

Johnson & Gilliss

Wealth Management Group

(804) 788-1011

Date: _____

CLIENT INTAKE FORM

- Complete this form *prior* to your appointment.
- Please print clearly.
- If you are unsure of any information, leave it blank.
- It is okay to approximate amounts and include attachments if additional space is needed.
- Remember to sign and date the last page.
- **Bring the completed form and your most recent tax return with you to your appointment.**
 - If questions come up as you work through these materials, feel free to contact us at 804-788-1011.

We respect your privacy and will not disclose this information to any outside parties without your expressed written consent.

Client 1 Name: _____

Nickname: _____ Date of Birth: _____ SSN: _____

Client 2 Name: _____

Nickname: _____ Date of Birth: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____

E-Mail Address: _____

Alternate/Seasonal Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone: _____

Do you have a current will? Yes No

Do you have a current living trust? Yes No

Does the will leave everything to your partner? Yes No

Does the will use trusts to take advantage of estate tax credits? Yes No

Planned retirement date: _____ If retired, date retired: _____

CLIENT INTAKE FORM *continued*

What are your primary financial concerns (e.g., preparing for retirement, college expenses, estate issues, current tax concerns, etc.)? (List in order of importance.)

1. _____
2. _____
3. _____
4. _____
5. _____

What kind of financial legacy do you want to leave?

How would you improve your financial situation if you could? Why?

Community Involvement: Charities Volunteerism Other: _____

Interests/Hobbies: Gardening Travel Education Wine-tasting Reading
 Golf Tennis Sailing Fishing
 Other: _____

Preferences (Check the answer(s) that apply.)

What is the best time to call you between 8:00 A.M. and 5:00 P.M.?

- 8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

Where is the best place to call you? Home Work Either

What is the best time to schedule annual meetings?

Day: Mondays Tuesdays Wednesdays Thursdays Fridays

Time: 8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

What kind of beverage do you prefer?

- Coffee Decaf Coffee Tea Decaf Tea Soda Water
 Cream Milk
 Sugar Sweet 'n Low Equal Splenda

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SUPPLEMENTAL INFORMATION

Client Name(s): _____

Date: _____

| | Client 1 | Client 2 |
|---------------------------------------|--------------|--------------------|
| Self-Employed? | | |
| Company Name | | |
| Business Address | | |
| | | |
| Business Fax | | |
| Attorney's Name | | |
| Attorney's Phone Number | | |
| Insurance Agent's Name | | |
| Insurance Agent's Phone Number | | |
| Accountant's Name | | |
| Accountant's Phone Number | | |
| | | |
| Parent's Living? | | |
| Mother | | |
| Father | | |
| Children | Names | Birth Dates |
| | | |
| | | |
| | | |
| | | |
| Other Dependents? | | |
| | | |

Do you have any special concerns or needs for your parents, children, grandchildren, or others?

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FINANCIAL NEEDS/INTERESTS

Client Name(s): _____

Date: _____

Rank the following **products/services** in order of importance to you, with "1" being the most important:

_____ Estate Planning

_____ Tax Planning

_____ College Funding/Educational Planning

_____ Retirement Planning

_____ Budgeting

_____ Debt Management

_____ Trust Planning

_____ Socially Responsible Investing

_____ Life Insurance

_____ Disability Insurance

_____ Long-Term Care Insurance

_____ Nursing Home Expenses

_____ Alternative Investments (e.g., limited partnerships, REITs, etc.)

_____ Regular Portfolio Reviews:

Check one: Quarterly Semiannually Annually

_____ Professional Referrals

_____ Asset Allocation

_____ Charitable Giving

FINANCIAL NEEDS/INTERESTS *continued*

Rank both of the following list of **goals** and **features** in order of importance to you, with “1” being the most important:

| Ranking | | Ranking | |
|---------|--|-----------------------------|--------------------------------|
| Goals | | Desired Investment Features | |
| | Lower income taxes | | Liquidity |
| | Hedge against inflation | | Current income |
| | Plan for retirement | | Growth potential |
| | Reduce estate taxes | | Future income |
| | Avoid probate fees | | Tax advantages |
| | Reduce insurance premiums | | Preservation of capital |
| | Increase net worth | | |
| | Increase current income | | |
| | Assure proper disposition of assets | | |
| | Organize financial affairs | | |
| | Peace of mind | | |
| | Other: | | |
| | Other: | | |

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RISK TOLERANCE

Client Name(s): _____

Date: _____

What type of investor are you?

The answers provided on this score sheet will help give you an indication of which investment strategy may be appropriate for your current needs. Just circle the corresponding point value, and then use the calculation provided to give you your total. Match the total to the strategy listed at the end of the score sheet.

Examine the time frame for the investment you're planning to make, as it's important to consider how long your money can be invested.

1. In approximately how many years do you expect to need this money?

| | Points |
|---------------|--------|
| A. 2–3 years | 20 |
| B. 4–6 years | 38 |
| C. 7–10 years | 50 |
| D. 10+ years | 69 |

2. Do you expect to withdraw more than one-third of the money in this account within seven years (i.e., for retirement income, home down payment, or college tuition)?

| | Points |
|----------------------|--------|
| A. No | 20 |
| B. Yes, in 2–3 years | 0 |
| C. Yes, in 4–7 years | 12 |

Examine how you've planned ahead, as it's important to consider how prepared you are for immediate needs.

3. Do you have an emergency fund (i.e., savings of at least six months' after-tax income)?

| | Points |
|---|--------|
| A. No, I do not have an emergency fund. | 8 |
| B. I have an emergency fund, but it's less than six months' after-tax income. | 3 |
| C. Yes, I have an adequate emergency fund. | 0 |

4. If you expect to have other major expenses (such as college tuition, home down payment, home repairs, etc.), do you have a separate savings plan for these expenses?

| | Points |
|--|--------|
| A. Yes, I have a separate savings plan for these expenses. | 0 |
| B. I do not expect to have any such expenses. | 1 |
| C. I intend to withdraw a portion of this money for these expenses (and have answered question 2 accordingly). | 3 |
| D. I have no separate savings plan for these items at this time. | 4 |

RISK TOLERANCE *continued*

Examine your current financial situation, as it's important to consider how this new account fits into your total financial picture.

5. Approximately what portion of your total investable assets* is designated for this account?

| | Points |
|------------------------|---------------|
| A. Less than 25% | 0 |
| B. Between 25% and 50% | 1 |
| C. Between 51% and 75% | 2 |
| D. More than 75% | 4 |

6. Which ONE of the following describes your expected future earnings over the next five years? (Assume inflation will average 4%.)

| | Points |
|---|---------------|
| A. I expect my earnings increases to far outpace inflation (due to promotions, etc.). | 0 |
| B. I expect my earnings increases to stay somewhat ahead of inflation. | 1 |
| C. I expect my earnings increases to keep pace with inflation. | 2 |
| D. I expect my future earnings to decrease (due to retirement, part-time work, depressed industry, etc.). | 4 |

7. Approximately what portion of your monthly take-home income(s) goes toward paying off debt other than home mortgage?

| | Points |
|------------------------|---------------|
| A. Less than 10% | 0 |
| B. Between 10% and 25% | 1 |
| C. Between 25% and 50% | 2 |
| D. More than 50% | 6 |

8. How many dependents do you have? (Include children you continue to support, elderly parents, etc.)

| | Points |
|----------------|---------------|
| A. None | 0 |
| B. 1 | 1 |
| C. 2–3 | 2 |
| D. More than 3 | 4 |

**Investable assets include your emergency fund, this account, bank accounts, retirement assets, CDs, mutual funds, cash value of life insurance, stocks or bonds, investment real estate, and so on, but they DO NOT include your principal residence or vacation home.*

RISK TOLERANCE *continued*

Examine your attitudes toward investing, as it's important to consider how experienced you are with different investments and levels of risk.

9. Part 1. Have you ever invested in individual bonds or bond investment vehicles, aside from U.S. Savings Bonds?

| | Points |
|---|---------------|
| A. No, and I would be uncomfortable with the risk if I did. | 10 |
| B. No, but I would be comfortable with the risk if I did. | 4 |
| C. Yes, but I was uncomfortable with the risk. | 6 |
| D. Yes, and I felt comfortable with the risk. | 0 |

9. Part 2. Have you ever invested in individual stocks or stock investment vehicles?

| | Points |
|---|---------------|
| A. No, and I would be uncomfortable with the risk if I did. | 8 |
| B. No, but I would be comfortable with the risk if I did. | 3 |
| C. Yes, but I was uncomfortable with the risk. | 5 |
| D. Yes, and I felt comfortable with the risk. | 0 |

10. When thinking about your investments, where would you place yourself on the following scale in terms of your comfort level with risk/potential reward?

| 1(A.) | 2(B.) | 3(C.) | 4(D.) | 5(E.) | 6(F.) | 7(G.) | 8(H.) | |
|---------------------------------|-------|-------|---|-------|-------|---|---------------|----|
| Less risk/less potential return | | | Moderate risk with greater potential return | | | Maximum potential return regardless of risk | | |
| | | | | | | | Points | |
| | | | | | | | A. | 12 |
| | | | | | | | B. | 7 |
| | | | | | | | C. | 5 |
| | | | | | | | D. | 3 |
| | | | | | | | E. | 2 |
| | | | | | | | F. | 1 |
| | | | | | | | G. | 0 |
| | | | | | | | H. | 0 |

11. Which ONE of the following statements describes your feelings toward choosing an investment?

| | Points |
|--|---------------|
| A. I would prefer to select investment options that have a low degree of risk (i.e., it is unlikely I will lose my original investment). | 12 |
| B. I prefer to select a mix of investment options, with emphasis on those with a low degree of risk, and a small portion in others that have a higher degree of risk, which may yield greater returns. | 9 |
| C. I prefer to select a balanced mix of investment options, some that have a low degree of risk and others that have a higher degree of risk, which may yield greater returns. | 5 |
| D. I prefer to select an aggressive mix of investment options, some that have a low degree of risk, but with emphasis on others that have a higher degree of risk, which may yield greater returns. | 1 |
| E. I would only select investment options that have a higher degree of risk and a greater potential for higher returns. | 0 |

RISK TOLERANCE *continued*

12. If you could increase your chances of improving your returns by taking more risk, would you:

| | Points |
|---|---------------|
| A. Be willing to take a lot more risk with all your money? | 0 |
| B. Be willing to take a little more risk with all your money? | 3 |
| C. Be willing to take a little more risk with some of your money? | 6 |
| D. Be unlikely to take much more risk? | 10 |

Additional information: These questions will help us determine the specific model portfolio within our recommended strategy.

13. Considering your tax bracket, do you prefer to use tax-exempt fixed income investments even though tax-exempt investments may provide a lower current yield than equivalent taxable investments?

Yes

No

What is your marginal federal tax bracket? _____

Please note: Tax-exempt investments are not appropriate for tax-deferred retirement arrangements.

14. Diversified portfolios often include international investments. Are there reasons you would not want international funds as part of your portfolio?

Yes

No

Score and Strategy

Use the following calculation to determine your point score and identify the appropriate strategy listed below.

A. Add your points for questions 1–2. _____

B. Add your points for questions 3–12. _____

C. Subtract B from A. _____ (total points)

Points Strategy Asset Class Mix

0–10 Conservative: 75% Fixed Income; 25% Equity

10–19 Capital Preservation: 55% Fixed Income; 45% Equity

20–49 Moderate: 40% Fixed Income; 60% Equity

50–69 Growth: *20% Fixed Income; 80% Equity

70+ Aggressive: 98% Equity; 2% Cash

Given your specific circumstances, if you believe that any of these strategies will be more suitable than the diversified strategy specified by the worksheet, your advisor will discuss the alternatives and make an appropriate recommendation.

**If your score points you to the growth strategy, consider investing in the aggressive strategy if the amount that you are investing for this goal represents only the aggressive portion of your total portfolio and if you already own more conservative investments—such as fixed income and short-term securities—that can provide a balance to the short-term fluctuations of stocks.*

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BUSINESS INFORMATION

Optional

Client Name(s): _____

Date: _____

Business Assets

| | Value of Business | Tangible Assets | Percent Ownership | Present Value | Receivables | Loans & Payables |
|----------|-------------------|-----------------|-------------------|---------------|-------------|------------------|
| Client A | | | | | | |
| Client B | | | | | | |
| Total | | | | | | |

Key Person Insurance

(Attach your most recent statement and your policies.)

| Company | Insured Key Person | Benefit Amount | Benefit Period | Annual Premium |
|---------|--------------------|----------------|----------------|----------------|
| 1. | | | | |
| 2. | | | | |

Business Continuity Insurance

(Attach your most recent statement and your policies.)

| Company | Insured Owner | Benefit Amount | Benefit Period | Annual Premium |
|---------|---------------|----------------|----------------|----------------|
| 1. | | | | |
| 2. | | | | |

Briefly describe your **succession plan** for the business:

If you die: _____

If you retire: _____

If you become disabled: _____

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FINANCIAL INFORMATION

**Please attach a printout of this information if it is on your private database.*

Client Name(s): _____

Date: _____

Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)

(e.g., checking, savings, money market accounts)

| Name of Institution | Name of Owner | Type of Account | Maturity Date | Interest Rate | Approximate Balance |
|---------------------|---------------|-----------------|---------------|---------------|---------------------|
| 1. | | | | | \$ |
| 2. | | | | | \$ |
| 3. | | | | | \$ |
| 4. | | | | | \$ |
| 5. | | | | | \$ |

IRA and Other Retirement Accounts

(Attach your most recent statement/report.)

| Name of Institution and Location (e.g., bank, broker) | Name of Owner | Type of Account (e.g., IRA, TSA, etc.) | Approximate Market Value |
|---|---------------|--|--------------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |

FINANCIAL INFORMATION *continued*

Employer Retirement Accounts

(Attach your most recent statement/report.)

| Name of Firm and Location (e.g., employer) | Name of Owner | Type of Account (e.g., 401(k), TSA, etc.) | Current Employee Contribution | Projected Future Contribution | Current Employer Matching Contribution | Approx. Market Value |
|--|---------------|---|-------------------------------|-------------------------------|--|----------------------|
| 1. | | | | | | \$ |
| 2. | | | | | | \$ |
| 3. | | | | | | \$ |
| 4. | | | | | | \$ |
| 5. | | | | | | \$ |

(Projected) Retirement Income

(Attach your most recent statement/report.)

| Name of Owner | Source of Income | Amount | Projected Benefit |
|---------------|------------------|--------|-------------------|
| 1. | | \$ | \$ |
| 2. | | \$ | \$ |
| 3. | | \$ | \$ |
| 4. | | \$ | \$ |
| 5. | | \$ | \$ |

Stocks and Bonds

(e.g., assets you hold yourself in certificate form)

(Attach your most recent statement/report.)

| Name of Stock/Bond | Name of Owner | Number of Shares | Approximate Market Value |
|--------------------|---------------|------------------|--------------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |

FINANCIAL INFORMATION *continued*

Mutual Funds and/or Brokerage Accounts

(Attach your most recent statement/report.)

| Name of Brokerage/ Mutual Fund | Name of Owner | Number of Shares | Approximate Market Value |
|-----------------------------------|---------------|------------------|--------------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |

Promissory Notes and Trust Deeds

(e.g., amounts owed to you by someone who is paying you on a note)

| Name of Debtor | Name of Owner | Interest Rate | Approximate Balance of Note |
|----------------|---------------|---------------|--------------------------------|
| 1. | | % | \$ |
| 2. | | % | \$ |

Residence and Other Real Estate

| Property Address | Name of Owner | Original Cost | Approx. Value | Debt | Net Cash Flow Before Depreciation (if a rental) |
|------------------|---------------|---------------|---------------|------|---|
| 1. | | \$ | \$ | \$ | \$ |
| 2. | | \$ | \$ | \$ | \$ |
| 3. | | \$ | \$ | \$ | \$ |
| 4. | | \$ | \$ | \$ | \$ |
| 5. | | \$ | \$ | \$ | \$ |

Limited or General Partnerships

| Name of Partnership | Name of Owner | Type of Investment | Approximate Market Value or Amount Invested |
|---------------------|---------------|--------------------|---|
| 1. | | | \$ |
| 2. | | | \$ |

Stock Options

| Name of Firm | Name of Owner | Incentive or Nonqualified? | Number of Shares | Year to Sell | Current Value | Vested Amount | Unvested Amount |
|--------------|---------------|----------------------------|------------------|--------------|---------------|---------------|-----------------|
| 1. | | | | | \$ | \$ | \$ |
| 2. | | | | | \$ | \$ | \$ |

Stock Option Vesting Schedule

| | |
|--------------------------|---|
| After 1 year of service | % |
| After 2 years of service | % |
| After 3 years of service | % |
| After 4 years of service | % |
| After 5 years of service | % |
| After 6 years of service | % |
| After 7 years of service | % |

Life Insurance

(Attach your most recent statement and your policies.)

| Name of Insurance Company | Name of Owner | Beneficiary | Type of Insurance (e.g., whole life, term, etc.) | Approx. Death Benefit | Approx. Cash Value (Before Loans) | Loan Amount | Annual Premium |
|---------------------------|---------------|-------------|--|-----------------------|-----------------------------------|-------------|----------------|
| 1. | | | | \$ | | \$ | \$ |
| 2. | | | | \$ | | \$ | \$ |
| 3. | | | | \$ | | \$ | \$ |
| 4. | | | | \$ | | \$ | \$ |
| 5. | | | | \$ | | \$ | \$ |

FINANCIAL INFORMATION *continued*

Disability Insurance

(Attach your most recent statement and your policies.)

| Company | Name of Insured | Monthly Benefit | Delay Before Benefits Begin | Length of Benefit Period | Actual Premium |
|---------|-----------------|-----------------|-----------------------------|--------------------------|----------------|
| 1. | | \$ | | | \$ |
| 2. | | \$ | | | \$ |

Health Insurance

(Attach your most recent statement and your policies.)

| Company | Name of Insured | Deductible | Maximum Limits | Annual Premium |
|---------|-----------------|------------|----------------|----------------|
| 1. | | \$ | \$ | \$ |
| 2. | | \$ | \$ | \$ |

Long-Term Care Insurance

(Attach your most recent statement and your policies.)

| Company | Name of Insured | Daily Benefit Amount | Length of Benefit Period | Annual Premium |
|---------|-----------------|----------------------|--------------------------|----------------|
| 1. | | \$ | | \$ |
| 2. | | \$ | | \$ |

Trust Owned Second-to-Die Insurance

(Attach your most recent statement and your policies.)

| Company | Approx. Death Benefit | Approx. Cash Value | Annual Premium |
|---------|-----------------------|--------------------|----------------|
| 1. | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ |

FINANCIAL INFORMATION *continued*

Auto Insurance

(Attach your most recent statement and your policies.)

| Company | Liability Coverage | Collision Deductible | Comprehensive | Medical Amount | Expiration Date | Annual Premium |
|---------|--------------------|----------------------|---------------|----------------|-----------------|----------------|
| 1. | \$ | \$ | \$ | \$ | | \$ |
| 2. | \$ | \$ | \$ | \$ | | \$ |

Homeowner's Insurance

(Attach your most recent statement and your policies.)

| Company | Dwelling | Personal Liability/Property | Medical | Expiration Date | Annual Premium |
|---------|----------|-----------------------------|---------|-----------------|----------------|
| 1. | \$ | \$ | \$ | | \$ |
| 2. | \$ | \$ | \$ | | \$ |

Annuities

(Attach your most recent statement and your contracts.)

| Name of Annuity Company | Name of Annuitant/Owner | Interest Rate | Approximate Value | Date Purchased |
|-------------------------|-------------------------|---------------|-------------------|----------------|
| 1. | | % | \$ | |
| 2. | | % | \$ | |
| 3. | | % | \$ | |
| 4. | | % | \$ | |
| 5. | | % | \$ | |

Other Assets

| Description | Name of Owner | Approximate Value |
|-------------|---------------|-------------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |

FINANCIAL INFORMATION *continued*

Household Cash Flow

| | | | |
|---|----|-----|----------------|
| Client 1's Wages and Bonuses: | \$ | /YR | Source: |
| Client 2's Wages and Bonuses: | \$ | /YR | Source: |
| Other Income: | \$ | /YR | Source: |
| Other Income: | \$ | /YR | Source: |
| What are your approximate annual expenses? | \$ | | |

Liabilities

| Source (e.g., credit cards, car payments, etc.) | Name of Owner | Interest Rate/ Finance Charge | Approximate Debt |
|--|----------------------|--|-----------------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |

Comments:

AGREEMENT: The preceding information reflects an accurate picture of my financial position at this time.

Client 1 Signature

Date

Client 2 Signature

Date