



**STRATEGIC WEALTH
CONSULTING GROUP, INC.**

CLIENT PROFILE WORKBOOK

WWW.SWCGRP.COM

E-4111 ANDOVER ROAD – SUITE 300 – BLOOMFIELD HILLS, MI 48302

TEL. 248.703.5332 • FAX. 248.282.0550

Strategic Wealth Consulting Group, Inc.

We thank you for your interest in Strategic Wealth Consulting Group, Inc. Our main objective is to assist you in making educated financial decisions regarding your personal and business needs.

To ensure our next meeting together is productive as possible, please take the time necessary to accurately complete the sections requested. (If you are unsure of an answer, you may leave it blank). Your information will help to create a clear picture of your current financial situation, enabling us to provide you with relevant analysis and recommendations.

In addition, please bring the most recent of the documents below to our next meeting. All documents, as well as this workbook will be held in complete confidence at all times.

Personal Documents Needed	
Most recent Payroll Stub	Annuity Policies
Personal Financial Statement(s): (Bank; Investments; Brokerage; Mutual Fund; IRA, CD, etc...)	Latest Tax Returns (2 years if applicable)
Retirement Account Statements: (401k; 403b; 457; SEP; SIMPLE; etc)	Social Security Benefits Statement (available on line at WWW.SSA.GOV)
Wills & Trusts	Any other information that you feel will be helpful
Insurance Policies: Life; Disability; Long Term Care	

Business Documents	
Defined Contribution/Defined Benefit Plan Documents: (Summary Plan Document; Adoption Agreement; Validation Report; Quarterly Statement; Investment Policy Statement; Participant Mtg Notes	Business Arrangements: (Buy/Sell; Stock Options, etc....if applicable)
Business Tax Returns for the last 2 yrs (1120, 1120S, or Schedule C)	Insurance Policy(s) (First 5 pages of each policy and most recent annual statement)
Profit and Loss Statement: (recent quarter)	Any other information you feel would be useful

A. Background Information:

Date: ____/____/____

Client 1

First Name: _____ Last Name: _____

Street Address: _____

City _____ State _____ Zip _____

SSN: _____ Date of Birth: _____

Citizenship: ☐ US ☐ Resident Alien ☐ Non-Resident

If Non Resident; Specify: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best time to Call: ☐ Morning ☐ Afternoon ☐ Evening

Email Address: _____

Employment Status:☐ Full-Time ☐ Part-Time ☐ Semi-retired ☐ Retired☐ Employed ☐ Self Employed ☐ Homemaker ☐ Other:

Occupation: _____ #/Yrs. _____

Employer Name: _____

Employer Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced
☐ Re-Married ☐ Widowed ☐ SeparatedTax Bracket: ☐ 0-15% ☐ 16-28% ☐ 29-33% ☐ 34% +

Special Hobbies/Interests: _____

Client 2:

First Name: _____ Last Name: _____

Street Address: _____

City _____ State _____ Zip _____

SSN: _____ Date of Birth: _____

Relationship to Client 1? _____

Citizenship: ☐ US ☐ Resident Alien ☐ Non-Resident

If Non Resident; Specify: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best time to Call: ☐ Morning ☐ Afternoon ☐ Evening

Email Address: _____

Employment Status:☐ Full-Time ☐ Part-Time ☐ Semi-retired ☐ Retired☐ Employed ☐ Self Employed ☐ Homemaker ☐ Other:

Occupation: _____ #/Yrs. _____

Employer Name: _____

Employer Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced
☐ Re-Married ☐ Widowed ☐ SeparatedTax Bracket: ☐ 0-15% ☐ 16-28% ☐ 29-33% ☐ 34% +

Special Hobbies/Interests: _____

Childrens Names**Date of Birth****Relationship****Social Security* #****Dependent****Resides? City/State**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No***Social Security Number is needed for establishing of 529 plans or other child Educational Accounts**

Are there any special circumstances regarding your children we should be aware of? _____

B. Financial Goals and Objectives:

Date: ____/____/____

Below, rank 1 – 5 with “1” being the most important to “5” being the least important

_____ Managing Risk
 _____ Education Planning
 _____ Retirement Planning
 _____ Debt Management
 _____ Wealth Accumulation
 _____ Alternative Investments: (REITs, Oil/Gas Partnerships, etc.)
 _____ Wealth Protection
 _____ Liquidity

_____ Tax Planning & Reduction Strategies
 _____ Estate Planning (wealth transfer/charitable)
 _____ Life Insurance
 _____ Disability Insurance
 _____ Long Term Care Insurance
 _____ Portfolio Review
 _____ Income Replacement
 _____ Other: _____

How would you like to see your money invested?

☐ Capital Preservation
 ☐ Income
 ☐ Growth
 ☐ Growth & Income
 ☐ Speculation

1. What are your current, primary financial concerns?

2. How would you rate your investment risk tolerance?
☐ Low
☐ Moderate
☐ Moderate/ Aggressive
☐ Aggressive

3. Who manages your general household finances? (eg. wife, husband, both) _____

4. How often do you/would you like to meet with your Financial Advisor?

C. Retirement:

Date: ____/____/____

	Client 1	Client 2
1. At what age would you like to retire?	Age _____	Age _____
2. Desired annual gross income at retirement (in today's dollars)	\$ _____	\$ _____
3. I am currently participating in the following (check all that apply)	<input type="checkbox"/> 401K <input type="checkbox"/> 403b <input type="checkbox"/> 457 <input type="checkbox"/> SEP <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> SIMPLE	<input type="checkbox"/> 401K <input type="checkbox"/> 403b <input type="checkbox"/> 457 <input type="checkbox"/> SEP <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> SIMPLE
4. Is there a company match?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How much are you contributing annually?	\$ _____ Traditional Acct \$ _____ ROTH Acct	\$ _____ Traditional Acct \$ _____ ROTH Acct

Time Horizon

	Client 1	Client 2
When do you expect to begin withdrawing money from your investment accounts?	<input type="checkbox"/> 0-2 yrs <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 6-8 yrs <input type="checkbox"/> 8-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> 0-2 yrs <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 6-8 yrs <input type="checkbox"/> 8-10 yrs <input type="checkbox"/> 10+

D. Income					Date: ____/____/____	
If Currently Employed (or see below)						
	Client 1			Client 2		
	Last Yr	This Yr		Last Yr	This Yr	
Salary						
Bonus/ Incentive						
Other						
1. At what rate do you expect your income to grow over the next few years?	\$_____ or %_____ <input type="checkbox"/> Yes <input type="checkbox"/> No			\$_____ or %_____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Does your income fluctuate on an annual basis? (due to business levels, commissions, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Name of Firm/Person _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Name of Firm/Person _____ _____		
3. Do you work with a CPA?						
If Currently Retired						
	Client 1			Client 2		
	Monthly	Cola %	Continues to Spouse upon Death	Monthly	Cola %	Continues to Spouse upon Death
Social Security			NA			
Pension 1						
Pension 2						
Annuity 1						
Annuity 2						
Annuity 3						
Other 1						
Other 2						

E. Living Expense Work Sheet				
Annual Income (Net)	Client 1		Client 2	
Salary #1				
Salary #2				
Other Source				
Total Income				
Expenses	Monthly	Annually	Monthly	Annually
Automobile Fuel				
Automobile Insurance				
Automobile Maintenance				
Automobile Payments				
Cable/ Internet				
Charity				
Clothing/ Dry Cleaning				
Clothing Purchases				
Country Club / Other Dues				
Discretionary Expenses				
Entertainment				
Food / Dining				
Food Groceries				
Gifts				
Hobbies				
Home Mortgage				
Home Mortgage (2nd Home)				
Home Equity Loan				
Home Furnishing				
Home Improvement				
Home Lawn Maintenance				
Home Owners Association				
Homeowners Insurance				
Insurance- Life				
Insurance- Disability				
Maid Services				
Medical Doctors				
Medical /Dental Services				
Medical / Prescriptions				
Medical/ General				
Miscellaneous				
Personal Care				
Pet Care				
Professional Fees				
Property Taxes				
Subscriptions				
Travel				
Utilities				
Telephone				
Gas				
Electric				
Vacations				
Other				
Sub Total Expenses (Multiply. "Monthly" by 12)				
TOTAL ANNUAL EXPENSES				
TOTAL INCOME MINUS EXPENSES				

F. Assets / Liabilities					Date: ____/____/____
Asset Accounts:					
Client 1			Client 2		
General Savings/Investments	Current Value	Annual Contributions	Current Value	Annual Contribution	
Money Market					
Checking					
Savings					
Stock Portfolio					
Bond Portfolio					
Annuities					
Real Estate					
Mutual Funds					
CD's					
Other					
Retirement	Current Value	Annual Contributions	Current Value	Annual Contributions	
401 (k)					
403 b					
457					
SEP					
SIMPLE					
Cash balance					
Profit Sharing					
Defined Benefit					
IRA (Traditional)					
IRA (ROTH)					
Other					
Education Savings Product Name (529, MET, MESP, UGMA, UTMA, etc)	State	Current Value	Annual Contribution	Beneficiary (Child's Name)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Real Estate/Property	Location /Type	Client 1 Current Value	Client 2 Current Value		
Primary Residence					
Secondary Residence					
Auto / Rec. Veh. 1					
Auto / Rec. Veh. 2					
Auto / Rec. Veh. 3					
Auto / Rec. Veh. 4					
Rental Property					
Personal Property					
Business Interest					
Other					

Liability Accounts (amount you owe)				
	Lender	Interest Rate	Client 1 Loan Balance	Client 2 Loan Balance
Primary Residence				
Secondary Residence				
Student Loan				
Business Loan				
Credit Card 1				
Credit Card 2				
Credit Card 3				
Credit Card 4				
Credit Card 5				
Credit Card 6				
Auto / Rec. Veh. 1				
Auto / Rec. Veh. 2				
Auto / Rec. Veh. 3				
Auto / Rec. Veh. 4				
Personal (from family or friends)				
Other				

G. Investment Experience: (in years)					Date: __/__/__				
	Client 1					Client 2			
	None	<1	1-4	5+		None	<1	1-4	5+
CD's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REIT's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Currencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Insurance

Date: __/__/__

	Client 1	Client 2
1. Have you ever been turned down for insurance ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please explain) 	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please explain)
2. Did you/do you have any health issues/surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please explain) 	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please explain)

Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Person Insured Client 1 or Client 2					
Owner (if not the Insured)					
Premium Payor (person who pays premium)					
Carrier Name					
Type (Term, Whole Life, Universal Life (UL), Indexed UL, Variable UL)					
Date Purchased					
Beneficiary					
Cash Value (if any)					
Annual Premium					
Length of Term (if applicable)					
Death Benefit					

Disability & Long Term Care

	Client 1		Client 2	
	Disability	Long Term Care	Disability	Long Term Care
Owner (if not the Insured)				
Premium Payor (person who pays premium)				
Carrier Name				
Name of Product				
Date Purchased				
Benefit Amount				
Premium Term				
Annual Premium				
Elimination Period				
Benefit Period				
Riders (List all)				

I. Estate Planning and Risk Management Insurance		Date: ____/____/____
	Client 1	Client 2
Do you have any of the following Estate Planning documents:	<input type="checkbox"/> Wills <input type="checkbox"/> Living Will <input type="checkbox"/> Living Trusts <input type="checkbox"/> Other Documents <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Health Care Power of Attorney	<input type="checkbox"/> Wills <input type="checkbox"/> Living Will <input type="checkbox"/> Living Trusts <input type="checkbox"/> Other Documents <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Health Care Power of Attorney
In what State was your Will / Trust created?	_____	_____
When was your Will/ Trust documents established or last updated?	____/____/____	____/____/____
Name of the Attorney:		
Who is named as Executor of your Will/Trust?		
Are you the Beneficiary of a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Miscellaneous: (For Use with Broker/Dealer New Account Form)		Date: ____/____/____
	Client 1	Client 2
Are you (or a related person) employed by or associated with this Broker/Dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Company Name: _____ Relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Company Name: _____ Relationship: _____
Are you (or a related person) employed by or associated with a financial services company not affiliated with this Broker/Dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Company Name: _____ -	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Company Name: _____ -
Do you anticipate that you will be caring for elderly parents/relatives in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Officer, Director, or 10% + shareholder of a public company?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Public company? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Public company? _____
Are you a current or former "Foreign Political Figure", an "Immediate Family Member" or "Known Close Associate" of such a figure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____ What country? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____ What country? _____
Does another person have Power of Attorney over this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, whom? _____

Client #1

1. Name (Print): _____

2. Email: _____

3. Phone#: _____ DOB: ____/____/____

4. Anticipated Retirement Date: ____/____/____

5. Alternate Retirement Date: ____/____/____

6. Life Expectancy (Age): _____

7. Primary Insurance Amount (PIA): _____

8. SS Benefits Started: YES / NO (circle one)

a. If YES - Start Date: ____/____/____

Monthly Amt \$ _____

b. If NO, when desired?: Mo. ____/Yr. ____

9. Will you work in Retirement: YES / NO (circle one)

a. If YES – Anticipated Ann.Salary: \$ _____

10. Est Annual Spending in Retirement: \$ _____

11. Increased Annual Spending: _____%

12. Currently Collecting Pension?: YES / NO (circle one)

a. If YES - Start Date: ____/____/____

Monthly Amt \$ _____

13. Marital Status **Code**: _____**S**ingle **M**arried **D**ivorced **W**idow[er] **R**e-Married

14. If Divorced - Lgth of Marriage: # Yrs ____ Mnths ____

15. Date of Divorce: ____/____/____

16. PIA of Ex-Spouse (if known): \$ _____

17. If Widowed - Decedent Date of Death: ____/____/____

18. PIA of Decedent (if known): \$ _____

19. SS Benefits Started for Decedent? YES / NO (circle one)

a. If YES - Start Date: ____/____/____

Monthly Amt \$ _____

20. Minor Children (Under 18): YES / NO (circle one)

21. Est High Schl Grad Date(s): ____/____/____ : ____/____/____

Client #2

1. Name (Print): _____

2. Email: _____

3. Phone#: _____ DOB: ____/____/____

4. Anticipated Retirement Date: ____/____/____

5. Alternate Retirement Date: ____/____/____

6. Life Expectancy (Age): _____

7. Primary Insurance Amount (PIA): _____

8. SS Benefits Started: YES / NO (circle one)

a. If YES - Start Date: ____/____/____

Monthly Amt: \$ _____

b. If NO, when desired?: Mo. ____/Yr. ____

9. Will you work in Retirement: YES / NO (circle one)

a. If YES – Anticipated Ann.Salary: \$ _____

10. Est Annual Spending in Retirement: \$ _____

11. Increased Annual Spending: _____%

12. Currently Collecting Pension?: YES / NO (circle one)

a. If YES - Start Date: ____/____/____

Monthly Amt \$ _____

13. Marital Status **Code**: _____**S**ingle **M**arried **D**ivorced **W**idow[er] **R**e-Married

14. If Divorced - Lgth of Marriage: # Yrs ____ Mnths ____

15. Date of Divorce: ____/____/____

16. PIA of Ex-Spouse (if known): \$ _____

17. If Widowed - Decedent Date of Death: ____/____/____

18. PIA of Decedent (if known): \$ _____

19. SS Benefits Started for Decedent? YES / NO (circle one)

a. If YES - Start Date: ____/____/____

Monthly Amt \$ _____

20. Minor Children (Under 18): YES / NO (circle one)

21. Est High Schl Grad Date(s): ____/____/____ : ____/____/____

*Any information obtained is private and confidential. Information is not shared or disclosed with any other persons or organizations.**It is used solely for calculating benefits and to provide information or assistance you requested.**Securities offered through First Allied Securities, Inc. Member FINRA/SIPC. Advisory services offered through First Allied Advisory Services, Inc., a registered investment advisor.*

L. Business Profile

Date: ____/____/____

Name of Business: _____

Name of Entity Owner: _____

Address of Business: _____

Website: _____

Business Phone#: _____

Business Fax#: _____

Business Email: _____

Date Incorporated: _____

Nature of Business: _____

State Organized: _____

Net Business Income: _____

Classification: ☐ Public ☐ Private

Federal Tax ID#: _____

Business Structure: (check one)

☐ C-Corp ☐ S-Corp ☐ PLLC ☐ LLC ☐ Sole Proprietor

How many Full Time Employees? ____ Part Time? ____

Has your business operated under a different name? ☐ Yes ☐ No (if Yes, provide name)**Partnership / Shareholder Interest**

Name of Partner	Date of Birth	% Interest	Preferred Shares	Common Shares

Who are your Key employees? 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Would the success of your business be seriously affected by the loss of one or more Key employees? ☐ Yes ☐ NoDo you have a Buy/Sell Agreement with any business associate? ☐ Yes ☐ No (if Yes, provide name)**Life Insurance (policies purchased by your company)**

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Person Insured					
Owner (if not the Insured)					
Carrier Name					
Type (Buy/Sell; Key Person; Term; other)					
Date Purchased					
Beneficiary					
Cash Value (if any)					
Annual Premium					
Length of Term (if applicable)					
Death Benefit					

Retirement Plan (Business Provided)

1. Does your business have a Retirement Plan in place? ☐ Yes ☐ No (if Yes, please indicate all that apply)

☐ 401K (Individual) ☐ 401 K (Group) ☐ 403b ☐ 457 ☐ Profit Sharing ☐ Money Purchase
☐ SIMPLE ☐ SEP ☐ Defined Benefit ☐ Keogh ☐ Safe Harbor feature? ☐ ROTH feature?

2. How stable is your cash flow?

☐ Unpredictable – Varies more than ____ % year over year ☐ Consistently Increasing ____ % year over year
☐ Declining – Consistently decreasing ____ % year over year ☐ Stable – Consistent within 10% year over year

3. What are your primary objectives to having a Retirement plan for your business? (Check all that apply)

☐ Maximize Tax Deductions for Owner(s) ☐ Maximize Contributions for Owner(s)
☐ Protect Assets from Creditors ☐ Employee Retention ☐ Other _____

4. Have you contributed to your Retirement plan this year? If so, what amount? \$ _____

5. If there were no limitations, how much would you like to contribute to your Retirement plan each year over the next 3 to 5 years? \$ _____

6. Have you terminated any type of Retirement plan in the past 12 months? ☐ Yes ☐ No

7. Do you work for and earn income from any other business? ☐ Yes ☐ No (If Yes, explain)

8. Do you, other owners, spouse, children, or parents have any ownership in any other business? ☐ Yes ☐ No

9. Do you anticipate any changes in your business with the next 2 years? (Sale of business {including fractional}, adding Associates, change in business structure, expansion, etc.) ☐ Yes ☐ No

10. What amount of turnover does your business experience? _____

11. How many employees do you intend to hire in the next 2 years? _____

12. If there are multiple owners involved, do their plan funding objectives differ from one another? ☐ Yes ☐ No

13. Do you want your employees to contribute, from their own income, to their Retirement Plan? ☐ Yes ☐ No

14. What percentage of employees would you expect to participate by deferring a portion of their salary into a Retirement plan? _____ %

15. Does the business employ Leases or Union employees? ☐ Yes ☐ No

16. Do you feel you are achieving those goals? ? ☐ Yes ☐ No

17. What are your current issues / challenges with your Plan and/or Service Provider?

18. Are you pleased with your current Plan design and performance? ? ☐ Yes ☐ No

19. If you can change your Plan today, what would you like to do?

20. Do you have regular Educational meetings throughout the year with Plan Participants (employees)?

☐ Yes ☐ No

21. Do you have a written Business Plan? ☐ Yes ☐ No

M. Signature Page

my/our knowledge.

X			X		
/ /			/ /		
Print Name (Client 1)	Signature (Client 1)	Date	Print Name (Client 2)	Signature (Client 2)	Date

Future Updates	
----------------	--

[illegible]