



# Comprehensive Wealth Management

## ~ Profile Questionnaire ~

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

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**
- **Liability and Debt Management**
- **Education College Funding / Goals**
- **Estate Planning**
- **Insurance (Life, Disability, Long Term Care)**
- **Income and Expenses (Cash Flow Analysis)**
- **Tax Mitigation Strategies**
- **Risk Tolerance Assessment**
- **Employment**

You may complete the profile questionnaire online at <https://www.olivercapital.com/cwm/> or by printing a hardcopy and returning it to me via scan, fax, or US mail. I 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. As indicated throughout the Profile Questionnaire, I will use assumptions for filling in certain blanks. Because no one else is just like you, the information you provide, even estimated data, is very important in that it will provide me with the ability to provide you customized solutions to meet your specific needs.

If you need assistance in completing the Profile Questionnaire, do not hesitate to contact me at 206-652-3500 or by email at [mko@olivercapital.com](mailto:mko@olivercapital.com).

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

Very truly yours,

**Mark K. Oliver**  
**President & Founder**  
**Wealth Management 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 <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Married <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 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
Street Address	_____	_____
City, State and Zip Code	_____	_____
Business Phone	_____	_____
Facsimile	_____	_____
Email Address	_____	_____
	<input type="checkbox"/> For Business Use Only	<input type="checkbox"/> For Business Use Only



**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)

\_\_\_\_\_  
**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**

\$ \_\_\_\_\_  
**Investment Property Loan Payment Amount**

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

\$ \_\_\_\_\_ @ \_\_\_\_\_ %  
**Automobile Loan Balance**

\$ \_\_\_\_\_  
**Automobile Loan Payment Amount**

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

\$ \_\_\_\_\_ @ \_\_\_\_\_ %  
**Receivables / Notes Due to You**

\$ \_\_\_\_\_  
**Other Assets**

\$ \_\_\_\_\_ @ \_\_\_\_\_ %  
**Credit Card Debt**

\$ \_\_\_\_\_ @ \_\_\_\_\_ %  
**Unsecured Personal Debt**

\$ \_\_\_\_\_ @ \_\_\_\_\_ %  
**Other Debt**



**5. Investment Assets – Retirement Accounts \***

\* Please provide a recent copy of all retirement account statements, including 401(k)s, if readily available.

**Employer Retirement Accounts**

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

**Self Employment Retirement Accounts**

	CLIENT 1		CLIENT 2	
	Current Balance	Annual Contribution	Current Balance	Annual Contribution
<b>Self Employed SEP / SIMPLE Accounts</b>	\$ _____	\$ _____	\$ _____	\$ _____



**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
<b>Traditional IRA Accounts</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Rollover IRA Accounts</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Roth IRA Accounts</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Annuities</b>	\$ _____	\$ _____ (Your Contribution)	\$ _____	\$ _____ (Your Contribution)
		\$ _____ (Employer Contribution)		\$ _____ (Employer Contribution)

**Investment Accounts – Non-Retirement \***

*Indicate the current market value of your investment assets. If you do not own a particular type of asset, indicate a zero (0) balance. (excluding retirement assets)*

**Cash & Cash Equivalents**

	CLIENT 1	CLIENT 2
<b>Checking Accounts</b>	\$ _____	\$ _____
<b>Savings Accounts</b>	\$ _____	\$ _____
<b>Money Market Accounts</b>	\$ _____	\$ _____
<b>Bank Name</b>	_____	_____



**Equities / Stock**

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

	CLIENT 1	CLIENT 2
Common Stock	\$ _____	\$ _____
Preferred Stock	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Convertible Securities	\$ _____	\$ _____

**International Equities / Stock**

*If you indicated you own equities in the previous question, indicate the portion of your equities that represent companies incorporated outside of the United States.*

	CLIENT 1	CLIENT 2
% of Equities Invested in International Equities	_____ %	_____ %

**Fixed Income / Bonds**

	CLIENT 1	CLIENT 2
Municipal Bonds/Funds/UITs	\$ _____	\$ _____
Corporate Bonds/Funds/UITs	\$ _____	\$ _____
U.S. Government Issues/UITs	\$ _____	\$ _____
Long-Term CDs (e.g., CDs maturing in more than one year)	\$ _____	\$ _____
Near Cash (e.g., CDs, Treasuries or other bonds maturing in one year or less)	\$ _____	\$ _____
Other Fixed Income	\$ _____	\$ _____





**Other Investments**

**Note:** a. Indicate the current market values only. b. We will assume that the assets listed below are available to support your desired retirement and, if applicable, survivor lifestyle needs. If you do not wish an asset value to be used for these needs (i.e., you wish to leave it to your heirs), check the box labeled "No." c. If you expect a significant amount of income from any of these assets to be available to support your desired lifestyle needs, check the box labeled "No," and use the **Supplemental Profile Questionnaire**.

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

**Margin Loan Balance**

Indicate the current value of securities-based debt used to purchase securities. **Note:** Your retirement and survivor analysis will net the margin loan balance from the current value of your portfolio asset base.

	CLIENT 1	CLIENT 2
<b>Margin Loan Balance</b>	\$ ( _____ ) / Rate: _____ %	\$ ( _____ ) / Rate: _____ %

**Investment Asset Ownership**

Estimate the percentage ownership of investment assets and margin listed in Questions above. Only clients who are married and live in (or have lived in) a Community Property state should include the value on the Community Property line. **Note:** Community Property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. (If you are married and live in a Non-Community Property state and leave all four lines blank, we will assume Client A and Client B own 100% of all assets **jointly**. If you are married and live in a Community Property state and leave all four lines blank, we will assume Client A and Client B own 100% of all assets as **Community Property**.)

Client A \_\_\_\_\_ % + Client B \_\_\_\_\_ % + Joint \_\_\_\_\_ % + Community Property \_\_\_\_\_ = 100%

**Incentive Compensation Awards - Employee Stock Option Bargain Element** Number of shares multiplied by current market price minus exercise price. (i.e., number of shares x [current market price – exercise price])

	CLIENT 1	CLIENT 2
<b>Company Name</b>	_____	_____
<b>Current Market Price Per Share</b>	\$ _____ per share	\$ _____ per share



**Non-Qualified  
Stock Option  
(NQO)**

	Vested	Non-Vested	Vested	Non-Vested
Number of Shares	_____	_____	_____	_____
Cost Basis	\$ _____	\$ _____	\$ _____	\$ _____

**Incentive Stock  
Option (ISO)**

	Vested	Non-Vested	Vested	Non-Vested
Number of Shares	_____	_____	_____	_____

**7. Business Interests**

**CLIENT 1**

**CLIENT 2**

**Entity Name**

\_\_\_\_\_

\_\_\_\_\_

**Legal / Tax Structure**

- C-Corporation
- S-Corporation
- LLC
- Sole Proprietorship
- General Partnership / LLP

- C-Corporation
- S-Corporation
- LLC
- Sole Proprietorship
- 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**

\_\_\_\_\_

\_\_\_\_\_

**Do you plan to use these assets  
towards retirement?**

Yes     No

Yes     No



## 8. Estate Planning Information

The following information may affect the estimated value of your estate. Any question(s) left blank is assumed to be a "No" or zero.

	CLIENT 1	CLIENT 2
I. <b>When was the last time you met with an estate planning attorney and/or updated your estate plan?</b>	_____	_____
II. <b>Do you have a Will/Trust?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Type _____	Type _____
III. <b>Does your Will / Trust have an estate credit exemption provision (sometimes referred to as a bypass or A/B trust?)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IV. <b>Does your Will / Trust have a generation-skipping transfer tax provision?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
V. <b>Does your Will/ Trust have a qualified terminable interest property (QTIP) provision?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VI. <b>Do you have a designated power of attorney?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VII. <b>Do you have a written medical directive (e.g., a living will or medical power of attorney)?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
VIII. <b>Do you have guardianship provisions for minor or special needs children, if applicable?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
X. <b>Do you own any property outside your state of residency?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO State _____	<input type="checkbox"/> YES <input type="checkbox"/> NO State _____
XI. <b>Do you have any other Estate Planning documents?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, _____ _____	If yes, _____ _____



## 9. Potential Future Inheritance Amounts

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

	CLIENT A	CLIENT B
Inheritance Amount	\$ _____	\$ _____

## 10. Life Insurance

### Life Insurance (face amounts)

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	\$ _____	\$ _____
	Type: _____	Type: _____
Amount You Personally Own	\$ _____	\$ _____
	Type: _____	Type: _____
Cash Value of Policy(ies)	\$ _____	\$ _____
Amount owned by Others naming you as the insured (i.e., Trusts)	\$ _____	\$ _____

### Survivorship (second-to-die) Insurance (face amount)

This insurance covers a married couple and pays out upon the death of the second spouse. We will assume this insurance is owned by someone other than the insured (i.e., a trust or child).

\$ \_\_\_\_\_

## 11. Disability / Long Term Care Benefits

### Disability Income Insurance

(Do not include Social Security benefits.)

	CLIENT 1	CLIENT 2
Benefit amount paid for by employer	\$ _____ per mo.	\$ _____ per mo



**Benefit amount paid for by you**                      \$ \_\_\_\_\_ per mo                      \$ \_\_\_\_\_ per mo

**Personally Owned Coverage**                      \$ \_\_\_\_\_ 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)

Yes       No

Yes       No

**Current Monthly Premium**                      \$ \_\_\_\_\_ per mo.

\$ \_\_\_\_\_ per mo.

**Monthly Benefit amount / Term**                      \$ \_\_\_\_\_ per mo.

\$ \_\_\_\_\_ per mo.

\_\_\_\_\_ Years

\_\_\_\_\_ Years

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

**12. Retirement Benefits**

**Employer-Sponsored Pension**

*(i.e., 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** (in today's dollars)                      \$ \_\_\_\_\_ 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, today, your employer pension above would provide a survivor benefit for your family, enter the monthly benefit amount and start year. Amount should not exceed pension amount above.*

**CLIENT 1**

**CLIENT 2**

**Amount** (in today's dollars)                      \$ \_\_\_\_\_ per mo. in yr. \_\_\_\_\_

\$ \_\_\_\_\_ per mo. in yr. \_\_\_\_\_



**Are you eligible to receive Social Security in retirement?**

*(If yes, we will estimate Social Security based on annual earnings and your desired retirement age.)*

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.)*

CLIENT 1

CLIENT 2

\$ \_\_\_\_\_ per mo. @ age \_\_\_\_

\$ \_\_\_\_\_ per mo. @ age \_\_\_\_

**Other Retirement Benefits / Pension Amounts** *(i. e., military, government, etc...)*

CLIENT 1

CLIENT 2

Check Yes or No

YES  NO

YES  NO

**If yes, amount per month** (in today's dollars)

\$ \_\_\_\_\_ per mo. @ age \_\_\_\_

\$ \_\_\_\_\_ per mo. @ age \_\_\_\_

**13. Income Sources**

List **annual** amounts you are **currently receiving**. ( "Gross Salary and Bonus" is total compensation prior to contributions to retirement plans, flexible-benefit plans and deferred compensation)

CLIENT 1

CLIENT 2

<b>Gross Salary</b>	\$ _____ per year	\$ _____ per year
<b>Bonus</b>	\$ _____ per year	\$ _____ per year
<b>Net Self-Employment Income</b> <i>(i.e., after business expenses)</i>	\$ _____ per year	\$ _____ per year
<b>Pension and Annuity Income</b>	\$ _____ per year	\$ _____ per year
<b>Social Security Income</b>	\$ _____ per year	\$ _____ per year
<b>Alimony Income</b>	\$ _____ per year	\$ _____ per year
<b>ROTH IRA Conversion Income</b> <i>(i.e., amount reportable this year)</i>	\$ _____ per year	\$ _____ per year



<b>Investment Property Income</b>	\$ _____ per year	\$ _____ per year
<b>Dividends</b>	\$ _____ per year	\$ _____ per year
<b>Taxable Interest</b>	\$ _____ per year	\$ _____ per year
<b>Tax Free Income</b>	\$ _____ per year	\$ _____ per year
<b>Other Income *</b>	\$ _____ per year	\$ _____ per year

Please specify source of other Income \_\_\_\_\_

## 14. Tax Information

	CLIENT 1	CLIENT 2
<b>Filing Status</b>	<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
<b>Flexible-Benefit Plan Contributions</b> <i>(Pre-tax contributions to a plan that reimburses you for certain out-of-pocket medical or child-care expenses.)</i>	\$ _____ per yr.	\$ _____ per yr.
<b>Alimony Paid</b>	\$ _____ per yr.	\$ _____ per yr.
<b>Tax Credits</b>	\$ _____ per yr.	\$ _____ per yr.
<b>Tax Loss Carry Forward Amount</b>	\$ _____	\$ _____
<b>Charitable Contribution(s)</b> (approximate)	\$ _____ per yr.	\$ _____ per yr.

**Total Itemized Deductions Before Reduction**

*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
<b>Amount</b>	\$ _____	\$ _____



**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.*

	CLIENT 1	CLIENT 2
Amount	\$ _____	\$ _____
Combined Household Amount	\$ _____	

**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? Include any municipal and property taxes, but exclude federal and state income taxes, and gifting.)*

	CLIENT 1	CLIENT 2
I / we would need this following amount per month in today's dollars:	\$ _____ per mo.	\$ _____ per mo.
Combined Household Amount	\$ _____ per mo.	

**17. Survivor Needs**

**Desired Survivor Lifestyle**

*(How much MONTHLY INCOME, AFTER INCOME TAXES, would your survivors need to support their lifestyle? Exclude education costs of tuition, room and board. Include any municipal and property taxes, but exclude federal and state income taxes, gifting expenses and insurance premiums.)*

	CLIENT 1	CLIENT 2
Survivors of each Client would need:	\$ _____ per mo.	\$ _____ 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.

Per year in the year \_\_\_\_\_

Per year in the year \_\_\_\_\_

## 18. Financial Priorities and Goals

Some common financial priorities and goals are listed below. Please indicate the priority you place on each of these goals by ranking them according to your preferences. You can either place an "X" next to those most important to you, or rank all ten according to the following scale: 1 = most important, 10 = least important.

- \_\_\_\_\_ **Overall Proper Asset Allocation / Suitable Investment Strategy(ies).**
- \_\_\_\_\_ **Retirement Analysis** (Most probable scenario, "Best" case scenario, "Worst" case scenario, "Most Probable" without Social Security.)
- \_\_\_\_\_ **Education Planning** (High cost, out of state Education Analysis, Low cost, in state Education Analysis)
- \_\_\_\_\_ **Life Insurance**
- \_\_\_\_\_ **Disability Insurance**
- \_\_\_\_\_ **Estate Planning** (Wills, Trusts, Medical Directives, POA's, Etc.)
- \_\_\_\_\_ **Liability (Debt) Management** (Mortgages, Loans, Credit Cards, Etc.)
- \_\_\_\_\_ **401(k) / Retirement Plan Allocation Recommendation**
- \_\_\_\_\_ **Potential Tax Mitigation Strategies**
- \_\_\_\_\_ **Other Topics / Goals that are important to you** \_\_\_\_\_



**19. Advisor Information**

**Attorney**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Suite No. / Floor

\_\_\_\_\_  
 City State Zip  
 ( ) -

\_\_\_\_\_  
 Phone  
 ( ) -

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 E-mail Address

Represents:  Client A  Client B  Both

**Accountant / CPA**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Suite No. / Floor

\_\_\_\_\_  
 City State Zip  
 ( ) -

\_\_\_\_\_  
 Phone  
 ( ) -

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 E-mail Address

Represents:  Client A  Client B  Both

**Banker**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Bank Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Suite No. / Floor

\_\_\_\_\_  
 City State Zip  
 ( ) -

\_\_\_\_\_  
 Phone  
 ( ) -

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 E-mail Address

Represents:  Client A  Client B  Both

**Other (  Insurance  \_\_\_\_\_ )**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Suite No. / Floor

\_\_\_\_\_  
 City State Zip  
 ( ) -

\_\_\_\_\_  
 Phone  
 ( ) -

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 E-mail Address

Represents:  Client A  Client B  Both



## 20. Risk Tolerance Assessment

*The Risk Tolerance Worksheet is designed for you to use with your Financial Advisor in order to facilitate a meaningful discussion regarding your long-term goals and tolerance for risk. If you have multiple financial goals that you would like to treat separately, please complete this worksheet for each goal. For many people, understanding their own tolerance for risk and volatility can be difficult. Since this information is critical, when constructing portfolios and developing an investment solution, we encourage you to complete all questions below and review them carefully with your Financial Advisor.*

**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"/>	<b>Investment A Conservative</b>	<b>-1%</b>	<b>6%</b>	<b>10%</b>
<input type="radio"/>	<b>Investment B Moderately Conservative</b>	<b>-4%</b>	<b>8%</b>	<b>16%</b>
<input type="radio"/>	<b>Investment C Moderate</b>	<b>-8%</b>	<b>10%</b>	<b>24%</b>
<input type="radio"/>	<b>Investment D Moderately Aggressive</b>	<b>-11%</b>	<b>12%</b>	<b>30%</b>
<input type="radio"/>	<b>Investment E Aggressive</b>	<b>-16%</b>	<b>14%</b>	<b>35%</b>

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.

8. In general, what is your tolerance for investment risk? *(Circle the number of the one statement that best describes your attitude toward investment risk.)*

- 1. Aggressive** *Growth of capital is the dominant concern. High risk is acceptable in seeking superior returns*
- 2. Moderate to Aggressive** *Growth of capital is the primary concern, but a secondary goal is safety of principal. A fair amount of risk is acceptable to take advantage of potentially significant growth opportunities.*
- 3. Moderate** *Growth of capital and safety of principal are both important. Moderate risk is acceptable to increase growth opportunities.*
- 4. Conservative to Moderate** *Safety of principal is the primary concern, but a secondary goal is growth of capital. Some risk is acceptable in seeking to enhance returns.*
- 5. Conservative** *Safety of principal is the dominant concern. Risk should be kept to a minimum.*



**21. Notes and Other Important Information / Goals**

*Use this space to identify other significant aspects of your personal financial situation that may not have been covered in the previous sections above.*

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**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 ~*