Date: ____________________

RAYMOND JAMES®

Confidential Client Profile

Name: ____________________ Name: ____________________
Date of Birth: ____________________ Date of Birth: ____________________
Address: ____________________
Phone: ____________________ Phone: ____________________
Cellphone: ____________________ Cellphone: ____________________
E-mail: ____________________ E-mail: ____________________
Occupation: ____________________ Occupation: ____________________
Employer: ____________________ Employer: ____________________
Business Phone: ____________________ Business Phone: ____________________

Dependents (including elderly parents)

Name: ____________________ Name: ____________________
Date of Birth: ____________________ Date of Birth: ____________________
Name: ____________________ Name: ____________________
Date of Birth: ____________________ Date of Birth: ____________________

Advisors

Banker: ____________________ Bank: ____________________
Financial Advisor: ____________________ Firm: ____________________
Attorney: ____________________ Firm: ____________________
Accountant: ____________________ Firm: ____________________
Insurance Agent: ____________________ Firm: ____________________

Short-Term Assets

Checking Account(s) $ ____________ Savings Account(s) $ ____________
Money Market Account(s) $ ____________ Certificates of Deposit (CDs) $ ____________

Investment Assets

Brokerage Account(s) $ ____________ Other Investment Account(s)
Annuities $ ____________ (not at a brokerage firm) $ ____________

Real Estate and Other Debt

Mortgage $ ____________ Other Mortgage/Home Equity Credit $ ____________
Credit Card Debt $ ____________ Auto Loan(s) $ ____________

Business Ownership

Business Interest(s) $ ____________ Type ____________________

Lifestyle

Monthly income $ ____________________

Desired monthly lifestyle expenses $ ____________________

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

Do you anticipate any major expenditures within the next 12 months? ❑ Yes ❑ No

Investment Planning

Do you have an Investment Policy Statement (IPS)? ❑ Yes ❑ No

Retirement Assets/Goals

Are you on track with your retirement goals? ❑ Yes ❑ No

At what age are you planning to retire? ______________

IRA(s) $ ______________

Employer's retirement plan – 401(k), 403(b) $ ______________

Assets held at previous employer(s) – 401(k), 403(b) $ ______________

Education Planning

Are you saving for your children and/or grandchildren's college education? ❑ Yes ❑ No

Protection Planning

Do you have life insurance? ❑ Yes ❑ No

Are you concerned about your cash flow if you become disabled? ❑ Yes ❑ No

Do you or anyone in your family have concerns about elderly care? ❑ Yes ❑ No

Do you have medical coverage? ❑ Yes ❑ No

Do you have personal liability coverage? ❑ Yes ❑ No

Do you have long-term care insurance? ❑ Yes ❑ No

Estate Planning/Gifting

Do you have a will(s)? ❑ Yes ❑ No

Have you established any trusts? ❑ Yes ❑ No

Is proper titling a concern? ❑ Yes ❑ No

Do you have an estate plan? ❑ Yes ❑ No

Have you reviewed your beneficiaries within the last 3 years? ❑ Yes ❑ No

Will you be receiving a significant inheritance? ❑ Yes ❑ No

Are you the beneficiary of any trusts? ❑ Yes ❑ No

Do you have a desire to make gifts in the future? ❑ Yes ❑ No

Please rate the importance of the following items (1 = Most important, 2 = Somewhat important, 3 = Not important)

_____ Portfolio Review
_____ Retirement Income
_____ Estate Planning
_____ Saving for Retirement
_____ Tax Planning
_____ College Planning
_____ Personal Protection Planning
_____ Business Protection Planning
_____ Saving for a Goal (e.g., vacation home)
_____ Budgeting/Cash Flow Control
_____ Charitable Giving
_____ Wealth Transfer

Is there anything specific that you would like to discuss?____

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