



## 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?

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

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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 | <input type="radio"/> Cell Phone <input type="radio"/> Work Phone<br><input type="radio"/> Home Phone <input type="radio"/> Work Email<br><input type="radio"/> Home 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? <input type="radio"/> Yes <input type="radio"/> 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                                |           | Liabilities                     |           |
|---------------------------------------|-----------|---------------------------------|-----------|
| <b>Investments (non-retirement)</b>   |           | <b>Short-term</b>               |           |
| Cash in bank or money market accounts | \$        | Credit Cards                    | \$        |
| Stocks/bonds/mutual funds             | \$        | Notes                           | \$        |
| Bonds                                 | \$        | Car loans                       | \$        |
| Mutual Funds                          | \$        | Margin debt or investment loans | \$        |
| Other                                 | \$        | Other                           | \$        |
| <b>Investments (retirement)</b>       |           | <b>Long-term</b>                |           |
| IRA                                   | \$        | Home (mortgage)                 | \$        |
| 401(k)                                | \$        | Business                        | \$        |
| 403(b)                                | \$        | Additional Property             | \$        |
| Profit Sharing                        | \$        | Other                           | \$        |
| Deferred Compensation                 | \$        | <b>Total</b>                    | <b>\$</b> |
| Annuities                             | \$        |                                 |           |
| Other                                 | \$        |                                 |           |
| Business                              | \$        |                                 |           |
| Real Estate                           | \$        |                                 |           |
| Other                                 | \$        |                                 |           |
| <b>Total</b>                          | <b>\$</b> |                                 |           |

### Family Income Statement

| Annual income                   |           | Annual income                   |           |
|---------------------------------|-----------|---------------------------------|-----------|
| You                             |           | Spouse/Partner                  |           |
| Salary                          | \$        | Salary                          | \$        |
| Bonuses                         | \$        | Bonuses                         | \$        |
| Social Security                 | \$        | Social Security                 | \$        |
| Pension                         | \$        | Pension                         | \$        |
| Interest & Dividends            | \$        | Interest & Dividends            | \$        |
| Gift & Trust Income             | \$        | Gift & Trust Income             | \$        |
| Rental Income (net of expenses) | \$        | Rental Income (net of expenses) | \$        |
| Other                           | \$        | Other                           | \$        |
| <b>Total</b>                    | <b>\$</b> | <b>Total</b>                    | <b>\$</b> |

### Annual Expenses

|                         |           |
|-------------------------|-----------|
| Mortgage                | \$        |
| Other Fixed Obligations | \$        |
| Variable Expenses       | \$        |
| <b>Total</b>            | <b>\$</b> |

### Annual Savings

|                               |           |
|-------------------------------|-----------|
| Retirement Plan Contributions | \$        |
| College Savings               | \$        |
| Other Savings                 | \$        |
| <b>Total</b>                  | <b>\$</b> |



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### Protection Planning Insurance

| Check box if you have the following                       | You                   | Spouse/Partner        |
|---|-----------------------|-----------------------|
| Life  | <input type="radio"/> | <input type="radio"/> |
| Health  | <input type="radio"/> | <input type="radio"/> |
| Is Employer providing health insurance during retirement? | <input type="radio"/> | <input type="radio"/> |
| Long-term Care  | <input type="radio"/> | <input type="radio"/> |
| Disability  | <input type="radio"/> | <input type="radio"/> |
| Home owners   | <input type="radio"/> | <input type="radio"/> |
| Auto  | <input type="radio"/> | <input type="radio"/> |
| Umbrella  | <input type="radio"/> | <input type="radio"/> |
| Business  | <input type="radio"/> | <input type="radio"/> |

### Estate Planning

| Check the box if you have any of the following | You                   | Spouse/Partner        |
|--|-----------------------|-----------------------|
| Will   | <input type="radio"/> | <input type="radio"/> |
| Revocable Living Trust                         | <input type="radio"/> | <input type="radio"/> |
| Irrevocable Life Insurance Trust               | <input type="radio"/> | <input type="radio"/> |
| Durable General Power of Attorney              | <input type="radio"/> | <input type="radio"/> |
| Living Will                                    | <input type="radio"/> | <input type="radio"/> |

### 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

**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.                     |  |  |  | <input type="checkbox"/> |
| 2. ... with the income my current job or career provides me.                |  |  |  | <input type="checkbox"/> |
| 3. ... with my spending habits.   |  |  |  | <input type="checkbox"/> |
| 4. ...with the level of debt that I carry.                                  |  |  |  | <input type="checkbox"/> |
| 5. ...with the "extras" that I am able to buy for myself and/or loved ones. |  |  |  | <input type="checkbox"/> |

**Risk Management / Investments / Benefits**

|   |  |  |                          |                          |
|---|--|--|--------------------------|--------------------------|
| 6. ... with the amount and types of insurance protection I currently have.    |  |  |                          | <input type="checkbox"/> |
| 7. ... with the amount of money that I save and invest on a regular basis.    |  |  |                          | <input type="checkbox"/> |
| 8. ... with my current investment choices.                                    |  |  |                          | <input type="checkbox"/> |
| 9. ... that I am on track to satisfy my retirement accumulation needs.        |  |  |                          | <input type="checkbox"/> |
| 10. ... with the level and quality of employer/government benefits I receive. |  |  | <input type="checkbox"/> | <input type="checkbox"/> |

**Management / Estate / Education**

|  |  |  |                          |                          |
|--|--|--|--------------------------|--------------------------|
| 11. ... with my personal bookkeeping and financial records management. |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. ... with my ability to provide financial help to family members.   |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ... with my estate plan.   |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. ... with my level of charitable giving.                            |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. ... with my current level of financial education.                  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |

**Qualitative Issues**

|   |  |  |                          |                          |
|---|--|--|--------------------------|--------------------------|
| 16. ... with how I respond emotionally to difficult financial circumstances.      |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. ...with my ability and willingness to communicate about my finances.          |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. ... with the level of satisfaction I have with my financial situation.        |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. ... that financial issues do not cause stress or strain in the relationships. |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. ... with the working relationships I have with my financial professionals.    |  |  | <input type="checkbox"/> | <input type="checkbox"/> |

**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](mailto:info@financialhealth.com)