



720 South Colorado Boulevard  
Suite 600 South  
Denver, Colorado 80246

303.639.5100

### CONFIDENTIAL CLIENT INFORMATION

Date completed: \_\_\_\_\_

#### CLIENT

Name \_\_\_\_\_ U.S. Citizen Yes  No

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(H) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred person to contact? \_\_\_\_\_

Preferred method of contact? Home  Work  By? Phone  Fax  Email  Cell

How long in your current home? \_\_\_\_\_ Any plans to move? Yes  No

Date of Birth \_\_\_\_\_ Single  Married  Widowed  Divorced (married how many years?\_\_\_\_)

If married, how long? \_\_\_\_\_ Is this your first marriage? Yes  No

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_ Exp date \_\_\_\_\_

What name do you go by? \_\_\_\_\_

Occupation \_\_\_\_\_ Employment stable? Yes  No

Name of Employer \_\_\_\_\_ How long? \_\_\_\_\_

Business Address \_\_\_\_\_ (W) Phone \_\_\_\_\_

\_\_\_\_\_ (W) Email \_\_\_\_\_

#### SPOUSE/SIGNIFICANT OTHER

Name \_\_\_\_\_ U.S. Citizen Yes  No

(H) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Is this your first marriage? Yes  No  (If Divorced, married how many years?\_\_\_\_)

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_ Exp date \_\_\_\_\_

What name do you go by? \_\_\_\_\_

Occupation \_\_\_\_\_ Employment stable? Yes  No

Name of Employer \_\_\_\_\_ How long? \_\_\_\_\_

Business Address \_\_\_\_\_

(W) Phone \_\_\_\_\_ (W) Email \_\_\_\_\_

## CHILDREN/GRANDCHILDREN

Name	Date of Birth	SS#	Relationship	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of these (grand)children require any special care? Yes  No

If Yes, please explain

## CHILDREN'S/GRANDCHILDREN'S EDUCATION

What type of grade school/high school do you plan for your (grand)children? Public  Private

What type of college/university education do you plan for your (grand)children?

In state  Out of state  Public  Private

Do you have a specific college/university/trade school in mind? \_\_\_\_\_

Will you pay for your (grand)child(ren)'s college? Yes  If yes, what % \_\_\_\_\_ No  Undecided

Will you pay for post-graduate school? Yes  If yes, what % \_\_\_\_\_ No  Undecided

Have assets been set-aside for your (grand)child(ren)? Yes  No

(Grand)Child	Type of Account	Account Balance	Current Contribution
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$

## HEALTH

How do you feel about your current physical and mental health?

Describe any concerns about your health in later stages of life.

Describe any issues that may impact your life expectancy.

Describe any health issues affecting other family members/dependents.

## HEALTH (Continued)

Will you provide financial help or other assistance to these family members/dependents?

Yes  No  Don't Know

When, and for how long, will this help be required? \_\_\_\_\_

If Yes, how much annual financial support will you provide? \_\_\_\_\_

What ages are these potential dependents? \_\_\_\_\_

## INCOME

CURRENT	Client	Spouse	Total Annual
Salary/Draw	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Investment	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Do you think you have adequate emergency reserves? Yes  No

What are your current emergency reserves? (Do not include investment or retirement balances)

\$ \_\_\_\_\_ Where are these assets held? \_\_\_\_\_

Over the next five years you expect your **earned income** to:

Increase: substantially  a little  no change

Decrease: substantially  a little  no change

How much do you spend annually, excluding savings and taxes? \$ \_\_\_\_\_

Will money be needed for such items as a home purchase, college funds, debt repayment, weddings, gifts, home remodeling, or other one-time expenses?

Within three years \$ \_\_\_\_\_ purpose \_\_\_\_\_

Three to five years \$ \_\_\_\_\_ purpose \_\_\_\_\_

5 to 10 years \$ \_\_\_\_\_ purpose \_\_\_\_\_

Have funds been set aside? Yes  No  If yes, where? \_\_\_\_\_

## LIABILITIES

Debtor	Creditor	Balance Owed	Monthly Payments	Interest Rate
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %

**PERSONAL PROPERTY**

APPROXIMATE VALUE:	Client	Spouse	Jointly Owned
Home Furnishings	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats, Trailers, Airplanes	\$ _____	\$ _____	\$ _____
Clothing, Furs	\$ _____	\$ _____	\$ _____
Jewelry, Silver, Antiques	\$ _____	\$ _____	\$ _____
Other Items	\$ _____	\$ _____	\$ _____

**PERSONAL REAL ESTATE**

**Primary Residence:** Owner (s) \_\_\_\_\_ Market Value \_\_\_\_\_  
 Original Cost \$ \_\_\_\_\_ Purchase date \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_  
 % Interest \_\_\_\_\_ Remaining Term \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**Second Residence:** Owner (s) \_\_\_\_\_ Market Value \_\_\_\_\_  
 Original Cost \$ \_\_\_\_\_ Purchase date \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_  
 % Interest \_\_\_\_\_ Remaining Term \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**INVESTMENT REAL ESTATE**

Owner(s)	Income	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

What is the monthly net income from your investment real estate? \$ \_\_\_\_\_

**PLEASE ATTACH LIST OF PROPERTY ADDRESSES AND COST BASIS**

**BUSINESS INTERESTS**

Owner	Address	Market Value	Income
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Do you plan to sell the business? Yes  No  When? \_\_\_\_\_ For how much? \$ \_\_\_\_\_

If no, what are your plans for the business?  
 \_\_\_\_\_

What would happen to your business in the event of your disability or death? \_\_\_\_\_

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death?  
 Yes  No  If yes, is it funded? Yes  No  For how much? \$ \_\_\_\_\_

**ASSET INFORMATION**

What are some of your financial concerns? \_\_\_\_\_

<b>CASH AND CASH EQUIVALENTS:</b>	<b>Client</b>	<b>Spouse</b>	<b>Jointly Owned</b>
Cash in Checking Account(s)	\$ _____	\$ _____	\$ _____
Savings or Credit Union	\$ _____	\$ _____	\$ _____
Money Market Fund(s)	\$ _____	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____	\$ _____
Insurance Cash Values	\$ _____	\$ _____	\$ _____

**PERSONAL ACCOUNTS & ANNUITIES:** Please list any non-retirement brokerage, limited partnerships, or investment accounts you own, where they are held, and the total account value..

<b>Owner</b>	<b>Held at</b>	<b>Account value</b>	<b>*Cost Basis</b>	<b>Contributions</b>
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr
_____	_____	\$ _____	\$ _____	\$ _____ Mo/Yr

**\*REQUIRED FOR EACH ASSET!**

*Please contact your account custodian if you do not have your cost basis*

**STOCK OPTIONS:** Please attach a schedule of the options you have been granted

**RETIREMENT ACCOUNTS:** \*Type refers to: IRA, SEP-IRA, Roth IRA, Simple IRA, Profit Sharing, 401(k), 403(b), or Deferred Comp (including 457)

<b>Owner</b>	<b>Type*</b>	<b>Vested Amount</b>	<b>Contributions</b>	<b>Employer Match</b>
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)
_____	_____	\$ _____	\$ _____ (mo/yr)	_____ (mo/yr)

**PLEASE ENCLOSE THE MOST RECENT ACCOUNT STATEMENTS**

In the next few years do you plan to take money out of your accounts? Yes  No

If yes, explain: \_\_\_\_\_

Have you confirmed all of your account beneficiary designations in the past year? Yes  No

# RETIREMENT GOALS

What are three things you want to do that you've been putting off?

\_\_\_\_\_

Why have you been putting these off? \_\_\_\_\_

At what age do you want to retire? \_\_\_\_\_ Is this age flexible? Yes  No

At what age does your spouse want to retire? \_\_\_\_\_ Is this age flexible? Yes  No

How do you think you and your spouse/partner may be affected if you don't retire at the same time?

\_\_\_\_\_

How much annual **gross** income, in today's dollars, will you **want** at retirement? \$ \_\_\_\_\_

How much annual **net** income, in today's dollars, will you **want** at retirement? \$ \_\_\_\_\_

How do you feel about possibly working in retirement? \_\_\_\_\_

\_\_\_\_\_

Do you plan to work after retirement? Yes  No

Earning \$ \_\_\_\_\_ Until what age? \_\_\_\_\_

Does your spouse plan to work after retirement? Yes  No

Earning \$ \_\_\_\_\_ Until what age? \_\_\_\_\_

If you have to choose, would you: work longer  retire with less income

Think about where you'll live when you retire? Describe what changes you envision compared to where you currently live. \_\_\_\_\_

\_\_\_\_\_

Will your home be paid off before you retire? Yes  No  Don't Know

If eligible, would you like us to include Social Security in your retirement plan? Yes  No

Do you anticipate receiving a **Pension**? Yes  No  If yes, please describe below:

<b>Owner</b> _____	Payable from whom? _____	Age _____
Amount per Mo/Yr \$ _____	Inflating over time? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % _____

<b>Owner</b> _____	Payable from whom? _____	Age _____
Amount per Mo/Yr \$ _____	Inflating over time? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % _____

<b>Owner</b> _____	Payable from whom? _____	Age _____
Amount per Mo/Yr \$ _____	Inflating over time? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % _____

Have you confirmed all of your pension beneficiary designations in the past year? Yes  No

## RISK MANAGEMENT

**LIFE INSURANCE:** \*For Type **T** = term, **W** = whole life, **V** = variable life, **U** – universal life

Policy Owner	Insured	Beneficiary	Company	Death Benefit	Type*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you confirmed all of the beneficiary designations in the past year? Yes  No

Are any of these policies owned by a Trust? Yes  No

Please check all of the obligations that you want paid in full upon death of:

Client	Spouse		Client	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Children's Education	<input type="checkbox"/>	<input type="checkbox"/>	Student Loans
<input type="checkbox"/>	<input type="checkbox"/>	Home Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any obligations that will be forgiven in full at death? Please list. \_\_\_\_\_

What annual **gross** income does your household need if one spouse were to die? \$ \_\_\_\_\_

What annual **gross** income does your household need if one spouse were to die after the children are financially independent? \$ \_\_\_\_\_

Will the surviving spouse return to work? Client: Yes  No  Earning? \$ \_\_\_\_\_ Until what age? \_\_\_\_\_  
 Spouse: Yes  No  Earning? \$ \_\_\_\_\_ Until what age? \_\_\_\_\_

## AUTO & HOMEOWNERS INSURANCE

Property	Coverage Amount	Liability Amount	Company
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Do you have an Umbrella Liability policy? Yes  No  What is the amount \$ \_\_\_\_\_

## HEALTH INSURANCE

Company \_\_\_\_\_

Is there any reason we need to review this policy? Yes  No

Will this coverage continue until you qualify for Medicare ? Yes  No

## DISABILITY INSURANCE

Insured	Monthly Benefit	Benefit Period	Company
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

In the event of a long-term disability, how much annual **gross** income would your household need to maintain your present standard of living in today's dollars? \$ \_\_\_\_\_

If you leave your employment can you maintain this coverage? Yes  No  Don't Know

Is there any reason that we need to review this policy? Yes  No

## LONG-TERM CARE INSURANCE

Insured	Monthly Benefit	Benefit Period	Company
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

If you leave your employment can you maintain this coverage? Yes  No  Don't Know

Is there any reason that we need to review this policy? Yes  No

When were your various insurance policies last reviewed? \_\_\_\_\_ By whom? \_\_\_\_\_

## ESTATE PLANNING

Do you or your spouse have the following?

	Client	Spouse
A Will	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Trust	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Medical Directive	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Durable Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
A Personal Property Memorandum	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____

When were these documents last reviewed? \_\_\_\_\_ By whom? \_\_\_\_\_

Are you expecting inheritances from any family members? Yes  No  Don't Know

Who	Amount
_____	\$ _____
_____	\$ _____

Do you have a plan to pay your Estate taxes? Yes  No

What is it? \_\_\_\_\_



## GIFTS MADE OR RECEIVED

Do you anticipate making or receiving a gift? Yes  No  If yes, please give details below.

Donor	Date of Gift	Donee(s)	Value of Gift	Tax Liability
_____	_____	_____	\$	_____
_____	_____	_____	\$	_____

Name some charities or causes that are important to you. \_\_\_\_\_

## INVESTMENT TEMPERAMENT

Are you a long-term investor? Yes  No

Are you concerned about short-term swings in the market? Yes  No

How much financial worry or stress do you presently feel? \_\_\_\_\_

Are you comfortable with the amount of financial wealth you have presently attained? Yes  No

How much additional financial wealth do you desire in the future? \_\_\_\_\_

By when? \_\_\_\_\_ Purpose? \_\_\_\_\_

Please rank the following questions from six to one:

		Strongly Agree			Strongly Disagree		
Earning a long-term total return that will allow my capital to grow faster than the inflation rate is one of my most important objectives.	Client	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Spouse	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
I do not require more current income from my investments. My major investment goals are long-term growth (greater than 10 years.)	Client	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Spouse	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
I am willing to tolerate sharp up-and-down changes in total return on my investments in order to seek potentially higher return.	Client	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	Spouse	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Which statement best describes your portfolio allocations (that is, the relative amount held in each asset class)?

Client    Spouse

- My portfolio has remained fairly consistent over time.
- My portfolio has changed, but not dramatically over time.
- My portfolio has changed significantly over time.

If your portfolio has changed over time, please check all of the applicable reasons for these changes:

Client    Spouse

- I have learned more about investments.
- I had a lifestyle change, or I met a major financial goal (for example, retirement).
- I was attempting to achieve superior returns through market timing.
- I did not have enough funds to invest in certain asset classes.
- I did not pursue an asset allocation policy.
- Other, please explain: \_\_\_\_\_

## INVESTMENT TEMPERAMENT (Continued)

Are there any particular investments for which you have either a preference or objection? Please explain.

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How often do you review the value of your investments?

Daily  Weekly  Monthly  Quarterly  Annually

During a general market correction, imagine that one of your investments drops 10 percent shortly after it is purchased. What would you do?

Client Spouse

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sell it so you don't have to worry about it declining more.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hold onto it and wait patiently for it to regain its original value.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Buy more, assuming nothing has fundamentally changed in the specific investment or the original motives for its purchase. |

If you were to have a sizable financial loss, you probably would:

Client Spouse

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Take some time to recover and to feel OK again                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Take a longer time to recover and be more cautious and protective |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain your optimism knowing that your portfolio will recover   |

With this in mind, you are prepared to live with a market recovery time of:

- |  |  |
|--|--|
| <input type="checkbox"/> Less than one year          | <input type="checkbox"/> Between one and two years |
| <input type="checkbox"/> Between two and three years | <input type="checkbox"/> More than three years     |

## PROFESSIONAL ADVISORS

Accountant/Firm \_\_\_\_\_

Attorney/Firm \_\_\_\_\_

Stockbroker/Firm \_\_\_\_\_

Portfolio Manager(s)/Firm(s) \_\_\_\_\_

Banker/Bank \_\_\_\_\_

Other Professional Advisors \_\_\_\_\_

Please indicate those we may contact for additional information.

Is there anything else we should know in order to evaluate or better understand your situation?

Multiple horizontal lines for handwritten notes.

Client: \_\_\_\_\_ Date \_\_\_\_\_ Client: \_\_\_\_\_ Date \_\_\_\_\_