AMERICAN WEALTH MANAGEMENT®

In Preparation for Our First Meeting

570 Hammill Lane
Reno, NV 89511
775.332.7000 Phone
800.288.2772 Toll Free
775.332.7010 Fax

In our first visit with you there are two objectives

1. You need to learn about us — so you can decide if we are the right financial advisor for you. We want to make sure that you understand what we do, how we work and what the benefits to you would be of choosing American Wealth Management as your "financial coach." We will try to answer any questions you may have about working with us, the costs involved and what your experience with us would be like.

2. We need to learn about you — in order to determine how we might best serve you. We'll want to know about your financial circumstances, your goals, your values, your concerns and what you want out of an advisory relationship. Since you play an important role in the process, we also want to make sure you understand your responsibilities if our relationship is to be a success. For starters, we ask you to complete and return this form to us before we meet.

Since our initial visit will be used by both of us to learn about the other and no substantial financial advice will be offered by us, there will be no charge for this first meeting (which should last for about 90 minutes). To facilitate our conversation and make our time together as productive as possible, please take a few moments to provide us with the following information:

Overview Questionnaire

Please describe your primary financial concerns. Why are you looking for a financial advisor?

What are you looking for in an advisor? What would a good relationship look like?

Referred by:

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Basic Information about you

	You	Spouse / Partner
Full Name		
Name You Prefer We Use		
Social Security Number		
Birthdate		
Cell Phone		
Home Address		
Home Phone		
Home Email		
Home Fax / Web page		
Mailing Address		
Employer		
Title/Position		
Work Address		
Work Phone		
Work Email		
Work Fax		
Preferred Way for Us to Contact You	O Cell Phone O Home Phone O Home Email	O Work Phone O Work Email

Marriage Anniversary	Prior Marriages for You	Prior Marriages for Spouse
Alimony	You?	Spouse / Partner?

Dependent Children/Grandchildren & Ages

First, Middle Initial, Last Name	Social Security Number	Birthdate	Dependent Until Age

Education Planning

Existing College Savings? O Yes O No	Percent of College Costs Plan to Pay %

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To give us an overview of your financial situation, please give us your best estimate of

Family Balance Sheet

Assets	
Investments (non-retirement)	
Cash in bank or money market accounts	$
Stocks/bonds/mutual funds	$
Bonds	$
Mutual Funds	$
Other	$
Investments (retirement)	
IRA	$
401(k)	$
403(b)	$
Profit Sharing	$
Deferred Compensation	$
Annuities	$
Other	$
Business	$
Real Estate	$
Other	$
Total	**$**

Liabilities	
Short-term	
Credit Cards	$
Notes	$
Car loans	$
Margin debt or investment loans	$
Other	$
Long-term	
Home (mortgage)	$
Business	$
Additional Property	$
Other	$
Total	**$**

Family Income Statement

Annual income	You
Salary	$
Bonuses	$
Social Security	$
Pension	$
Interest & Dividends	$
Gift & Trust Income	$
Rental Income (net of expenses)	$
Other	$
Total	**$**

Annual income	Spouse/Partner
Salary	$
Bonuses	$
Social Security	$
Pension	$
Interest & Dividends	$
Gift & Trust Income	$
Rental Income (net of expenses)	$
Other	$
Total	**$**

Annual Expenses

Mortgage	$
Other Fixed Obligations	$
Variable Expenses	$
Total	**$**

Annual Savings

Retirement Plan Contributions	$
College Savings	$
Other Savings	$
Total	**$**

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Protection Planning Insurance

Check box if you have the following	You	Spouse/Partner
Life	O	O
Health	O	O
Is Employer providing health insurance during retirement?	O	O
Long-term Care	O	O
Disability	O	O
Home owners	O	O
Auto	O	O
Umbrella	O	O
Business	O	O

Estate Planning

Check the box if you have any of the following	You	Spouse/Partner
Will	O	O
Revocable Living Trust	O	O
Irrevocable Life Insurance Trust	O	O
Durable General Power of Attorney	O	O
Living Will	O	O

Personal Advisors

Attorney	Name	Firm
Accountant	Name	Firm
Insurance Agent	Name	Firm

Please bring the following documents to our meeting:

Income - Both spouses' tax returns from the previous two years and most recent month's pay stub(s)

Retirement plans - 401 (k), Keogh, SEP, IRA, RRSP, TSA, and other statements

Saving accounts - Statements for bank accounts, money market funds, CDs, etc.

Brokerage accounts - Statements for stocks, bonds, mutual funds

Insurance - Policies/contracts for life insurance, disability insurance, annuities

Real Estate - Residence, vacation ownership, investment property (appraisals, loan information, statements)

Business owner's balance sheets, P&L Statements - current and previous four years, buy/sell agreements, etc.

Expected inheritances

Social Security statements

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Financial Satisfaction Survey

Your Name   Date

Please note: if there are two of you, print out two copies so you each can complete your own Financial Satisfaction Survey

Directions: The statements below will help you think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement (scoring between 1 and 5, with 5 being "very satisfied" and 1 being "not satisfied"). Please add the numbers and record the total.

I am satisfied ....

Not Satisfied		Somewhat Satisfied		Very Satisfied
1	2	3	4	5

Cash Flow Management	
1. …with my ability to meet my financial obligations.	
2. ... with the income my current job or career provides me.	
3. ... with my spending habits.	
4. …with the level of debt that I carry.	
5. …with the "extras" that I am able to buy for myself and/or loved ones.	
Risk Management / Investments / Benefits	
6. ... with the amount and types of insurance protection I currently have.	
7. ... with the amount of money that I save and invest on a regular basis.	
8. ... with my current investment choices.	
9. … that I am on track to satisfy my retirement accumulation needs.	
10. ... with the level and quality of employer/government benefits I receive.	
Management / Estate / Education	
11. ... with my personal bookkeeping and financial records management.	
12. ... with my ability to provide financial help to family members.	
13. ... with my estate plan.	
14. ... with my level of charitable giving.	
15. ... with my current level of financial education.	
Qualitative Issues	
16. ... with how I respond emotionally to difficult financial circumstances.	
17. …with my ability and willingness to communicate about my finances.	
18. ... with the level of satisfaction I have with my financial situation.	
19. ... that financial issues do not cause stress or strain in the relationships.	
20. ... with the working relationships I have with my financial professionals.	
Total Score (Maximum score is 100)	

Please fax this completed form to us before our meeting. Fax: 775-332-7010 or Email: info@financialhealth.com