



10 Inverness Drive East, Ste. 229
Centennial, CO 80112

Investment Profile Questionnaire

This comprehensive, personal financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future. At Financial Foundation Group, our goal is to help you make the right decisions for your financial future. The information you provide in this questionnaire will assist us in making prudent recommendations with confidence. *Please fill it out to the best of your ability; we do not expect it to be perfect.* We understand some sections may need a discussion with us before filling out.

BASIC INFORMATION:

Your Name	Spouse's Name	Age(s)	Birth date(s)
Children's Names	Age(s)	Birth date(s)	
Children's Names	Age(s)	Birth date(s)	
Children's Names	Age(s)	Birth date(s)	
Children's Names	Age(s)	Birth date(s)	
Residence Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone(s)	E-mail Address(s)	
Do you have a Linked In or Twitter Account?		How did you hear about FFG?	

OCCUPATION:

Your Job Title	Employer (last, if retired)	# of Years	Retirement Date
Spouse's Job Title	Employer (last, if retired)	# of Years	Retirement Date

FAMILY INCOME:

ANNUAL INCOME	Primary	Secondary
Employment (wages, salaries, bonuses)	\$ _____	\$ _____
Self-employment/business income	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Other government benefits	\$ _____	\$ _____
Other income – taxable _____	\$ _____	\$ _____
Other income – nontaxable _____	\$ _____	\$ _____
Total annual income	\$ _____	\$ _____

COMBINED TOTAL ANNUAL INCOME \$ _____

COMBINED TAKE HOME INCOME \$ _____

MONTHLY FAMILY EXPENSES:

Fixed: _____ Variable: _____ Total: _____

House: \$ _____ Est Market Value \$ _____ Mortgage(s) \$ _____ Equity _____ % Loan Rate \$ _____ Payment \$ _____ Additional?

How long do you plan to stay in this house? _____

Have/Would you consider a reverse mortgage as a retirement income tool? Yes No Uncertain

Comments: _____

Would you like to be introduced to a trusted reverse mortgage consultant to learn more? Yes No Uncertain

GENERAL:

Are you anticipating any major lifestyle changes? Yes No Uncertain

(i.e., marriage, divorce, retirement, moving, etc.)

If so, what changes are you expecting? _____

Are you comfortable with your current cash flow? Yes No Uncertain

Do you anticipate any significant changes in your cash flow? Yes No Uncertain

Do you anticipate any major expenditures in the near future? Yes No Uncertain

If so, what expenditures are you expecting? _____

Do you expect to be supporting anyone that may affect your financial situation? Yes No Uncertain

If Yes, please provide details: _____

PROTECTION / INSURANCE:

Do you have adequate medical coverage? Yes No Uncertain

Do you have enough life insurance? Yes No Uncertain

Amount: _____ Premium: _____

Do you have long-term care coverage? Yes No Uncertain

Do you have any current health problems? Yes No Uncertain

Do you have an emergency fund (money set aside in the bank)? Yes No Uncertain

Amount: _____ Monthly Contribution: _____

ESTATE PLANNING:

- Do you have updated/adequate wills? Yes No Uncertain
- Have you established any trusts? Yes No Uncertain
- Will you be receiving a significant inheritance? Yes No Uncertain
- Have you adequately considered estate taxes? Yes No Uncertain
- Have you provided adequate estate liquidity for your heirs? Yes No Uncertain
- Would you like to be referred to a trusted estate planning attorney? Yes No Uncertain

GOALS:

What are your major objectives for your investments?

- Current income Retirement / Future income Capital / Principal Preservation
- Outpacing Inflation / Potential Higher Returns Tax Managed Strategies Liquidity Prior to Age 59½
- Building Wealth For Heirs Life Insurance Planning LTC Planning College Funding _____%

Desired Retirement Age? _____ Desired Retirement After Tax Income in Today’s Dollars? _____ Include Medicare?

Will You Have Pension Income? _____ Would You Prefer Pension-Like Retirement Income? _____

Retirement Hopes / Plans / Desires: _____

Plan Until Ages: _____ Biggest Retirement Fear(s): _____

Please keep in mind while filling out the following section that there is no perfect investment that will take care of every aspect listed below. Please be realistic and prioritize your goals as best as possible. Thank you.

Investment Goals	Lowest Priority					Highest Priority				
Return should exceed inflation rate	1	2	3	4	5	6	7	8	9	10
Principal should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax-free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10

Realistically Describe Your Ideal Investment: _____

QUESTIONS:

Please list any questions you may have or additional topics you would like to discuss: _____

Client Signature _____

Date _____

Print Name _____

Client Signature _____

Date _____

Print Name _____

Thank You!