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Thank you for your interest in personal financial planning. This will explain how you may obtain an evaluation to determine whether comprehensive financial planning can be of significant benefit to you.

Many persons like yourself are concerned about the long-range effects of inflation, taxes, and the shifting investment climate. It is difficult to find the time to remain current with all the techniques to offset these factors.

There are some people for whom financial planning would not be effective. For other it may be helpful, but personal service might be too expensive, so the best solution is self-study and self-improvement.

However, many persons have situations (forms of income, assets and objectives), which justify the need for comprehensive personal planning. For them the planning is more than offset by the benefits, such as reduced taxes, increased cash flow, improved net worth, etc.

The purpose of this confidential evaluation is to determine if you fit in the latter category. Please complete this form for our review.

The information you provide is **strictly confidential**. You are **under no obligation** to retain our services. We are looking forward to our discussion and hope that we can be of service to you.

CONFIDENTIAL INFORMATION

Date _____

Full Name _____ Birthdate _____ Age _____

Social Security Number _____

Spouse _____ Birthdate _____ Age _____

Social Security Number _____

Contact Information

Residence Address _____ Home Phone _____

City _____ State _____ Zip _____

Preferred Phone Contact Home Business Mobile Other

Email Address _____

Cell Phone _____

Employment & Business Information

Client

Spouse

Occupation _____

Employer _____

Business Address _____

City/State/Zip _____

Business Telephone _____

Business Fax _____

Address Preferences

Preferred Address for Business Correspondence: Home Business

Preferred Address for Personal Correspondence: Home Business

Names of Dependent Children	Birthdate	Annual Education Expense	Number of Years	Amount Saved for College
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

Do you plan to have or adopt additional children? _____

Are you now providing financial support to anyone else? _____ \$ _____ yr.

Current Financial Advisors

CPA Name _____ Phone _____
 Address _____

Attorney Name _____ Phone _____
 Address _____

Approximate Current Joint Gross Annual Income

Your basic **annual** earned income..... \$ _____
 Your bonuses or overtime..... \$ _____
 Your spouse's **annual** earned income.... \$ _____
 Your spouse's bonuses or overtime..... \$ _____
 Your net investment income..... \$ _____
 Income from Trusts, if any..... \$ _____
 Other Income..... \$ _____

TOTAL JOINT INCOME \$ _____

Estimated Total Joint Income next year... \$ _____

Will and Trust Information

	YES	NO
Do you have a will? Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your spouse? Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you named Guardians for children, if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Expected Inheritance? Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you/your spouse anticipate supporting any relatives?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have any medical, personal or financial problems to be considered in your planning?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have medical, personal or Financial problems to be considered in your planning?	<input type="checkbox"/>	<input type="checkbox"/>

Residence and Mortgage Information

Residence

Current market value \$ _____
 Owner _____
 Do you have a mortgage or home equity loan on this property? _____
 Date of mortgage/home equity loan _____
 Amount of mortgage/home equity loan \$ _____
 Interest rate on mortgage/home equity loan _____
 Term of years on original mortgage/loan _____
 Average monthly payment \$ _____

Vacation Property

\$ _____

 \$ _____

 \$ _____

LIFE AND DISABILITY INSURANCE

Your group life insurance coverage \$ _____	Monthly contribution, if any \$ _____
Your permanent life insurance coverage \$ _____	Estimated annual premium \$ _____
Your term life insurance coverage \$ _____	Estimated annual premium \$ _____
Your disability income coverage \$ _____ per mo.	Length of coverage _____ Premium \$ _____
Spouse's group life insurance coverage \$ _____	Monthly contribution, if any \$ _____
Spouse's permanent life insurance coverage \$ _____	Estimated annual premium \$ _____
Spouse's term life insurance coverage \$ _____	Estimated annual premium \$ _____
Spouse's disability income coverage \$ _____ per mo.	Length of coverage _____ Premium \$ _____

FINANCIAL PROFILE

Investment Portfolio

Please list your current investment accounts or provide us with copies of the most recent statements for each account. If assets are owned by a trust, please provide us with a copy of the trust document.

Owner ¹	Current Location ²	Type of Account ³	Current Balance	Approximate Asset Allocation		
				% Cash	%Bonds	% Stocks

¹ Client {C}, Spouse {S}, Living Trust {LT}, Joint Tenancy {JT}, Community Property {CP}, Other {O}
² Name of Brokerage Firm, Bank, Trust Company, etc.
³ **Regular account (non-retirement), IRA, 401(k), Profit Sharing Plan, Vested Pension Lump-Sum, etc.**

Pension	Client	Spouse
Employer Sponsored Pension	\$ _____ per month @ age _____	\$ _____ per month @ age _____

Cash Flow

How much income will you require a month from your **SFA portfolio** to fund your living expenses?

Currently \$ _____ In Retirement \$ _____

TAX PROFILE

What is your current marginal federal income tax rate?

- 10% 25% 33%
 15% 28% 35%

What is your current form of tax filing?

- Married Filing Jointly Single
 Head of Household Married Filing Separately

RISK TOLERANCE ANALYSIS

Responses: 1 = Strongly Disagree; 5 = Strongly Agree

1. Expected Return. Given historical returns on different kinds of investments (bonds 6.5%, stocks 10.5%), my desired level of investment return is above average.
1 2 3 4 5
2. Risk Tolerance. I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment return.
1 2 3 4 5
3. Holding Period. I am willing to maintain investment positions over a long period of time (generally considered 10 years or more).
1 2 3 4 5
4. Liquidity. I do not need to be able to readily convert my investments into cash. Aside from my portfolio, I have adequate liquid net worth to meet major near-term expenses.
1 2 3 4 5
5. Ease of Management. I want to be very actively involved in the monitoring and decision-making required to manage my investments.
1 2 3 4 5
6. Dependents. There are none or only a few dependents that rely on my income and my investment portfolio for support.
1 2 3 4 5
7. Income Source. My major source of income is adequate, predictable and steadily growing.
1 2 3 4 5
8. Life & Health Insurance Coverage. I have an adequate degree of insurance coverage.
1 2 3 4 5
9. Investment Experience. I have prior investment experience with stocks, bonds, and international investments. I understand the concept of investment risk.
1 2 3 4 5
10. Debt/Credit. My debt level is low and my credit history is excellent.
1 2 3 4 5

Have you ever lost money on an investment? Yes No

If so, please describe the type of investment and your reaction to the loss. _____

What type of investor do you consider yourself? Please circle a number on the line below.

1	2	3	4	5	6	7	8	9	10
Conservative			Moderate				Aggressive		

How important is it to you that your investment returns are consistent from year to year?

Very Important Somewhat Important Not Important

INVESTMENT PLANNING

Investor Preference Profile

Please rate from 1-10 your feelings about the following topics.
 (Relative Scale: 0 = None 2 = Low 5 = Moderate 7 = High 10 = Very High)

		You	Spouse
INFLATION	Degree of personal concern about inflation	_____	_____
LEVERAGE	Comfort with borrowing for investment	_____	_____
RISK TAKING	Conservative – 0; Speculative – 10	_____	_____
DIVERSIFICATION	Comfort with lack of investment variety	_____	_____
CURRENT RETURN	Satisfactory – 0; Must be increased – 10	_____	_____
INVESTMENT INCOME	Desired now – 0; Desired later – 10	_____	_____
INCOME TAXES	Your desire for current tax reduction	_____	_____
AUDIT SENSITIVITY	Willingness to risk a tax audit	_____	_____

Planning Self-Analysis

Please rate from 1-10 your comfort level in the following planning areas.
 (Relative Scale: 1 = Uncomfortable 10 = Very Comfortable)

ESTATE PLAN	Comfort with your present distribution arrangements	_____	_____
LIFE INSURANCE	Comfort with your present policies and coverage	_____	_____
DISABILITY	Comfort with your present protection and replacement income	_____	_____
RETIREMENT	Comfort with your present expected income	_____	_____
SAVINGS RATE	Satisfaction with your present annual savings	_____	_____

What do you feel will be the average rate of inflation for the next 10 years? _____ %

What do you consider to be a satisfactory net yield on investment capital before taxes? _____ %

Investment Objective

How would you characterize your primary investment objective and loss tolerance for the portfolio managed by SFA?

	Investment Objective	Annual Loss Tolerance ¹
<input type="checkbox"/>	Preservation of capital while minimizing losses and fluctuations.	-5%
<input type="checkbox"/>	A balanced approach seeking preservation of capital with some tolerance for short-term fluctuations in value to seek moderate growth.	-10%
<input type="checkbox"/>	Primary emphasis on capital growth with only moderate concern about short-term fluctuations in value.	-15%
<input type="checkbox"/>	Maximize growth of assets with corresponding tolerance for additional risk and short-term fluctuations.	-20%
<input type="checkbox"/>	Other (please describe)	

¹Historically, to achieve greater rates of return, investors have had to accept greater short-term loss potential. Our target for the worst-case scenario over a 12-month period for these portfolios is the annual loss tolerance stated above. This does not mean these portfolios could not lose more than these stated percentages in a 12-month period, however, we expect that these loss thresholds would only be reached on rare occasions (i.e. once or twice over a ten-year period).

Future Investments

Please indicate how you generally would like to invest your future dollars:

_____% Speculative _____% Aggressive Growth _____% Moderate Growth _____% Conservative _____% No Risk

EXPENSE REPORT

Expenditure	Monthly Amount	OR	Yearly Amount
Rent/ Mortgage Payment	\$ _____		\$ _____
Home Maintenance, Supplies	\$ _____		\$ _____
Gas, Electric	\$ _____		\$ _____
Water, Sewer, Refuse	\$ _____		\$ _____
Telephone	\$ _____		\$ _____
Furnishings/ Appliances	\$ _____		\$ _____
Clothing	\$ _____		\$ _____
Personal Care	\$ _____		\$ _____
Groceries	\$ _____		\$ _____
Eating Out	\$ _____		\$ _____
Computer/ Cable TV Service	\$ _____		\$ _____
Child Support	\$ _____		\$ _____
Children's Expenses	\$ _____		\$ _____
Subscriptions/ Dues	\$ _____		\$ _____
Vacations	\$ _____		\$ _____

Expenditure	Monthly Amount	OR	Yearly Amount
Entertainment	\$ _____		\$ _____
Gifts (i.e. Birthdays, Christmas)	\$ _____		\$ _____
Insurance	\$ _____		\$ _____
Credit Card Payments	\$ _____		\$ _____
Alimony Payments	\$ _____		\$ _____
Medical Insurance Premiums	\$ _____		\$ _____
Medicine, Drugs	\$ _____		\$ _____
Dental/ Vision Care	\$ _____		\$ _____
State Income Tax	\$ _____		\$ _____
Local Income Tax	\$ _____		\$ _____
Personal Property Tax	\$ _____		\$ _____
Charity	\$ _____		\$ _____
Tax Preparation/ Financial Planning Fee	\$ _____		\$ _____
Other/ Miscellaneous	\$ _____		\$ _____

RETIREMENT GOALS

At what age would you like to retire? _____ Alternate age? _____

What is your desired annual after-tax retirement income? (Usually about 80% of your current gross income) _____

What medical risks are you likely to face? _____

Do you have Long- Term Care Insurance? _____

What is your most important goal in retirement? _____

What obstacles do you feel would prevent you from reaching this goal? _____

Additional Comments _____

GOALS AND OBJECTIVES

The following objectives are the ones most often mentioned by our clients. Check those which are important to you and rank in order of importance to you (1 = most important).

- Obtain current income tax reductions..... _____
- Provide adequate funds for scheduled college expenses..... _____
- Maintain current standard of living, if disabled..... _____
- Develop a systematic monthly investment program..... _____
- Diversify investments to provide a more balanced portfolio..... _____
- Manage cash flow in order to reduce unnecessary expenditures..... _____
- Select the most appropriate investment for retirement funds..... _____
- After-tax retirement income to maintain current standards..... _____
- Determine the most effective retirement plan options..... _____
- Provide adequate survivor income to maintain current standards..... _____
- Sufficient liquidity to cover estate settlement expenses..... _____
- Assure distribution of your estate according to your wishes..... _____
- Determine the best way of disposing of business interests..... _____
- Other: _____

What are your most important short-term goals (less than 12 months)? _____

What are your most important intermediate-term goals (1 to 5 years)? _____

What are your most important long-term goals (5 years or longer)? _____

What obstacles do you feel will prevent your accomplishment of any of the above goals? _____

Are there any investments to which you are opposed for any reason? Y N Please list and explain why:

Do you contemplate making special gifts of bequests to family members? Y N Explain:

Do you or your spouse consider any of your present assets to be the separate property of one or the other? Y N
 Explain: _____

What is the best investment you have ever made? _____

What has been your investing pattern during periods of market volatility? _____

How do you measure your financial progress? _____

Are you satisfied with your progress? _____

In your opinion, are your investments adequately diversified? Y N

What is your diversification strategy? _____

On what information are your investment decisions based? _____

Which of your present assets would you prefer NOT TO SELL? _____

Which of your present assets would you LIKE TO SELL? _____

Are you pleased with your present assets in terms of:

	Client		Spouse	
Safety	Y	N	Y	N
Income	Y	N	Y	N
Growth	Y	N	Y	N
Hedge Against Inflation	Y	N	Y	N

What would you like this planning engagement to accomplish for you? _____

Additional Comments _____

Summit Financial Advisors, Inc.. thanks you for your time!