TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

 CLIENT #1 CLIENT #2/SPOUSE

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER/ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER/ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE (PLACE A “\*” BY PREFERRED CONTACT METHOD):

M: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OF DEPENDENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

LONG TERM CARE: CLIENT #1 YES NO

 CLIENT #2/SPOUSE YES NO

LIFE INSURANCE: ARE YOU INTERESTED? YES NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Insured* | *Amount* | *Company* | *Term* | *Perm* | *Years remaining (Term)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Disability Income Insurance:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  ddI *Insured* | *Monthly Benefit* | *Company/Private Policy* | *Short* | *Long* | *Premium* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(continued)

**FINANCIAL INFORMATION**

CLIENT #1 INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLIENT #2/SPOUSE INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER SOURCES OF INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOURCE LIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MORTGAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WILL/TRUST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEBT BAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INVESTMENT EXPERIENCE: (APPROXIMATE VALUES)**

CASH/CHECKING $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAVINGS/CDs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADD’L SAVINGS TYPE/$AMT \_\_\_\_\_\_\_\_\_\_\_\_

ADD’L DEBT $/TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MUTUAL FUNDS/STOCKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRA/SEP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

401(k) CLIENT #1:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contribution %\_\_\_\_ , PENSION ESTIMATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

401 (k) CLIENT #2:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contribution %\_\_\_\_ , PENSION ESTIMATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired retirement date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REAL ESTATE**

Primary residence value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investment Real Estate value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Property value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vacation home value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL PRIORITIES/INVESTMENT OBJECTIVES: (circle all that apply)**

* Managing risk: Replacement income, Protect Assets, Final Expenses
* Financial Independence: Retirement needs, Systematic savings

**When investing, do you consider yourself:**

 Conservative Conservative/Moderate Moderate Moderate/Aggressive Aggressive

**Investment Time Horizon: Short (0-3 years) Medium (3-7 years) Long (>7 years)**

**Additional comments: (please list additional items that you would like to discuss.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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