

ARETE WEALTH

NEW CLIENT PROFILE



PERSONAL				
Your Full Name	Date of Birth	Birth State	Male	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 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.		Monthly Premium	Liability Coverage	Deductible

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NEW CLIENT PROFILE (CONTINUED)



PROTECTION (Health, life, disability, Long Term Care)					
Health Insurance Co.	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	



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	Type	Purchase Price	Purchase Year	Mkt. Value	Rental Income
Property Name	Type	Purchase Price	Purchase Year	Mkt. Value	Rental Income
Property Name	Type	Purchase Price	Purchase Year	Mkt. Value	Rental Income

QUESTIONS

Now that you've sampled this questionnaire, what is your assessment of your personal finances?

What changes or improvements would you like to see with respect to your personal finances?

What is important about money to you?

What are you hoping to obtain by going through the Financial Planning process with us?

Do you have any trusted advisors you consult before making a financial decision? If so, who?

When should we meet again? What are your preferred days/times?



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.

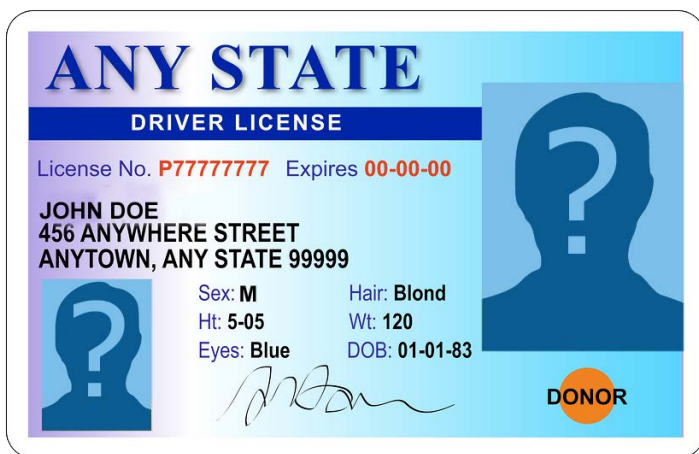
- **HOME/REAL ESTATE VALUES**

- **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