



Personal Confidential Financial Profile

Name: _____

How did you hear about us? _____

Date: _____


Please send this back with copies of your investment statements

FAX: 763-208-3173

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Mail: 15600 35th Ave N Suite 101

Plymouth, MN 55447



Enclosed is a Personal Confidential Financial Profile that we would love for you to fill out prior to our initial consultation. By completing the profile prior to our meeting and bringing everything on the checklist, we are able to help serve you better.

Checklist:

- Fill out Personal Confidential Financial Profile and return via e-mail, fax, or mail to us prior to our initial consultation
- Bring to our initial consultation:
 - Copies or originals of all your statements for financial investments (IRAs, 401ks, brokerage accounts, savings, etc.)
 - Birthdays and SSN's of who you want as your beneficiaries
 - Last years tax return

We are glad to have the opportunity to work with you to help you achieve your financial success. The strategies we consider are based on each of your investment goals and dreams as well as the market conditions and circumstances. We provide you independent and unbiased advice to help you make the important investment decisions to prepare for your future.

Please do not hesitate to contact us 763-231-9500 if you have any questions or visit us at www.helpingyouinvest.com. We look forward to seeing you soon.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Social Security #: _____ Birthdate: _____

Driver's License #: _____ Exp. Date: _____

Has DL been verified? _____

Home Phone: (____) _____ Cell Phone: (____) _____

Gross Income: _____ Net Income: _____

Your Yearly Expenses: _____ Dependents _____

Employer: _____ Occupation: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____

Spouse's Information (check if single divorced)

Name: _____

Social Security #: _____ Birthdate: _____

Driver's License #: _____ Exp. Date: _____

Has DL been verified? _____

Gross Income: _____ Net Income: _____

Employer: _____ Occupation: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____

Children's Information

<i>Name</i>	<i>Birthdate</i>	<i>Social Security #</i>	<i>Grade</i>

Will your children attend college? _____ YES _____ NO

What percent of your children's education do you plan to pay for? _____

What have you saved to this point for college? _____

Who would you like as a beneficiary on your accounts if not your kids?

<i>Name</i>	<i>Birthdate</i>	<i>Social Security #</i>	<i>Percentage</i>

Business Ownership Information

Do you own or plan to own a business? _____ YES _____ NO

- *If no, please skip ahead to the next section*

Business Name: _____

Number of years in business: _____ Nature of Business : _____

Business Value: \$ _____

Value Determined by:

- Owner Estimate
- Book Value
- Capitalization of Earnings
- Combination Method

Type of Business Ownership:

- C Corporation
- S Corporation
- Sole Proprietorship
- Partnership
- LLC
- Other _____

Does your business own key person life insurance? _____ YES _____ NO

If yes, please name the insured _____

Assets Information

Please write in value of asset

<input type="checkbox"/> Home
<input type="checkbox"/> Rental Property
<input type="checkbox"/> Vacation Property
<input type="checkbox"/> Motor Vehicles
<input type="checkbox"/> Checking Accounts
<input type="checkbox"/> Savings Accounts
<input type="checkbox"/> Safe Deposit Box
<input type="checkbox"/> Taxable Brokerage Accounts
<input type="checkbox"/> Taxable Stocks
<input type="checkbox"/> Stock Options
<input type="checkbox"/> Taxable Bonds or Mutual Funds
<input type="checkbox"/> CD's
<input type="checkbox"/> Inheritance
<input type="checkbox"/> Credit Union Balance
<input type="checkbox"/> Trust Funds
<input type="checkbox"/> Whole Life Insurance

Retirement Plans

Please write in value of asset

<input type="checkbox"/> 401k , 403b, or 457 Plans
<input type="checkbox"/> ESOP (Employee Stock Options Plan)
<input type="checkbox"/> TSA's (Tax-Sheltered Annuities)
<input type="checkbox"/> Profit Sharing Plan
<input type="checkbox"/> Pension Plan
<input type="checkbox"/> Traditional IRA or Roth IRA
<input type="checkbox"/> SEP IRA or Roth IRA
<input type="checkbox"/> Deferred Compensation Plans
<input type="checkbox"/> Variable Universal Life Insurance (VUL)

Industry/Affiliation

If you or any member of your immediate family employed by a bank, insurance company, investment advisor or broker/ dealer please indicate name and firm below:

Employee/Relative other Financial Institution: _____

Employee/Relative other Securities Firm: _____

Relative of LPL Rep/Employee: _____

If you or any member of your immediate family has been a corporate officer, director or owner of 10% or more of any public corporation within the past three months, please indicate the name of that Corporation: _____

Liabilities Information

Please write in value of liability and interest rate

Interest Rate

<input type="checkbox"/> Home Mortgage	
<input type="checkbox"/> Second Mortgage or Line of Credit	
<input type="checkbox"/> Credit Cards	
<input type="checkbox"/> Personal Loans	
<input type="checkbox"/> Insurance Loans	
<input type="checkbox"/> Brokerage Account Margin Loan	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Student Loan Balances	
<input type="checkbox"/> Vehicle Loans	
<input type="checkbox"/> Mortgages on Vacation Home(s)	
<input type="checkbox"/> Loan on 401(k) plan	
<input type="checkbox"/> Other	

Do you currently receive any social security benefits? _____ YES _____ NO

If so, what amount are you receiving? _____

What is your future social security amount? _____

What age do you want to retire? _____ Spouse? _____

How much income do you want when you retire? _____

Do you have term life insurance? _____ YES _____ NO

If YES _____ length of term _____ Death Benefit _____ Yearly Premium

Do you have a current will? _____ YES _____ NO

Do you have a Living Trust? _____ YES _____ NO

Are you the beneficiary of any trusts? _____ YES _____ NO

Are you concerned about possible Nursing Home expenses? _____ YES _____ NO

Risk Assessment Evaluation

Please Answer True or False.

Protecting the money I have is my highest priority. T F

I prefer an investment strategy that's designed to grow steadily and avoid volatility. T F

To meet my financial goals, my investments must grow at a high rate of return. T F

In the event of an extended down market, I am unwilling to allow for several years to recover from losses. T F

Which of the following is your primary financial goal?

Wealth Preservation _____

Retirement Planning _____

Wealth Accumulation _____

What is your time frame for you to achieve your financial goals?

0 – 5 Years _____

5 – 10 Years _____

10 Years or longer _____

You just received a windfall of \$50,000. How would you invest it?

_____ I'd invest in something that offered moderate current income, and was very conservative

_____ I'd invest in something that offered high current income, with a moderate amount of risk

_____ I'd invest in something that offered high total return with a moderately high amount of risk

_____ I'd invest in something that offered substantial capital appreciation, with a high level of risk

Which best describes your attitude about investments outside the U.S.?

_____ Unsure.

_____ I believe the U.S. economy and foreign markets are interdependent.

_____ I believe overseas markets provide attractive investment opportunities.

Is there anything happening in your life right now that could impact your financial future?

_____ YES Please Explain _____

_____ NO

Are there others for whom you have assumed some financial responsibility?

_____ YES Please Explain _____

_____ NO

If you had all the money you would ever need right now, what would you do differently?

Please pick one of the following that you would be comfortable with:

_____ Investment G is expected to have a return of 7%, although there is a slight chance that the investment will lose value over the next year

_____ Investment H is expected to have a return of 10%, although there is a moderate chance that the investment will lose value over the next year

_____ Investment I is expected to have a return of 13%, although there is a substantial chance that the investment will lose value over the next year

What is the one thing you would like to change about your money or investments?

Ten years from now, where would you like to be financially?

Is there anything else we should know?

Indicate which objective best reflects your goals:

_____ **Income with Capital Preservation:** Designed as a longer term accumulation account, this is the most conservative investment objective. Emphasis is placed on generation of current income and prevention of capital loss.

_____ **Income with Moderate Growth:** Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.

_____ **Growth with Income:** Emphasis is placed on modest capital growth with some focus on generation current income.

_____ **Growth:** Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.

_____ **Aggressive Growth:** Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

_____ **Trading:** Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

Risk Assessment Evaluation

INCOME:

< 25K
25K – 49K
50K – 99K
100K – 249K
250K – 499K
500K – 749K
750K – 999K
1,000,000 & over

NET WORTH:

< 25K
25K – 49K
50K – 99K
100K – 249K
250K – 499K
500K – 749K
750K – 999K
1,000,000 & over

LIQUID:

< 25K
25K – 49K
50K – 99K
100K – 249K
250K – 499K
500K – 749K
750K – 999K
1,000,000 & over

ACCOUNT:

< 25K
25K – 49K
50K – 99K
100K – 249K
250K – 499K
500K – 749K
750K – 999K
1,000,000 & over

TAX BRACKET: %

PREVIOUS INVESTING:

1 – 5 Years
6 – 11 Years
12 – 20 Years

TYPES OF ACCOUNT:

_____ Margin
_____ Stocks
_____ Options
_____ Mutual Funds
_____ Bonds
_____ Partnerships
_____ Other, Please explain: