Personal Financial Information & Expectations

Client(s) ____ Appointment Date: _______ / _______ / 201_

Appointment Time __________ - ___________

Have you worked with a Financial Professional in the past? Yes__________ No__________

Was the person referred to you? Yes_____ No_____ How did you locate this individual? ________________________

a. What guidance were you seeking when you began?
____

____

b. Did you purchase or complete any of the recommendations made? Yes_______ No________

What goals, needs or recommendations were accomplished? ____

____

c. What did you like **most** about them?
____

d. What did you like **least** about them?
____

e. Did you discuss or complete a Risk Tolerance Questionnaire?
____

f. Were your expectations met?
____

g. What would you like to have enhanced or improved? ____

What are Your Expectations of us working together?

____ ____

____ ____

____ ____

Extras! Honesty / Integrity / Personal & Confidential / Sense of Humor

Of the areas you checked on the Client Review Form, what 3 areas are the most important?

1. ____
2. ____
3. ____

How did you select the investments in your Retirement Plan(s)? ______________________________

____

Did you ever have your Retirement Plan Risk Tolerance evaluated? ____________________________

Have you made changes to your Savings / Investments or Pensions Plans? ______________________

How often and why? ____

What do you like most about your Savings (CD's & Money Market Accounts) / Investments and/or Retirement Plans?

____

What do you like least about them? ______________________________________

____

Most people I speak with are most concerned with:

1. Taxes, current and future
2. A lifetime income regardless of market conditions - Wall Street / Stock Market – losses in Pension Plans
3. Social Security – will it be there when I retire / best time to start it / income penalties
4. Inheritance Taxes as high as 16%

What would you **ideally** like to accomplish between now and your future years? (Bucket List?)

____________________________ ____________________________

____________________________ ____________________________

____________________________ ____________________________

Tell me about your **decision** making process? ______________________________________

____

____

How We Keep You Informed:

1. E-mail notifications: Monthly Financial Update / Monthly Newsletter / Articles that pertain to you and family

2. Phone Contact: Miscellaneous items / Special occasions

3. Annual Contact: Review program, discuss changes that could affect your financial situation

LMS's Expectations of You:

1. You are open, honest and if questions arise regarding any issues, you call me.

2. Prior to our review meetings, a Client Financial Check Up Form is completed for a compliance update.

3. If you feel you have received Value and Benefits from our working together, that you introduce me to people you know by providing them with a Personal Financial Check Up Form.

Name: ____

Name: ____

Signature: x____

x____

Signed the ______________ day of ____ 201_

City / State: ____

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~ God Bless Our Troops and Their Families ~