

## YOUR FINANCIAL ASSESSMENT

The first step to financial well-being

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Like a checkup at the doctor, this personal assessment helps us target areas that need more attention so we can assist in structuring your portfolio to help achieve your financial goals. We can offer sound advice only if we thoroughly understand your current condition.

Please complete this questionnaire with as much detail as possible. If you prefer, you can skip sections by enclosing a recent copy of any bank, brokerage or insurance statements. Be sure to include any investments you keep in a safety deposit box or at home, and a copy of your latest tax return. Rest assured, your information will remain strictly confidential.

Once we've received your thoughtfully completed financial assessment, we'll present you with a preliminary financial plan at our very first meeting. When we meet with you, we can focus on discussing the specifics of your financial situation including goals, time horizon and past investment experience. Together, we can design an investment strategy to help you achieve your financial goals.

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## INVESTOR PROFILE

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A request for these documents does not indicate an offer for a comprehensive financial plan. These items will be used to perform a portfolio review.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupations and Title: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Number of Years: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best time to contact you: a.m./p.m.: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation and Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Income	Your Information	Spouse Information
Current Salary:	\$ _____	\$ _____
Annual Pension (if retired):	\$ _____	\$ _____
Additional Income (and source):	\$ _____	\$ _____

**Children and Grandchildren:**

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tax Accountant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Estate Attorney: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**REMEMBER TO INCLUDE A COPY OF YOUR LATEST TAX RETURN.**

## PLANNING DOCUMENTS

A request for these documents does not indicate an offer for a comprehensive financial plan. These items will be used to perform a portfolio review.

Do you have a will? \_\_\_\_\_ If so, when was it last updated? \_\_\_\_\_

Do you have a living will? \_\_\_\_\_ Do you have a trust? \_\_\_\_\_

Do you have durable powers of attorney for: Healthcare? \_\_\_\_\_ Finance? \_\_\_\_\_ Investments? \_\_\_\_\_

**SAVE VALUABLE TIME BY ATTACHING ALL BANK, BROKERAGE OR OTHER STATEMENTS.**

### Retirement Plan Assets

- Company Retirement Plan (401(K), Profit Sharing, Pension, etc.)
- Annuities
- IRAs (Credit Union, Local Bank, Brokerage Firm, etc.)
- Outside Retirements Plans
- Company Stock Options
- Cash Equivalents
- Other (Brokerage Firms, Banks, Credit Union, Dividend Reinvestment)
- Life Insurance Policies

Company	Owner	Amount
_____	_____	_____
_____	_____	_____

### Real Estate

Primary Residence Value: \$ \_\_\_\_\_ what is your current Mortgage Rate? \_\_\_\_\_

Less Mortgage Balance: \$ \_\_\_\_\_

Net Equity: \$ \_\_\_\_\_

Other Property (is): \$ \_\_\_\_\_

### Umbrella Liability Coverage:

Do you have Long-term Care Insurance (Nursing Home Insurance)? \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Does this include home care? \_\_\_\_\_

### Miscellaneous

Your best estimate of furnishings, automobiles, collections, etc.: \$ \_\_\_\_\_

### Debts

Installments loans, notes payable, credit cards, etc. ... (Excluding home mortgage): \$ \_\_\_\_\_

**REMEMBER TO INCLUDE A COPY OF YOUR LATEST TAX RETURN**

## RISK & EXPECTATION PROFILE

Mark the line(s) that best describes your feelings and/or goals.

**1. What about investing concerns you the most?**

(List in order of importance using 1 through 4, with 1 being the most important.)

- Buying the wrong investments
- Missing out on investments I should have made
- Losing money
- Nothing really, I've been pretty lucky

**2. How would you define a successful investment?**

- One that I can sell quickly for a big profit
- One that pays regular dividends or interest
- One that's never going to lose value
- One where I guessed right

**3. What are your investment goals?**

- I never want to worry about money
- I want to retire in style
- I want to beat the market
- I'm not really sure

**4. What would make you move your entire portfolio into cash?**

- Losing my job
- Too much volatility
- The collapse of a big company
- Concern about a market crash
- Nothing

**5. How often do you check how your portfolio is doing?**

- Once a year
- Most months, when I get my statement
- Every few days
- As often as I can

**6. Please indicate any additional goals or comments you have regarding your personal financial objectives below or attach your own notes.**

What do you expect from us?

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Special needs:

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## ON-TRACK PROFILE

For on-track analysis of your financial goals, the following information is necessary.

### RETIREMENT PLANNING

What is your estimated annual income need at retirement? \$ \_\_\_\_\_

What is your target age for retirement? \_\_\_\_\_

If you are currently vested in any corporate pension plans, please list them below.

Company: \_\_\_\_\_ Payable Age: \_\_\_\_\_ Estimated Annual Amount: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Payable Age: \_\_\_\_\_ Estimated Annual Amount: \$ \_\_\_\_\_

### Will you have any other sources of retirement income?

Please list sources, dates payable and annual amounts, or include statements of awards (i.e., deferred IC, EDC, rental property, etc.):

Source: \_\_\_\_\_ Date Payable: \_\_\_\_\_ Estimated Annual Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Date Payable: \_\_\_\_\_ Estimated Annual Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Date Payable: \_\_\_\_\_ Estimated Annual Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Date Payable: \_\_\_\_\_ Estimated Annual Amount: \$ \_\_\_\_\_

### Pre-retirement Savings

Please list your anticipated annual pre-retirement savings:

401(k): \$ \_\_\_\_\_

Company Match: \$ \_\_\_\_\_

IRA (Roth IRA): \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

### Education Funding

Are you or a relative currently saving for your children's / grandchildren's education? (Please list any known savings.)

Source/Contributor: \_\_\_\_\_

Source/Contributor: \_\_\_\_\_

Source/Contributor: \_\_\_\_\_

Source/Contributor: \_\_\_\_\_

Do you anticipate them attending Private School \_\_\_\_\_ or Public School? \_\_\_\_\_

How many years will funding be needed? \_\_\_\_\_