



Comprehensive Wealth Management

~ Profile Questionnaire ~

Welcome to our Comprehensive Wealth Management Program (CWM) provided by Oliver Capital Management and our team of professionals. This Profile Questionnaire is the first step in developing a long-range plan to help you achieve your financial goals.

The Questionnaire will ask for information pertaining to the following topics enabling us to better assess your situation and provide valuable ongoing advice and recommendations:

- **Personal Balance Sheet (All Assets / Liabilities)**
- **Retirement Lifestyle / Goals**
- **Education College Funding / Goals**
- **Investment Accounts (Personal and Retirement)**
- **Estate Planning (Wills, Medical Directives, POA, Gifting)**
- **Insurance (Life, Disability, Long Term Care)**
- **Income and Expenses (Cash Flow Analysis)**
- **Income Tax and Tax Mitigation Strategies**
- **Risk Tolerance Assessment**
- **Employment**

You may complete the profile questionnaire online at <http://www.olivercapital.com/cwmq> or by printing a hardcopy and returning via scan, fax, or US mail, **along with copies of all investment and retirement statements**. We will assume unanswered questions do not apply to you.

If you are unsure of a certain dollar amount, please simply respond with an approximated value. Because no one else is just like you, the information you give us, even estimated data, is very important in that it will give us the ability to provide customized solutions to meet your specific needs.

If you need assistance in completing the Profile Questionnaire, do not hesitate to contact us at 206-652-3500 or by email at **CWM@olivercapital.com**.

Congratulations on your decision to employ the **Comprehensive Wealth Management** platform to assist you in developing a formal, disciplined, customized financial plan. We look forward to presenting you with your custom Comprehensive Wealth Analysis (CWMA), including my findings and recommendations for you.

Very truly yours,

Mark K. Oliver
President & Founder
Wealth Manager and Senior Investment Advisor



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1. Personal Information

	CLIENT 1	CLIENT 2
Full Name	_____	_____
Nickname	_____	_____
Birth Date	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a U. S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	_____	_____
Street Address	_____	
	City _____	State _____ Zip _____
Home Phone	_____	_____
Mobile Phone	_____	_____
Facsimile	_____	_____
Marital Status	<input type="checkbox"/> Married (Years____) <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Married (Years____) <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
Preferred method of communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US/Mail <input type="checkbox"/> Other _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US/Mail <input type="checkbox"/> Other _____

Children/ Grandchildren

List the name, gender and date of birth for **all of your children**, including adult children. Include any expected years of birth for anticipated children. Also list this information for your grandchildren and enter a "G" in the "Grandchild" column. If there's not enough space, please list additional children/grandchildren in the Notes section on the last page.

Full Name of Child	Dependent (Y / N)	Gender (M / F)	Date of Birth	Grandchild (G)
A. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
B. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
C. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
D. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____



2. Education Information

If you wish for us to perform a college analysis for a child (or grandchild), indicate college start year below. Note: If you wish to have an analysis based on a specific school, include the name of the school in the column provided. If you do not list a specific school, you will receive an analysis assuming average public university costs in your state of residence as well as one at the high end of the cost spectrum.

College Start Year	Funds Set Aside	Type of Account (529, UTMA, Coverdell / Education IRA, GET, etc.)	School Choice
A. _____	\$ _____	_____	_____
B. _____	\$ _____	_____	_____
C. _____	\$ _____	_____	_____
D. _____	\$ _____	_____	_____

3. Employment Information

	CLIENT 1	CLIENT 2
Employer	_____	_____
Profession / Title	_____	_____
Years of Service	_____ Years	_____ Years
Years of Service Remaining with Present Employer	_____ Years	_____ Years
Address	_____	_____
City, State and Zip	_____	_____
Business Phone	_____	_____
Facsimile	_____	_____
Email Address	_____	_____
	<input type="checkbox"/> <i>For Business Use Only</i>	<input type="checkbox"/> <i>For Business Use Only</i>



4. Personal Asset Information

Primary Residence

\$ _____
Approximate Market Value

\$ _____ @ _____ %
Primary Mortgage Balance

\$ _____
Monthly Payment Amount
Includes: Principal: \$ _____
 Interest: \$ _____
 Taxes: \$ _____
 Insurance: \$ _____
 Other: \$ _____

Type of Mortgage
 Fixed _____ Year(s)
 ARM _____ Year(s)
 Other: _____

Lender Name

Mortgage Term Remaining _____ Year(s)

_____ Year(s)
Holding Period (i.e., how many years
you plan to reside in your home)

\$ _____ @ _____ %
Home Equity Loan / Secondary
Mortgage Balance

\$ _____
Monthly Payment Amount
Includes: Principal: \$ _____
 Interest: \$ _____
 Taxes: \$ _____
 Insurance: \$ _____
 Other: \$ _____

Secondary Residence? Yes No
(not rental property)

\$ _____
Approximate Market Value

\$ _____ @ _____ %
Loan Balance of Secondary Residence

Other Assets / Liabilities

\$ _____
Investment Property Market Value

\$ _____ @ _____ %
Investment Property Loan Balance

\$ _____ per month
Investment Property Loan Payment
Amount

\$ _____
Automobiles
(market value; do not include leased vehicles)

\$ _____ @ _____ %
Automobile Loan Balance

\$ _____ per month
Automobile Loan Payment Amount

\$ _____
Personal Property
(e. g., jewelry, furniture, appliances, electronics, etc...)

\$ _____ @ _____ %
Receivables / Notes Due to You

\$ _____
Other Assets

\$ _____ @ _____ %
Credit Card Debt

\$ _____ @ _____ %
Other Debt

Other Debt _____ (type)



5. Investment Assets – Retirement Accounts *

* Please provide a recent copy of all retirement account statements, including 401(k)s and all 401(K) investment options.

Employer Retirement Accounts

	CLIENT 1		CLIENT 2	
Account Type	Current Balance	Annual Contribution	Current Balance	Annual Contribution
401(k)	\$ _____	\$ _____ (Your Contribution)	\$ _____	\$ _____ (Your Contribution)
		\$ _____ (Employer Contribution)		\$ _____ (Employer Contribution)
Roth 401(k)	\$ _____	\$ _____ (Your Contribution)	\$ _____	\$ _____ (Your Contribution)
		\$ _____ (Employer Contribution)		\$ _____ (Employer Contribution)
Deferred Compensation	\$ _____	\$ _____	\$ _____	\$ _____
403(b), 457, 401(a), etc...	\$ _____	\$ _____ (Your Contribution)	\$ _____	\$ _____ (Your Contribution)
		\$ _____ (Employer Contribution)		\$ _____ (Employer Contribution)
Other Employer-Sponsored Plan (i.e. TIAA CREF annuity, etc...)	\$ _____	\$ _____ (Your Contribution)	\$ _____	\$ _____ (Your Contribution)
		\$ _____ (Employer Contribution)		\$ _____ (Employer Contribution)

Self Employed Retirement Accounts

	CLIENT 1		CLIENT 2	
SEP / SIMPLE Accounts	Current Balance	Annual Contribution	Current Balance	Annual Contribution
	\$ _____	\$ _____	\$ _____	\$ _____



Keogh-Type

Accounts (i.e., self-employed plans; profit sharing)

\$ _____ \$ _____ \$ _____ \$ _____

Other Retirement Accounts

	CLIENT 1		CLIENT 2	
	Current Balance	Annual Contribution	Current Balance	Annual Contribution
Traditional IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Rollover IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Roth IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____	\$ _____

Investment Accounts – (Checking and Savings)

Indicate approximate value of your investment assets.

	CLIENT 1	CLIENT 2
Checking Accounts	\$ _____	\$ _____
• Bank Name(s)	_____	_____
Savings Accounts	\$ _____	\$ _____
• Bank Name(s)	_____	_____
Money Market Accounts	\$ _____	\$ _____
• Bank Name(s)	_____	_____



Equities / Stock / Mutual Funds / ETF's

** Please provide a recent copy of all investment account statements, if readily available.*

	CLIENT 1	CLIENT 2
Common Stock	\$ _____	\$ _____
Preferred Stock	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Exchange Traded Funds (ETF's)	\$ _____	\$ _____

Fixed Income / Bonds / Cash / CD's

	CLIENT 1	CLIENT 2
U.S. Government Bonds / Funds	\$ _____	\$ _____
Municipal Bonds/Funds	\$ _____	\$ _____
Corporate Bonds/Funds	\$ _____	\$ _____
CDs	\$ _____	\$ _____
Cash	\$ _____	\$ _____
Other Fixed Income	\$ _____	\$ _____

Other Investments

	CLIENT 1	CLIENT 2
Hard Assets (i.e., Gold, Silver, etc.)	\$ _____ NO <input type="checkbox"/>	\$ _____ NO <input type="checkbox"/>
Other Investment Assets (i. e., not listed above)	\$ _____ NO <input type="checkbox"/>	\$ _____ NO <input type="checkbox"/>



Margin Loan Balance.

CLIENT 1

CLIENT 2

Margin Loan Balance \$ (_____) / Rate: ____ % \$ (_____) / Rate: ____ %

Incentive Compensation Awards - Employee Stock Options

CLIENT 1

CLIENT 2

Company Name	_____		_____	
	Vested	Non-Vested	Vested	Non-Vested
Non-Qualified Option (NQO)	_____	_____	_____	_____
Number of Shares	_____	_____	_____	_____
Cost Basis	\$ _____/share	\$ _____/share	\$ _____/share	\$ _____/share
Current Market Price	\$ _____/share	\$ _____/share	\$ _____/share	\$ _____/share

7. Business Interests

CLIENT 1

CLIENT 2

Entity Name	_____		_____	
Legal / Tax Structure	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership / LLP		<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership / LLP	
Approximate Market Value	_____		_____	
Business Liabilities	_____		_____	
Ownership Type / Percentage	_____		_____	
Do you plan to sell this business? (if so, when?)	_____		_____	
Cost Basis at Liquidation	_____		_____	
Succession Plan in Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to use these assets towards retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



8. Estate Planning Information

	CLIENT 1	CLIENT 2
I. When was the last time you met with an estate planning attorney and/or updated your estate plan?	_____	_____
II. Do you have a Will/Trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
	Type _____	Type _____
III. Does your Will / Trust have an estate credit exemption provision (sometimes referred to as a bypass or A/B trust?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IV. Does your Will / Trust have a generation-skipping transfer tax provision?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
V. Do you have a designated power of attorney?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VI. Do you have a written medical directive (e.g., a living will or medical power of attorney)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VII. Do you have guardianship provisions for minors or special needs children, if applicable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VIII. Do you own any property outside your state of residency?	<input type="checkbox"/> YES <input type="checkbox"/> NO State _____	<input type="checkbox"/> YES <input type="checkbox"/> NO State _____
X. Do you have any other Estate Planning documents?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, _____	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, _____
XI. Charitable / Gifting Desired?	_____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <input type="checkbox"/> YES <input type="checkbox"/> NO

9. Potential Future Inheritance Amounts

If you anticipate a future inheritance, indicate the estimated amount.

	CLIENT 1	CLIENT 2
Inheritance Amount	\$ _____	\$ _____

Note: Any inheritance amount listed will not be used in your Retirement Cash Flow Analysis (RCFA)



10. Life Insurance

Life Insurance

Indicate the face amount of policies on which you are the insured. Exclude accidental death, key-person and buy-sell insurance.

	CLIENT 1	CLIENT 2
Amount Provided by Employer	\$ _____	\$ _____
Amount You Personally Own	\$ _____	\$ _____
	Type: _____	Type: _____
	Remaining Years on Life Insurance Term: _____	Remaining Years on Life Insurance Term: _____
Cash Value of Policy(ies)	\$ _____	\$ _____

11. Disability / Long Term Care Benefits

Disability Income Insurance

(Do not include Social Security benefits.)

	CLIENT 1	CLIENT 2
Employer Coverage	\$ _____ per mo.	\$ _____ per mo.
Personally Owned Coverage	\$ _____ per mo. Benefit	\$ _____ per mo. Benefit
• Premium	\$ _____ per mo.	\$ _____ per mo.

Long-Term Care Insurance

(i. e., To be used to for future assisted living and long term care facilities.)

	CLIENT 1	CLIENT 2
Do You Have Long Term Care Insurance? (If so, please complete questions below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Monthly Premium	\$ _____ per mo.	\$ _____ per mo.
Monthly Benefit amount	\$ _____ per mo.	\$ _____ per mo.
Elimination Period	\$ _____	\$ _____
Maximum Lifetime Cap	\$ _____	\$ _____

Umbrella Insurance Policy: YES NO If Yes, Amount: \$ _____ Mo. Premium: \$ _____



12. Retirement Benefits

Are you eligible to receive Social Security in retirement?

CLIENT 1

CLIENT 2

Check Yes or No

YES NO

YES NO

Optional Question

(If you have an estimate of your monthly Social Security benefit, enter the amount here and indicate the age at which the benefit begins if not readily available. We will estimate Social Security based on annual earnings and your desired retirement age.)

CLIENT 1

CLIENT 2

\$ _____ per mo. @ age ____

\$ _____ per mo. @ age ____

Pension (Employee, Government, etc.)

(Defined-benefit plan from current employer [monthly amount at age 65 or other projected retirement age]. This is the benefit amount in today's dollars based on your current salary.)

CLIENT 1

CLIENT 2

Amount

\$ _____ per mo. @ age ____

\$ _____ per mo. @ age ____

Is this pension subject to a Cost-of-Living Adjustment (COLA)?

YES NO

YES NO

Monthly Survivor Benefit

If your employer pension above would provide a survivor benefit for your family, enter the monthly benefit amount. Amount should not exceed pension amount above.

CLIENT 1

CLIENT 2

Amount

\$ _____

\$ _____



13. Income Sources

List **annual** amounts you are **currently receiving**. ("Gross Salary and Bonus" is total compensation before any deductions on withholdings, contributions to retirement plans, etc.)

	CLIENT 1	CLIENT 2
Gross Salary	\$ _____ per year	\$ _____ per year
Bonus	\$ _____ per year	\$ _____ per year
Net Self-Employment Income (i.e., after business expenses)	\$ _____ per year	\$ _____ per year
Pension and Annuity Income	\$ _____ per year	\$ _____ per year
Social Security Income	\$ _____ per year	\$ _____ per year
Alimony Income	\$ _____ per year	\$ _____ per year
Rental Property Income	\$ _____ per year	\$ _____ per year
Dividends	\$ _____ per year	\$ _____ per year
Taxable Interest	\$ _____ per year	\$ _____ per year
Tax Free Income	\$ _____ per year	\$ _____ per year
Other Income *	\$ _____ per year	\$ _____ per year
Please specify source of other Income	_____	_____

14. Tax Information

	CLIENT 1	CLIENT 2
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married filing Separate <input type="checkbox"/> Head of Household	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married filing Separate <input type="checkbox"/> Head of Household
Flexible-Benefit Plan Contributions (HSA, FSA, etc.)	\$ _____ per yr.	\$ _____ per yr.
Alimony Paid	\$ _____ per yr.	\$ _____ per yr.
Tax Credits	\$ _____ per yr.	\$ _____ per yr.
Tax Loss Carry Forward Amount	\$ _____	\$ _____
Charitable Contribution(s) (approximate)	\$ _____ per yr.	\$ _____ per yr.



Total Itemized Deductions

Estimate your itemized deductions (e.g., mortgage interest, state and local income taxes, real-estate taxes). See Schedule A, Form 1040. If left blank, we will use the standard deduction.

CLIENT 1

CLIENT 2

Amount

\$ _____

\$ _____

15. Current Spending / Expenses

Current Monthly Spending (Approximate Amount Per Month)

Include any municipal and property taxes, but exclude federal and state income taxes, and gifting. **If a detailed budget / expense document is desired, please request a Living Expense Worksheet.**

Household Amount

\$ _____ per mo.

\$ _____ per mo.

16. Retirement Lifestyle / Goals

CLIENT 1

CLIENT 2

Desired Retirement Age (If you are retired, please enter current age.)

Desired Retirement Lifestyle

How much **MONTHLY** spend-able income, **AFTER INCOME TAXES**, as expressed **IN TODAY'S DOLLARS** will you need to support your desired retirement lifestyle?

Household Amount

\$ _____ per mo.

Would this income change sometime in the future (e.g., need reduces after mortgage is paid off? Express this need in today's dollars. We will adjust for inflation).

\$ _____ per mo.

\$ _____ per mo.

In the year _____

In the year _____



Banker

Name

Bank Name

Address

Suite No. / Floor

City State Zip
() -

Phone
() -

Fax

E-mail Address

Website

Other (Insurance _____)

Name

Firm Name

Address

Suite No. / Floor

City State Zip
() -

Phone
() -

Fax

E-mail Address

Website

20. Risk Tolerance Assessment

The Risk Tolerance Worksheet is designed to facilitate a meaningful discussion regarding your long-term goals and tolerance for risk. For many people, understanding their own tolerance for risk and volatility can be challenging. Since this information is important, when constructing portfolios and developing an investment solution, we encourage you to thoughtfully complete all questions below.

Please choose only one response for each question.

1. What is the primary goal for your portfolio?

- Preservation of principal
- Income
- Long-term growth
- Aggressive long-term growth
- Use the funds for a large purchase or expense within ____ years

2. What is the secondary goal for your portfolio?

- Preservation of principal
- Income
- Long-term growth
- Aggressive long-term growth
- Use the funds for a large purchase or expense within ____ years



3. What will the primary use of these funds be?

- Retirement
- Education
- Finance Multiple Goals (Accumulation)
- Fund a future purchase of _____ in _____ years.

4. Over the next five years, you expect your financial situation to:

- Dramatically Improve
- Improve somewhat
- Stay about the same
- Worsen

5. Which of the following risks is your primary concern?

- The possibility that my investment may not grow enough to meet my future needs.
- The risk of a sharp decline in the value in a short period of time (i.e. one to six months).
- A decline in portfolio value over the course of one to two years.
- The risk that my portfolio may not grow enough to keep pace with inflation.
- The risk of not earning a rate of return greater than the stock market.
- The risk that my portfolio will not generate enough income.

6. Select the portfolio that suits you best:

		Typical in a Bad Year	Typical in an Average Year	Typical in a Good Year
<input type="radio"/>	Investment A Conservative	-1%	6%	10%
<input type="radio"/>	Investment B Moderately Conservative	-4%	8%	16%
<input type="radio"/>	Investment C Moderate	-8%	10%	24%
<input type="radio"/>	Investment D Moderately Aggressive	-11%	12%	30%
<input type="radio"/>	Investment E Aggressive	-16%	14%	35%

7. What most accurately describes your attitude and expectations when investing over a market cycle of five – seven years?

- It is more important to do well in “up” markets than it is to limit losses in “down” markets.
- I am comfortable with “normal” returns in both “up” and “down” markets.
- It is more important to limit losses in “down” markets than it is to do well in “up” markets.



22. Signature

I (we), _____ hereby acknowledge that I (we) fully understand the questions asked in this questionnaire and that I (we) accurately completed all pages in the CWM questionnaire, including the eight risk tolerance questions, with your Wealth Advisor on _____, _____.

Client Signature(s)

X _____ by _____

X _____ by _____

Oliver Capital Management, Inc.

X _____ by _____

~ End of Questionnaire ~