



Confidential Profile

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Securities offered through Raymond James Financial Services, Inc. Member FINRA/SIPC

Raissi & Co. is not a registered broker/dealer, and is independent of Raymond James Financial Services.

Investment Advisory Services are offered through Raymond James Financial Services Advisors, Inc.

Client 1

Client 2

Full Name:	Full Name:
DOB:	DOB:
SSN:	SSN:
Address:	Address:
Email:	Email:
Cell:	Cell:
Home:	Home:
Current/Former Employer:	Current/Former Employer:
Current/Former Occupation:	Current/Former Occupation:
Annual Income:	Annual Income:

Children/Beneficiary Full Name

DOB

SSN

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

Name of CPA: _____

Phone: _____

Name of Estate Attorney: _____

Phone: _____

Do you have a Will? YES or NO If YES, what year was it updated? _____

Do you have a Power of Attorney? YES or NO If YES, what year was it updated? _____

Do you have a Trust? YES or NO If YES, was it amended? YES or NO

Desired Retirement Age

Client 1: _____ Client 2: _____

Essential Living Expenses in Retirement

Approximately how much will you need to meet your essential living expenses in retirement?

\$ _____ / ___ month ___ year (if not sure, use an estimate for now)

If one spouse retires before the other, will withdrawal from savings be needed to meet expenses?

___ No ___ Yes \$ _____ / ___ month ___ year

Social Security Retirement Benefits

Client 1

Client 2

Are you eligible?	___ Yes ___ No	___ Receiving Now	___ Yes ___ No	___ Receiving Now
Benefit Amount (PIA)	\$ _____	___ Use an Estimate	\$ _____	___ Use an Estimate
When will you collect?	___ When I Retire	At Age _____	___ When I Retire	At Age _____

Retirement Income Sources

List any pensions, rental income, part-time work, etc.

Description	Client 1 or 2	Amount	Starts	Ends
	___ 1 ___ 2	\$ _____	___ / ___ / ___	___ / ___ / ___
	___ 1 ___ 2	\$ _____	___ / ___ / ___	___ / ___ / ___
	___ 1 ___ 2	\$ _____	___ / ___ / ___	___ / ___ / ___
	___ 1 ___ 2	\$ _____	___ / ___ / ___	___ / ___ / ___

Life Insurance Policies

Type of Policy	Company	Insured	Owner	Beneficiary	Death Benefit	Annual Prem
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____

Life Goals

Indicate specific goals, where appropriate. (i.e. travel, home improvement, wedding, vehicle etc)

Description of Goal	Amount (\$)	How Often	Start Year	Importance 1-10

Real Assets/Liabilities

Type of Asset	Loan/Mortgage	Owner	Value
Primary Residence:	Debt Balance:		
Secondary Residence Address:	Debt Balance:		
Rental Address:	Debt Balance:		
Business Address:	Debt Balance:		
Other:	Debt Balance:		

Investment Assets & Savings

List any investment assets held outside of Raymond James. Include employer retirement plans, IRAs, etc

Account Description Include account type and where it is held	Client 1		Client 2	
	Current Value	Additions	Current Value	Additions
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Other Assets

Asset Description	Owner	Current Value
		\$
		\$
		\$

What other information would you like to share with us:

Client 1 Signature: _____

Date: _____

Client 2 Signature: _____

Date: _____