Rather complete this online?
Use our website!

tvamp.net/your-profile

confidential profile

We are excited to get to know you!

Your Name: ______________________________

Co-Client/Spouse Name: ______________________________

Date Completed: ______________________________

How did you hear about TVAMP?

____

Briefly describe why you are seeking financial advice:

____

your personality

Compared to others, how would you describe yourself?

Client

Not Competitive	1	2	3	4	5	*Very Competitive*
Avoiding Conflict	1	2	3	4	5	*Confrontational*
Relaxed	1	2	3	4	5	*Anxious*
Decisive	1	2	3	4	5	*Indecisive*
Not Sociable	1	2	3	4	5	*Sociable*
Pessimistic	1	2	3	4	5	*Optimistic*
Carefree	1	2	3	4	5	*Responsible*

Co-Client/Spouse

Not Competitive	1	2	3	4	5	*Very Competitive*
Avoiding Conflict	1	2	3	4	5	*Confrontational*
Relaxed	1	2	3	4	5	*Anxious*
Decisive	1	2	3	4	5	*Indecisive*
Not Sociable	1	2	3	4	5	*Sociable*
Pessimistic	1	2	3	4	5	*Optimistic*
Carefree	1	2	3	4	5	*Responsible*

your life

List three things you enjoy doing in your free time: (Volunteering, traveling, family meals, watching movies, camping, etc.)

____

Which things do you value most in life? (Experiences, giving, family, friends, etc.)

____

What would you regret <u>not</u> doing while you were alive?

____

Are there any causes or charities you are passionate about?

____

What is your single greatest financial concern?

____

your situation

If something happened to you, would someone be able to pull together all your important information?

☐ Yes ☐ No ☐ Somewhat

Would they know who to contact regarding your financials? ☐ Yes ☐ No ☐ Not sure

Who is your most trusted contact and why? ____

Who handles the finances in your relationship? ☐ Client ☐ Co-Client/Spouse ☐ Both

Do you and your partner have different visions of your retirement years? ☐ Yes ☐ No ☐ Somewhat

your goals & expectations

What financial goals do you have for the next 1 - 2 years? (New car, retire, kitchen renovation, pay off home)

____

What financial goals do you have for the next 3 - 5 years? (Reducing taxes, building a home, saving more for retirement)

____

What financial goals do you have for the next 5 - 10 years? (Send children to college, leaving money to charity)

____

If you could paint a picture of the perfect financial situation, what would it look like?

____

Describe what you do <u>not</u> want to happen with your money:

____

What do you expect from your financial advisor and/or what would make our relationship successful?

____

Do you have an investing philosophy?

____

How many years of experience do you have with investing? _________

Please estimate your investment risk tolerance (on a scale from 1-10, with 1 being low) __________

personal information

	Client	Co-Client/Spouse
Full Name		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email		
Birthday		
Social Security #		
Employer		
Position/Title		
Years Employed		

Desired retirement age: Client _________ Co-Client/Spouse _________

Primary contact during business hours: ________________________________

Preferred Method of Contact ☐ E-mail ☐ Phone ☐ Cell Phone

family

Immediate family members and/or any extended family you are particularly close to (these can be your beneficiaries).

Name	Relationship	Birthdate	Social Security #	M/F	Spouse name

income

	Employment	Pension	Social Security	Rental	Other
Client	$	$	$	$	$
Co-Client/ Spouse	$	$	$	$	$

assets

Client	Value	Co-Client/ Spouse	Value
401(k)	$	401(k)	$
	Annual Contribution: $ or %		*Annual Contribution: $ or %*
	Employer Contribution: $ or %		*Employer Contribution: $ or %*
IRA	$	IRA	$
	Annual Contribution: $		*Annual Contribution: $*
Roth IRA	$	Roth IRA	$
	Annual Contribution: $		*Annual Contribution: $*
529	$	529	$
	Annual Contribution: $		*Annual Contribution: $*
Non-Retirement	$	Non-Retirement	$
	Annual Contribution: $		*Annual Contribution: $*
Checking	$	Checking	$
Savings	$	Savings	$
Annuities	$	Annuities	$

Primary Residence	$	Primary Residence	$
Real Estate	$	Real Estate	$
Real Estate	$	Real Estate	$
Other	$	Other	$

living expenses

	Pre-retirement (Current)	Post-Retirement (Estimated)
Combined Living Expenses	$	$

liabilities

	Estimated Current Balance	Interest Rate	Term	Monthly Payment
Mortgage	$	%		$
Auto 1	$	%		$
Auto 2	$	%		$
Credit Card(s)	$	%		$
Student Loan	$	%		$
Other Loan: __________	$	%		$
Other Loan: __________	$	%		$

insurance & estate

Please put check marks on the coverage / documents you have:

Client

- ☐ Disability Coverage
- ☐ Personal Liability Coverage
- ☐ Life Insurance
  - ☐ Personal
  - ☐ Group
- ☐ Long Term Care
  - ☐ Personal
  - ☐ Group
- ☐ Will
- ☐ Power of Attorney
- ☐ Living Will
- ☐ Trust

Co-Client/Spouse

- ☐ Disability Coverage
- ☐ Personal Liability Coverage
- ☐ Life Insurance
  - ☐ Personal
  - ☐ Group
- ☐ Long Term Care
  - ☐ Personal
  - ☐ Group
- ☐ Will
- ☐ Power of Attorney
- ☐ Living Will
- ☐ Trust

your professionals

Please list your trusted professionals:

Client	Co-Client/Spouse
CPA: ______________________________________	CPA: ____
Attorney: __________________________________	Attorney: ______________________________________
Insurance Agent: ___________________________	Insurance Agent: _______________________________

Thank You!

We are delighted you chose TVAMP to be a part of your financial planning journey.

These documents would be helpful for us to see as we work together to review your overall financial position.
Please bring them to our meeting:

- Investment and Retirement Account Statement(s)
- Most recent income tax return
- Social Security statements
- Insurance/Annuity Contracts
- Most recent payroll statement(s)
- Loan agreements
- Estate Docs (Wills, POAs, Trusts, etc.)