

# DRP

## Douglas R. Peete & Associates

### CLIENT PROFILE

Please complete sections 1, 3 and 4 of this questionnaire. The information provided will be used as the foundation for your financial plan. Should you have a business, please also complete section 2. Providing both accurate and detailed answers will give us a clear picture of your current financial situation, financial goals and objectives, and enable us to serve you better.

#### 1. PERSONAL INFORMATION

Client Name 1 (Title: Mr./Mrs./Ms./Dr./Prof.):		Client Name 2 (Title: Mr./Mrs./Ms./Dr./Prof.):	
Street Address:		Street Address:	
Phone:	Citizenship:	Phone:	Citizenship:
Date of Birth:	E-Mail:	Date of Birth:	E-Mail:
Social Security Number:		Social Security Number:	
Profession/Occupation:		Profession/Occupation:	
Employer (if applicable):		Employer (if applicable):	
Years of Service:		Years of Service:	

Marital Status (please circle one)				Married	Single	Widowed	Separated/Divorced
Is this a first marriage/relationship?		Yes	No	Do you have children?		Yes	No
Children's Names:				Date(s) of Birth:		Financially dependent on you?	

Do you have a written financial plan?	Yes	No
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<b>Professional Advisors: (CPAs, Lawyers, etc.)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<b>Hobbies and Interests:</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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<b>General Notes:</b>	
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## 2. BUSINESS INFORMATION

Please Complete this section if you have a business

Business Name:	Phone:	Fax:
Street Address:	Incorporation Date:	Classification: Public      Private
City, State, Zip Code:	Nature of Business:	
Website:	Type of Business (please circle only one): Proprietorship      Partnership      Corporation	

### Details of Partner's or Shareholder's Interests:

Name	Date of Birth	Interest in Company	Preferred Shares	Common Shares

Est. fair market value of the business: \$	Does this valuation include shareholder's loans? Y N
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### Business Succession:

Are your business interests to be continued or sold in the event of your death?
If continued, by whom?
If sold, by whom?

### Employees:

Would the success of your business be seriously interrupted due to the loss of one or more key employees? Y N
Who are these key employees?

### Other:

Do you have a buy-sell agreement with any business associates? Y N
Does your business have a written financial plan? Y N

### Professional Advisors: (CPAs, Lawyers, etc.):


### General Notes:


### 3. FINANCIAL INFORMATION

#### Expectations:

What made you come see us?

What is the primary thing you want a financial advisor to do for you?

Three years from now, when you look back on our business relationship, what has to have happened for you to be satisfied?

Please list all short-term and long-term financial objectives or concerns, starting with the MOST important (e.g. home down payment, mortgage paid off, travel, child education fund, debt elimination, retirement goals, wealth accumulation [include target amount], estate preservation for heirs). Please make your goals as specific as possible.

#### Financial Goals and Objectives:

Short-Term Goals:


Long-Term Goals:


#### Retirement/Semi-Retirement Goals:

Client 1: Semi-retire at Age: Retire at:

Client 2: Semi-retire at Age: Retire at:

Desired retirement income: \$

#### Financial Concerns and Unique Circumstances:


Please list all major assets and liabilities. If possible, please attach a recent copy of your investment and/or retirement plan statements for our review.

**Current Financial Position:**

Assets	Ownership	Description	Basis	Amount
<b>Personal (i.e. home)</b>				
<b>Short-Term Savings</b>				

**Other Savings & Investments**

Total:			\$	\$

Liabilities	Description (Interest Rate, Monthly Payment, Years left on Mortgage)	Amount
<b>Personal Debt (i.e. mortgage, personal loan)</b>		
<b>Investment or Business Debt</b>		
Total:		\$

Net Worth (assets minus liabilities):	\$
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**Employer Retirement Plans:**

Ownership	Type (DC/DB)	Notes	Market Value

**Children's Education Plans:**

Child's Name	Notes	Amount

**Current Income Sources:**

Client 1	Amount
Employment/Business:	
Employer Retirement Plan:	
Investment Income:	
Other:	

Client 2	Amount
Employment/Business:	
Employer Retirement Plan:	
Investment Income:	
Other:	

**Current Estate Information:**

Do you have a will(s)? Yes      No	Date Last Updated:	Executor:
Do you have Power(s) of Attorney? Yes      No	Date Last Updated:	Who holds this Power?
Have guardians been named for your children? Yes      No      N/A	Who are they?	
Do you have a Representation Agreement stating your health care wishes?	Yes      No	Date Last Updated:

**Current Risk Management Plans (Your own plus those at work):**

Life Insurance Plans					
Life Insured	Beneficiary	Premium	Type*	Face Value	Current Value
Disability Insurance Plans					
Life Insured	Notes	Premium	Type**	Benefit Amount	

**Other Insurance Plans:**

Critical Illness/Long Term Care/Other:

**Notes:**


\* Group insurance (may be held through your work, or through a professional association) vs. individual insurance (policies you hold personally with the insurance company); term coverage (a policy with no cash value) vs. permanent coverage (a policy which may have a cash value).

\*\* Group insurance vs. individual plan; see explanation in footnote above.

Please rate how important the following statements are to you (1 being not very important at all, and 5 being very important)

### Estate Planning and Risk Management Goals:

#### Estate Planning Goals:

	Liquidity: To provide adequate liquidity at death to pay for last expenses.
	Debt Elimination: To provide adequate funding to pay off mortgage or other debts.
	Income Replacement: To provide adequate financial resources to maintain your family's standard of living.
	Taxes: To eliminate, reduce or defer potential tax burdens at death.
	Education Funding: To provide education funding for children or grandchildren.
	Simplify Estate: To simplify the estate & the continuation of family financial affairs for the surviving spouse.
	Estate Maximization: To preserve and direct the disposition of my business interest(s).
	Business Matters: To provide for the disposition of a closely-held business.
	Gifting: To begin a gift program in favor of children, grandchildren, charity(ies), or others.

#### Planning for Long-Term Disability or Illness:

	To take care of self and family in the event of my long-term disability.
	To provide _____ % of income in the event of my long-term disability.
	To provide funding for medical expenses that may come in the last five years of my life.
	Other, please specify:

Please provide us with any other additional comments or relevant financial information that you feel we should know about.

#### General Notes:


#### 4. INVESTMENT PROFILE

##### Return Required to Meet Objectives:

What is your primary investment goal?	Capital Preservation	Income	Growth
What is your secondary investment goal?	Capital Preservation	Income	Growth
Do you require income from your investments now in the future?	Now	Future	
If in the future, when will you require the income?			
How much income will you require?			

##### Time Horizon for Investment (volatility considerations):

How important is it for your savings and investments to keep ahead of inflation - that is, to increase in value faster than the cost of living rates?

☐ I would like my money to keep ahead of inflation, but it is more important that I receive steady and consistent returns.

☐ My main concern is that I don't lose any of my money.

☐ It is essential that my money grow in value at a rate that exceeds inflation.

##### Taxation of Investments:

Do any of your existing securities have unrealized capital gains? Yes No

If yes, please detail:

Do you have any other tax considerations?

##### Liquidity Requirements:

Will you require a significant amount of money at one time? Purpose? Timeframe?

Are you doing or planning to do any home renovations or purchase a recreational property or vehicle?

Timeframe?



**Legal Constraints or Considerations:**

Are you a resident of any other country?	Y	N	Are you a citizen of any other country?	Y	N
Which Country?			Which Country?		
Do you have any funds held within a trust which have certain restrictions as to the type of investments you can hold?					
Yes      No					
If yes, please explain:					

**Key Purpose:**

Do you have any political/social/environmental restrictions on your investment choices?
Do you have any sentimental attachment to any of your investments?
Other:

**Risk Tolerance:**

How familiar are you with the investing and the different types of investments available?	<input type="checkbox"/> I am starting to learn about the subject
	<input type="checkbox"/> I know something about investing, but not in depth
	<input type="checkbox"/> I am reasonably familiar with basic types of investments
	<input type="checkbox"/> I believe that I am fairly knowledgeable about the broad range of investments
	<input type="checkbox"/> I am both knowledgeable and experienced in investing
Rate how important each of the follow investment characteristics are to you on a scale of 1 to 5  (1 being not important at all and 5 being very important)	___ The size of a loss in my overall portfolio in any one year
	___ The quarterly performance of each of my holdings
	___ The annual performance of my overall portfolio
	___ Avoiding any loss in my total portfolio over a one year period
	___ Staying ahead of inflation over the next 5 years
	___ Variability in monthly value of my overall portfolio

What level of risk are you willing to take with your capital? (Where 1 is a government T-Bill and 10 is a very speculative stock. A balanced portfolio would be a 5 or 6.)

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Conservative (low level of risk)	Balanced (moderate level of risk)	Aggressive (high level or risk)
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Balanced (moderate level of risk)	Aggressive (high level or risk)
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Aggressive  
(high level or risk)

You are offered to buy into a speculative property venture for \$10,000. You have a 50% chance of getting back \$500,000 within 5 years and a 50% chance of losing your money. Would you buy into the venture for \$10,000?

☐ Definitely

□ Probably

☐ Maybe

☐ Probably Not

☐ Definitely Not

What would you do if you lost 20%?

For example, if you invested \$100,000 today and tomorrow it was worth only \$80,000, what would you do?

☐ Take a long time to recover and be more cautious and protective

Take some time to recover and feel okay again

☐ Take a long time to recover and be more cautious and protective

☐ Bounce back well, regain my optimism, and know that I will move onto a better place.

Suppose that your investment declined in value. How easily could you replace that reduction in value with other income?

☐ With some planning, I could replace the reduction with other income.

☐ It would be very difficult, because I depend on the income from my investments, or I may need to use the money in the next two to five years.

☐ With some planning, I could replace the reduction with other income.

☐ I could easily replace a reduction in value with other income

**General Notes:**

"Creating and Conserving Capital"