

PERSONAL PLANNING PROFILE

Date: _____

This information will allow us to develop a plan for you. Please provide as much information as possible.
If you need assistance, please contact Vector Wealth Management at (612) 378-7560.

PERSONAL INFORMATION

<p style="text-align: center;">Client</p> <p>Full Name _____</p> <p style="padding-left: 40px;">Date of Birth _____</p> <p style="padding-left: 20px;">Primary Phone #/Type _____</p> <p style="padding-left: 40px;">Email Address _____</p> <p>Legal Address _____</p> <p>Mailing Address (if different from above) _____</p> <p>2nd Home Address _____</p>	<p style="text-align: center;">Co-Client</p> <p>Full Name _____</p> <p style="padding-left: 40px;">Date of Birth _____</p> <p style="padding-left: 20px;">Primary Phone #/Type _____</p> <p style="padding-left: 40px;">Email Address _____</p>
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EMPLOYMENT INFORMATION

<p> <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Unemployed </p> <p>Employer/Company _____</p> <p>Title/Occupation _____</p> <p>Business Phone _____</p> <p>Business Address _____</p> <p>City, State, Zip _____</p>	<p> <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Unemployed </p> <p>Employer/Company _____</p> <p>Title/Occupation _____</p> <p>Business Phone _____</p> <p>Business Address _____</p> <p>City, State, Zip _____</p>
<p>I define success in my working life as _____</p>	

CHILDREN / FAMILY

Full Name	Date of Birth	Relationship

* Relationship examples: *Daughter of Both, Daughter of Client*

I define success in my family life as _____

PROFESSIONAL ADVISORS

Attorney Name _____	Phone _____
Company _____	Email Address _____
Accountant Name _____	Phone _____
Company _____	Email Address _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- | | |
|--|--|
| <ul style="list-style-type: none"> > Retirement plan, pension and profit sharing statements > Home mortgage data (original loan amount, date, interest rate, payment amount) > Federal and State tax returns including schedules and worksheets > Statements for stock options, restricted shares and cash performance units | <ul style="list-style-type: none"> > Current payroll information/check stub > Insurance policy statements > Other financial/investment statements > Legal documents including wills and trusts |
|--|--|

If you prefer, you may send us the originals. We will make copies and return them to you.

INVESTMENT PROFILE

Overall Investment Objective

- Safety / Capital Preservation
 Growth
 Growth and Income
 Income / Liquidity

Risk Tolerance

- High
 Moderate
 Low

Investment Experience

- Extensive
 Good
 Limited
 None

Annual Income (Gross)

- Under \$50,000
 \$50,000 - \$99,999
 \$100,000 - \$499,999
 \$500,000 - \$999,999
 Over \$1,000,000

Investable Assets

- Under \$250,000
 \$250,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 - \$10,000,000
 over \$10,000,000

Current Tax Rate

Federal _____
State _____

INCOME

Include income prior to, and during retirement such as Salary, Bonus, Self-employment income, Net rental income, Inheritance, Pension, Part-time employment during retirement

Recipient	Source	Annual Amount	Timeframe*	COLA**
		\$		%
		\$		%
		\$		%
		\$		%
		\$		%
		\$		%

* Timeframe examples: *Pre-retirement, During retirement, 2020 - 2026, one-time at age 65.*

** COLA = Yes/No, or annual percentage increase for Cost of Living Adjustment, if applicable and known.

Social Security (can be found on www.ssa.gov)

	Client	Co-Client
Monthly amount if currently receiving benefits:	\$ _____	\$ _____
Estimated amounts if not yet receiving benefits:		
<i>Monthly benefit at age 62</i>	\$ _____	\$ _____
<i>Monthly benefit at full retirement age (66 or 67)</i>	\$ _____	\$ _____
<i>Monthly benefit at age 70</i>	\$ _____	\$ _____

FINANCIAL GOALS

Short Term _____
 Medium Term _____
 Long Term _____

ANNUAL SAVINGS

Include current and future savings such as 401(k), 403(b), IRA, Roth-IRA, HSA, College savings and After-tax amounts

Account Name	Annual Savings	Company Match	Timeframe *	Intended Goal*
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

* Timeframe examples: *Pre-retirement, During retirement, 2020 - 2026, one-time at age 65.*

** Intended Goal examples: *Retirement, Education, Car, Cabin, Emergency Fund*

RETIREMENT GOALS

At what age would you like to retire, or did you retire?

Client: _____

Co-Client: _____

Income Objective during Retirement

Percentage of current net income adjusted for inflation 100% 90% 80% 70% Other _____

Or net annual spending amount if known \$ _____

What will you do with your time when you are retired? _____

Other expenses - Include Description, Amount, Timeframe and Funding Source

NET WORTH

ASSETS	Description / Company Name	Account Type	Current Value	Owner (Client, Co-Client, Both, Trust, LLC)
Accounts - Pre-tax / Qualified <i>401(k), 403(b), IRA, HSA, Other Retirement Plan</i>			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Accounts - After-tax / Non-Qualified <i>Checking, Savings, Brokerage Account, Roth-IRA</i>			\$	
			\$	
			\$	
			\$	
			\$	
Other Assets <i>Home, Business, Cabin, Land, Rental Property, Business Interest, Note Receivable, Other Personal Property</i>			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

LIABILITIES	Description / Company Name	Balance Owed	Monthly Pymt (P&I)	Interest Rate	Owner (Client, Co-Client, Both, Trust, LLC)
Current Debt <i>Home Mortgage, Line of Credit, Credit Card, Personal Loan</i>		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	

ESTATE PLANNING DETAILS

	Client	Co-Client
Do you have a Will?	<input type="checkbox"/> Yes - Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes - Date: _____ <input type="checkbox"/> No
If yes, does your Will reflect your specific intentions regarding the distribution of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Health Care Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, yes, indicate type (Durable/Full/Limited)	_____	_____
Name of Power of Attorney	_____	_____

Type(s) of Trust(s) _____

Date of last review _____

How do you feel about passing assets to your heirs and/or charities? _____

INSURANCE (Life, Disability, Health, LTC)

Company	Type	Owner (Client, Co-Client, Both, Trust, LLC)	Beneficiary	Death Benefit	Cash Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

YOUR VALUES AND HISTORY

Do you or any of your family members have known health issues that could impact a financial plan? _____

What are some of the best and worst financial decisions you have made? _____

What has been your past experience working with other financial advisors? _____

Additional comments / information: _____

Do you know of others who would benefit from our services? _____

PLEASE RETURN THIS FORM TO VECTOR WITH COPIES OF DOCUMENTS LISTED ON PAGE 1

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