NEW CLIENT PROFILE



PERSONAL					
	ר י י י	Dr. d. Cr	Male	F	
Your Full Name	Date of Birth	ate of Birth Birth State		Female	
Spouse Full Name	Date of Birth	Birth State	Male	Female	
Child #1 Full Name	Date of Birth Birth State		Male	Female	
Child #2 Full Name	Date of Birth	Birth State	Male	Female	
Child #3 Full Name	Date of Birth Birth State		Male	Female	
Child #4 Full Name	Date of Birth Birth State		Male	Female	
CONTACT					
Your Cell Phone Number	Spouse Cell Phone Number				
Your Email		Spouse Email			
Your Social Security Number		Spouse Social Security No	ity Number		
Address	City		Zip Code	State	
EMPLOYMENT					
Your Occupation	Your Employer		Years Employed	Business Phone	
Your Employer's Street Address	City		Zip Code	State	
Spouse Occupation	Spouse Employer	Years Employed		Business Phone	
Spouse Employer's Street Address	City		Zip Code	State	
INCOME					
Your Base Salary	Frequency	Your Bonus		Your Total	
Spouse Base Salary	Frequency	Spouse Bonus		Spouse Total	
Other Income & Source	Frequency Other Income & Source			Household Total	
PROTECTION (Property)					
Auto Insurance Co. (all autos)		Monthly Premium	Liability Coverage	Deductible	
Homeowners / Renters Insurance Co.		Monthly Premium	Liability Coverage	Deductible	
Umbrella Policy Co.		Monthly Premium	Liability Coverage	Deductible	
Other Property Co.	Other Property Co.		Liability Coverage	Deductible	
				<u> </u>	

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NEW CLIENT PROFILE (CONTINUED)



PROTECTION (Health, life, disability, Long Ter	rm Care)				
		Monthly Premium	Co-Pay	Deductible	
Life Insurance Co.		Monthly Premium	Insured	Deductible	
Life Insurance Co.		Monthly Premium	Insured	Death Benefit	
Life Insurance Co.		Monthly Premium	Insured	Death Benefit	
Long Term Care		Monthly Premium	Insured	Death Benefit	
Long Term Care		Monthly Premium	Monthly Benefit	Benefit Period	
Disability Insurance Co.		Monthly Premium	Monthly Benefit	Benefit Period	
Disability Insurance Co.		Monthly Premium	Monthly Benefit	Benefit Period	
LIABILITIES (Short term debt)					
Loan Type (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Loan Type (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Loan Type (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Loan Type (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
LIABILITIES (Mortgages & HELOC)					
Property (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Property (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Property (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Property (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
Property (+ Institution Name)	Monthly Payment	Additional Pay	Balance	Interest Rate	Duration
SAVINGS & INVESTMENTS (Non-retirement)					
Account Type (+ Institution Name)		Owner(s)	Monthly Savings	Balance	Purpose
Account Type (+ Institution Name)		Owner(s)	Monthly Savings	Balance	Purpose
Account Type (+ Institution Name)		Owner(s)	Monthly Savings	Balance	Purpose
Account Type (+ Institution Name)		Owner(s)	Monthly Savings	Balance	Purpose

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NEW CLIENT PROFILE (CONTINUED)



RETIREMENT PLANS & ACCOUNTS					
Account Type (+ Institution Name)	Monthly Savings	Co. Match	Co. Match	Balance	Balance
Account Type (+ Institution Name)	Monthly Savings	Co. Match	Co. Match	Balance	Balance
Account Type (+ Institution Name)	Monthly Savings	Co. Match	Co. Match	Balance	Balance
Account Type (+ Institution Name)	Monthly Savings	Co. Match	Co. Match	Balance	Balance
REAL ESTATE					
Primary Residence		Purchase Price	Purchase Year	Mkt. Value	Rental Income
Property Name	Туре	Purchase Price	Purchase Year	Mkt. Value	Rental Income
Property Name	Туре	Purchase Price	Purchase Year	Mkt. Value	Rental Income
Property Name	Туре	Purchase Price	Purchase Year	Mkt. Value	Rental Income
QUESTIONS Now that you've sampled this questionnai	re, what is your assessment o	of your personal find	ances?		
What changes or improvements would you	J like to see with respect to y	our personal financ	res?		
What is important about money to you?					
What are you hoping to obtain by going t	nrough the Financial Plannin	g process with us?			
Do you have any trusted advisors you con	sult hafara making a financi	al decision? If so w	ho2		
Do you have any musica davisors you con	sun berore making a mancio	ai decisiony ii so, w	HOY		
When should we meet again? What are yo	our preferred days/times?				

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NEW CLIENT PROFILE (CONTINUED)



YOUR MONTHLY CASHFLOW					
I. Basic Expenses	c Expenses II. Discretionary Expenses		IV. Job-Related Expenses		
Automobile Fuel	\$	Camp	\$	Association/Dues	\$
Automobile Maintenance	\$	Food/Dining	\$	Professional Fees	\$
Cable/Internet	\$	Gifts	\$	Subscriptions	\$
Child Care	\$	Hobbies	\$	Travel	\$
Clothing/Dry Cleaning	\$	Housekeeper Services	\$	Meals/Entertainment/Gifts	\$
Clothing/Purchases	\$	Subscriptions	\$	Misc	\$
Food/Groceries	\$	Travel		V. Medical Expenses	
Home Security	\$	Vacations	\$	Doctors, Dentists & Vision	\$
Home Improvement	\$	Memberships	\$	Prescriptions	\$
Home Lawn/Maintenance & Trash	\$	Misc.	\$	Misc.	\$
Homeowner's Association	\$	TOTAL	\$	TOTAL	\$
Household Rent	\$	III. Charite	able Gifts	VI. Alimon	
School (College, Private School)	\$	Donations	\$	Alimony	\$
Telephone	\$	Other	\$	Child Support	\$
Utilities (Gas, Electric, Water)	\$	Other	\$	TOTAL	\$
Pet Care	\$	Other	•	VII. Taxes excluding taxes)	
Misc.	\$	TOTAL	\$	Property	\$
TOTAL	\$		*	Other	\$
				TOTAL	\$
		•		GRAND TOTAL	\$

YOUR EMOTIONAL BLUEPRINT

Our goal is to focus on achieving your Wish List, while protecting you from the Dangers that could disrupt your life. Your Emotional Blueprint will be the centerpiece of the wealth consulting we offer, making sure we are always connected and focused on what's important to you and your family.

WISHES	DANGERS

REV 1-2021 PAGE 4 OF 5

NEW CLIENT PROFILE (CONTINUED)



YOUR DOCUMENT CHECKLIST: PLEASE PROVIDE COPIES OF THE FOLLOWING FINANCIAL DOCUMENTS:

TAXES

Personal income tax returns - prior 2 years w/all schedules W2's - prior 2 years

PAYSTUBS

Most recent pay stubs - 2 consecutive

LEGAL DOCUMENTS

Will(s)
Living Will(s)
Durable Power(s) of Attorney
Health Power(s) of Attorney
Trust(s)

PERSONAL INSURANCE POLICIES

Auto - declaration pages only
Homeowner's - declaration pages only
Personal Liability (Umbrella) - declaration pages only
Life insurance contracts - individual & employer sponsored
Disability insurance contracts
individual & employer sponsored
Long-term care contracts - individual & employer sponsored
Medical insurance - individual & employer sponsored

EMPLOYEE BENEFITS STATEMENT

booklet or on-line copy

SOCIAL SECURITY STATEMENT(S)

most recent

RETIREMENT PLAN STATEMENTS

Employer sponsored plans (401 (k), 403 (b), etc.)

RETIREMENT ACCOUNT STATEMENTS

Personally held accounts (IRA, Roth IRA, etc.)

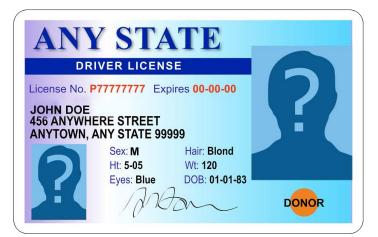
INVESTMENT ACCOUNT STATEMENT(S)

Mutual funds, stocks, annuities, etc.

- HOME/REAL ESTATE VALUES
- MORTGAGE STATEMENT(S)
- HOME EQUITY STATEMENT(S)

SHORT TERM DEBT STATEMENTS

car loans, credit cards, etc.



ATTACH PHOTO COPY OF YOUR DRIVER LICENSE HERE

SEND THIS & ALL SUPPORTING DOCUMENTS TO:

Pinnacle Financial Wealth Management
1). SCAN & EMAIL TO: Info@PinnacleFinancialWealthMgmt.com
2). MAIL TO: 1351 N Courtenay Pkwy, BB, Merritt Island, FL 32953
3). BRING WITH YOU TO YOUR FIRST MEETING