

## SFG Personal Financial Information & Expectations

Client(s) \_\_\_\_\_

Appointment Date: \_\_\_\_\_

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 Checkup 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 Checkup Form.

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** x \_\_\_\_\_

x \_\_\_\_\_

Signed the \_\_\_\_\_ day of \_\_\_\_\_

City / State: \_\_\_\_\_

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*~ God Bless Our Troops and Their Families ~*

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