Preservation
- Income
- Growth and Income
- Aggressive Growth
- Speculations

Risk Tolerance: Low / Moderate / High

Years of Investment Experience: ____________

Investing Experience:

- Stocks
- Bonds
- Mutual Funds/ ETF's
- Fixed Annuities
- Variable Annuities
- REIT's
- Commodities
- Hedge Funds/ Private Equity Funds
- Options/futures
- Private placements
- Limited Partnerships
- Variable Life
- Managed Futures
- Equity Indexed Annuities
- Variable Life

What do you frequently spend your money on?

Monthly Expense	Amount	Details	Monthly Expenses (cont)	Details	Amount
	$				$
	$				$
	$				$
	$				$

Account Analysis

Annuity / Retirement Acct.	Type of Plan	Current Value	Beneficiaries on file	% Your Contribution	% Employer Contribution	Fully Vested?
		$				
		$				
		$				
		$				

Mortgage / Auto Loans/ Credit Cards	Institution	Current Value	Monthly Payment	Interest Rate	Term of Loan	Years Remaining
		$				
		$				
		$				

Protection

Insurance type	Institution	Death Benefit	Cash Value	Annual Premium	Current Beneficiaries	Attorney Name
			$			
			$			
			$			

Scheduling Your First Meeting

- Retirement Planning
- Budget
- Estate Planning
- Education
- Investment Planning
- Small Business Planning

Time Zone (if applicable) ______________ Preferences for first meeting ______________

Correct Pronoun: ______________ Referral Recommendation: ______________

Planning concerns you would like to discuss:

YES! Sign me up to receive email newsletters from Alpenglow Financial. Your information will always be kept confidential.

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