



**CLIENT PROFILE FORM**

Client/Nick Name(s): \_\_\_\_\_

Primary Client: \_\_\_\_\_

Joint Client: \_\_\_\_\_

Marital Status:  Single  Married  Domestic Partner  Widow  
Anniversary Date: \_\_\_\_\_

Marital Status:  Single  Married  Domestic Partner  Widow  
Anniversary Date: \_\_\_\_\_

Citizenship:  US Citizen  Resident Alien  Non-Resident Alien

Citizenship:  US Citizen  Resident Alien  Non-Resident Alien

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Driver's License Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

DL Issue Date: \_\_\_\_\_

DL Issue Date: \_\_\_\_\_

DL Expiration Date: \_\_\_\_\_

DL Expiration Date: \_\_\_\_\_

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

Primary Client Email Address: \_\_\_\_\_

Spouse/Jt Email Address: \_\_\_\_\_

Primary Client Day Phone: \_\_\_\_\_

Spouse/Jt Day Phone: \_\_\_\_\_

Primary Client Cell Phone: \_\_\_\_\_

Spouse/Jt Cell Phone: \_\_\_\_\_

Primary Client Evening Phone: \_\_\_\_\_

Spouse/Jt Evening Phone: \_\_\_\_\_

Preferred method of communication (check one):  Home Telephone  Work Phone  Cell Phone  E-Mail

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL CONTACTS**

Accountant Name: \_\_\_\_\_

Accounting Firm: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Law Firm: \_\_\_\_\_

**CHILDREN AND GRANDCHILDREN**

Name	Relationship	SSN	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# Personal Goals Statement

## Items with which you would like Prism Financial Group's assistance:

(Please rank in order of importance 1 through 8, 1 being most important)

- Increase my standard of living today
- Financial security at retirement
- Achieve financial independence by age \_\_\_\_\_
- Reduce my current tax burden
- Pay for \_\_\_\_\_% of college costs for my children
- Provide for my family in the event of my (or my spouse's) death
- Plan for long-term or nursing home care for myself and/or parents
- \_\_\_\_\_

## What are your three most important financial goals, in order of importance?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## If you could change two things about your current financial situation, what would you change?

1. \_\_\_\_\_
2. \_\_\_\_\_

## Investment Goals

(Please circle)

	Low Priority					High Priority				
Return should exceed inflation rate	1	2	3	4	5	6	7	8	9	10
Principal should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I would like professional asset management	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax-free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10

	Low Risk Tolerance					High Risk Tolerance				
Please rate your risk tolerance on a scale of 1 to 10	1	2	3	4	5	6	7	8	9	10

Name: \_\_\_\_\_ x Date: \_\_\_\_\_

# INVESTMENT QUESTIONNAIRE



Name: \_\_\_\_\_

Please take a few minutes to carefully answer the following questions (Check only one response per question). Your responses are useful in understanding your general attitude toward accepting investment risk in your portfolio. When answering questions, refer to the performance of your overall portfolio and not just a single investment. Additional questions specific to single investments are located on the second page of this form. Couples or multiple investors may choose to complete separate questionnaires.

**1. Which of the following best describes your reaction to short-term fluctuations in the value of your portfolio?**

- I am extremely uneasy about any fluctuations in the value of my portfolio.
- I am very concerned about short-term fluctuations in the value of my portfolio.
- I have some worries about the short-term fluctuations in the value of my portfolio.
- I have very little concern about short-term fluctuations in the value of my portfolio.

**2. The thing that causes you the most concern about your current portfolio is:**

- The safety of your principal.
- Whether your returns are outpacing inflation.
- Whether you are positioned correctly for the long-run.
- That you are not getting high enough returns.

**3. Which of the following best describes your reaction if the value of your portfolio suddenly declined by 15 percent?**

- I would be very concerned because I cannot accept a decline in the value of my portfolio.
- If the amount of income I received was unaffected, it would not bother me.
- I invest for long-term growth but would be concerned about even a temporary decline.
- I invest for long-term growth and accept temporary declines due to market fluctuations.

**4. Which of the following best describes your attitude about the next quarters' performance of your portfolio?**

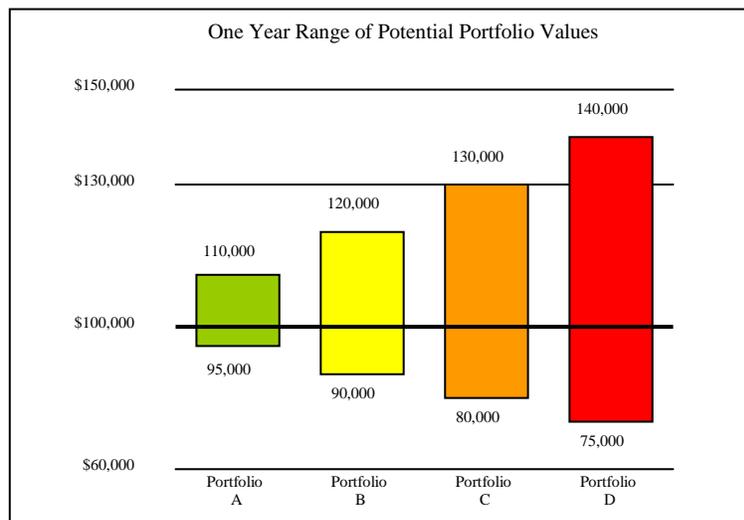
- I can tolerate only small short-term losses.
- If I suffered a loss greater than 10%, I would get concerned.
- I understand short-term volatility accompanies a long-term investment plan.
- As a long-term investor, I am not concerned about one quarter's performance.

**5. Which of the following best describes your attitude toward taxes and returns for taxable accounts?**

- I prefer to incur as little taxes as possible and am willing to potentially sacrifice some after-tax returns to do so.
- I prefer to strike a balance between earning potentially higher after-tax returns and some focus on minimizing taxes.
- I prefer to maximize my after-tax returns. If I incur taxes doing so, it is not a big concern.

**6. Each year, the value of your portfolio will fluctuate as markets change. If you had \$100,000 invested, which of the portfolios below would you be the most comfortable with?**

- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D



(Please continue questionnaire on the next page)

