Cindy M. Bigras, CLU, ChFC, CDFA, CFP®
Registered Investment Adviser

CLIENT INTAKE FORM

Date: _____

- Please bring the completed form and your most recent tax return to your appointment.
- Please bring copies of recent statements for all savings and investment accounts including IRAs, employer retirement plan accounts, and annuities.
- Please provide copies of your latest Social Security Benefit Statements.
- *We respect your privacy and will not disclose this information to any outside parties without your express 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? Y__ N__ Do you have a current living trust? Y__ N__

Does the will leave everything to your partner? Y__ N__

Does the will use trusts to take advantage of estate tax credits? Y__ N__

Planned retirement date: _____ or, if retired, date retired: _____

WHAT ARE YOUR PRIMARY FINANCIAL CONCERNS (list in order of importance)?
(e.g, preparing for retirement, college expenses, estate issues, current tax concerns, etc.)

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

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* WHAT KIND OF FINANCIAL LEGACY DO YOU WANT TO LEAVE?

* HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?

* WHAT ARE THE BEST AND WORST FINANCIAL DECISIONS YOU HAVE EVER MADE, AND WHY?

BEST_____

WORST_____

* WHAT DO YOU WANT FROM A FINANCIAL ADVISER?

* WHAT CAN WE DO TO MAKE A WORKING RELATIONSHIP COMFORTABLE AND SATISFYING FOR YOU?

* HOW OFTEN DO YOU WANT TO HEAR FROM US?

* HAVE YOU WORKED WITH OTHER FINANCIAL ADVISERS? IF SO, WHAT DID YOU LIKE ABOUT THOSE RELATIONSHIPS?

* WHY DID THOSE RELATIONSHIPS END?

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EMPLOYMENT & FAMILY INFORMATION

	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		
Parents living?		
Mother		
Father		
Children	Names	Birth dates
1		
2		
3		
4		
Other dependents?		
1		
2		

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

_____

_____

_____

_____

_____

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FINANCIAL NEEDS/INTERESTS

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

RANK BOTH OF THE FOLLOWING LISTS OF **GOALS** AND **FEATURES** IN ORDER OF IMPORTANCE TO YOU, WITH "1" BEING THE MOST IMPORTANT:

Rankings		*Rankings*	
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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REAL ESTATE INFORMATION

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.		$	$	$	$

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LIFE INSURANCE

(Attach your most recent statements and policies.)

NAME OF INSURANCE CO.	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.				$		$	$

DISABILITY INSURANCE

(Attach your most recent statements and policies.)

COMPANY	NAME OF INSURED	MONTHLY BENEFIT	DELAY BEFORE BENEFITS BEGIN	LENGTH OF BENEFIT PERIOD	ACTUAL PREMIUM
		$			$
		$			$

HEALTH INSURANCE

(Attach your most recent statements and policies.)

COMPANY	NAME OF INSURED	DEDUCTIBLE	MAXIMUM LIMITS	ANNUAL PREMIUM
		$	$	$
		$	$	$

LONG-TERM CARE INSURANCE

(Attach your most recent statements and policies.)

COMPANY	NAME OF INSURED	DAILY BENEFIT AMOUNT	LENGTH OF BENEFIT PERIOD	ANNUAL PREMIUM
		$		$
		$		$

TRUST OWNED SECOND-TO-DIE INSURANCE

(Attach your most recent statements and policies.)

COMPANY	APPROX. DEATH BENEFIT	APPROX. CASH VALUE	ANNUAL PREMIUM
	$	$	$
	$	$	$

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AUTO INSURANCE

(Attach your most recent statements and policies.)

COMPANY	LIABILITY COVERAGE	COLLISION DEDUCTIBLE	COMPREHENSIVE	MEDICAL AMOUNT	EXPIRATION DATE	ANNUAL PREMIUM
	$	$	$	$		$
	$	$	$	$		$

HOMEOWNER'S INSURANCE

(Attach your most recent statements and policies.)

COMPANY	DWELLING	PERSONAL LIABILITY/PROPERTY	MEDICAL	EXPIRATION DATE	ANNUAL PREMIUM
	$	$	$		$
	$	$	$		$

OTHER ASSETS

DESCRIPTION	NAME OF OWNER	APPROXIMATE VALUE
1.		$
2.		$
3.		$

LIABILITIES

SOURCE (e.g., credit cards, car payments, etc.)	NAME OF OWNER	INTEREST RATE/FINANCE CHARGE	APPROXIMATE DEBT
1.			$
2.			$
3.			$
4.			$
5.			$

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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:

COMMENTS:

_____

_____

_____

_____

_____

The preceding information reflects an accurate picture of my/our financial position at this time.

Client 1: _____ Date: _____
Signature

Client 2: _____ Date: _____
Signature

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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? (For retirement income, home down payment, college tuition, etc.)

	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? (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. D. I have no separate savings plan for these items at this time.	4

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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?
**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.*

	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 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

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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?

A.	B.	C.	D.	E.	F.	G.	H.
| 1 |	2 |	3 |	4 |	5 |	6 |	7 |	8 |
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 associated with them (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

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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? _____

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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INVESTMENT ATTITUDE RISK QUESTIONNAIRE

Circle a number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all				*Moderately important*				*Very important*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

2. How important is growth?

Not at all				*Moderately important*				*Very important*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

3. How important is low volatility?

Not at all				*Moderately important*				*Very important*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

4. How important is inflation protection?

Not at all				*Moderately important*				*Very important*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

5. How important is current cash flow?

Not at all				*Moderately important*				*Very important*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

6. How much risk are you willing to take to achieve a higher return?

Not at all				*A Moderate amount*				*A lot*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?
(Enter a number between 5% and 14%.)

Average Annual Rate of Return* You Want: _____ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

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MONTHLY EXPENSES

DATE_____

	CURRENT	PROPOSED
HOUSEHOLD EXPENSES		
Mortgage (Pr. + Int.)	$ _____	$ _____
Real Estate Taxes	$ _____	$ _____
Rent/Lease	$ _____	$ _____
Condo Fee	$ _____	$ _____
Home Improvement/Upkeep	$ _____	$ _____
Lawn care/Snow Plowing	$ _____	$ _____
Gas/Electricity/Oil	$ _____	$ _____
Telephone/Long Distance	$ _____	$ _____
Cell Phone(s)	$ _____	$ _____
Water/Sewer	$ _____	$ _____
Trash	$ _____	$ _____
Furniture/Appliances	$ _____	$ _____
House Cleaning	$ _____	$ _____
Computer/Related Supplies	$ _____	$ _____
Internet Service	$ _____	$ _____
Cable TV	$ _____	$ _____
Other	$ _____	$ _____
PERSONAL EXPENSES		
Food	$ _____	$ _____
Clothing	$ _____	$ _____
Personal Care/Hair	$ _____	$ _____
Laundry/Dry Cleaning	$ _____	$ _____
Day Care/Babysitting	$ _____	$ _____
Lunch Money	$ _____	$ _____
Other	$ _____	$ _____
TRANSPORTATION COSTS		
Auto Reg./License	$ _____	$ _____
Auto Repair/Maintenance	$ _____	$ _____
Gas/Parking/Tolls	$ _____	$ _____
Other	$ _____	$ _____

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INSURANCE PREMIUMS

Medical/Dental	$ _____	$ _____
Auto	$ _____	$ _____
Home Owner's	$ _____	$ _____
Long-Term Care	$ _____	$ _____
Umbrella Policy	$ _____	$ _____
Other	$ _____	$ _____

GIFTS

Birthday/Christmas/Chanukah etc.	$ _____	$ _____
Miscellaneous	$ _____	$ _____

HEALTH EXPENSES

Dental	$ _____	$ _____
Prescriptions	$ _____	$ _____
Counseling	$ _____	$ _____
Physician Co-Pays	$ _____	$ _____
Dental Co-Pays	$ _____	$ _____
Eye Exams/Glasses	$ _____	$ _____
Other	$ _____	$ _____

CONTRIBUTIONS

Charities	$ _____	$ _____
Other	$ _____	$ _____

ENTERTAINMENT

Dining Out	$ _____	$ _____
Movies/Concerts/Theatre	$ _____	$ _____
Clubs/Lessons	$ _____	$ _____
Other	$ _____	$ _____

MISCELLANEOUS

Alimony	$ _____	$ _____
Child Support	$ _____	$ _____
Education Expenses	$ _____	$ _____
Subscriptions/Books/Music	$ _____	$ _____
Hobbies/Sports	$ _____	$ _____
Pet Expenses	$ _____	$ _____
Memberships/Dues	$ _____	$ _____
Vacations	$ _____	$ _____
Other	$ _____	$ _____

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LOAN PAYMENTS

Auto	$ _____	$ _____
Credit Card	$ _____	$ _____
Credit Card	$ _____	$ _____
Other	$ _____	$ _____

SAVINGS

401K/403b	$ _____	$ _____
IRA	$ _____	$ _____
Roth IRA	$ _____	$ _____
Non Retirement Savings	$ _____	$ _____
Other	$ _____	$ _____
TOTAL	$ _____	$ _____

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