



ENDOWMENT
WEALTH MANAGEMENT®

Client Information
Worksheet

2200 N. Richmond St., Suite 200

Appleton, WI 54911

Phone: 920-785-6010 Fax: 920-227-0521

www.EndowmentWM.com

How did you hear about Endowment Wealth Management, Inc.? _____

Client Information

Client

Legal Name: _____

SS#: _____ DOB: _____

Drivers Lic#: _____

Co-Client

Legal Name: _____

SS#: _____ DOB: _____

Drivers Lic#: _____

Contact Information

Home Address: _____

Home Phone: _____

Client Cell: _____

Client E-Mail: _____

Mail Address: _____

(If different) _____

Years at address: _____

Fax: _____

Co-Client Cell: _____

Co-Client E-Mail: _____

Employment Information

Client

Job Title: _____

Employer: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Co-Client

Job Title: _____

Employer: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Children/Dependents

-
- | | |
|-----------------------------------|--|
| 1. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |
| 2. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |
| 3. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |
| 4. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |

Grandchildren

-
- | | |
|-----------------------------------|--|
| 5. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |
| 6. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |
| 7. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |
| 8. Full Name: _____
SS#: _____ | Birth Date: _____
Sex: _____ Age: _____ |

Annual Income Information

Client

 Annual Salary: _____
 Other income: _____

 Annual Distribution
 from business: _____

Co-Client

 Annual Salary: _____
 Other income: _____

 Annual Distribution
 from business: _____

Other Significant
 Annual Income: _____
 Please describe source: _____

Other Significant
 Annual Income: _____
 Please describe source: _____

Investment Experience

Client

Investment Experience:
 (Check One)

- None
- Limited Experience
- Experienced
- Very Experienced

Co-Client

Investment Experience:
 (Check One)

- None
- Limited Experience
- Experienced
- Very Experienced

Current Investments

List all regular investments you are currently making on a regular basis:

Client

Type: *Monthly Additions*

Retirement Plan: _____
 Mutual Funds: _____
 Other (describe): _____
 Other (describe): _____

Co-Client

Type: *Monthly Additions*

Retirement Plan: _____
 Mutual Funds: _____
 Other (describe): _____
 Other (describe): _____

Personal Goals

1. Retirement Goals

- At what age do you plan to retire?
- Will you sell any significant assets before retirement?
- Monthly pension amount at retirement?
- Pension indexed for inflation?
- What will your Social Security Benefit be?

Client

Co-Client

- What are your retirement goals? _____

2. Education Goals

- What percent of education expenses will you pay for your children? _____
- How much do you expect to pay each school year? _____
- Do you have 529 educational accounts for the children's education? Which ones? _____
- Are you making monthly additions to these accounts? How much? _____

3. Charitable Goals

- Do you have special charitable goals you want to pursue? Please describe.

Would you be interested in learning about a family foundation account? _____

4. Special Purchases or Sales

- Do you have special purchases or sales of property? Please describe.

5. Sale of Business

- Do you plan to sell a business now or in the near future? Please describe.

6. Career Change

- Are you or your spouse contemplating a career change? Please describe.

7. Legal Changes

- Are you or your spouse contemplating any legal changes in your life? Please describe.

8. Investment Changes

- Do you have any specific investments you wish to make or change? Please describe.

9. Other Goals

- Do you have other goals you feel may have an impact on your wealth plan?

Insurance Information

Life Insurance Information (Include Employer Coverage)

<i>Life Ins. Co.</i>	<i>Insured</i>	<i>Permanent or term</i>	<i>Face Amt</i>	<i>Cash Value</i>	<i>Annual Premium</i>	<i>Loan Amt</i>
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1. _____

2. _____

3. _____

4. _____

Primary Beneficiary(ies) on Life Insurance

<u>Name(s)</u>	<u>Relationship</u>	<u>Percent</u>
----------------	---------------------	----------------

1. _____

2. _____

3. _____

4. _____

Contingent Beneficiary(ies) on Life Insurance

	Name(s)	Relationship	Percent
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Disability Insurance

	<u>Client</u>	<u>Co-Client</u>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><i>Short Term</i></th> <th style="width: 50%; text-align: center;"><i>Long Term</i></th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	<i>Short Term</i>	<i>Long Term</i>					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><i>Short Term</i></th> <th style="width: 50%; text-align: center;"><i>Long Term</i></th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	<i>Short Term</i>	<i>Long Term</i>				
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<i>Short Term</i>	<i>Long Term</i>													
Monthly Benefit														
Percent taxable														

Umbrella Liability

Liability Coverage Amt. \$ _____ Cost of coverage? \$ _____

Long-Term Care

Insurance Co.	Insured	Benefit per Day	Annual Premium	Pay to Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Monthly Expense Information

Approximate Monthly Expenses: \$ _____

Mortgage Information

A mortgage typically represents a client's largest expense. Please provide the following:

Primary Residence

Current value of home \$ _____

Original mortgage amount: _____

Balance on mortgage: _____

Monthly principal &
Interests: _____

Interest rate & term: _____

Term left on mortgage: _____

Property Taxes: _____

Additional Residence

Current value of property \$ _____

Original mortgage amount _____

Balance on mortgage _____

Monthly principal &
interest: _____

Interest rate & term: _____

Term left on mortgage: _____

Property Taxes: _____

Home Equity Loan

Original amount \$ _____

Monthly payment _____

Term left on loan _____

Balance on loan _____

Interest rates & term _____

Net Worth Statement as of _____ (date)

Assets

Cash & Equivalents

Cash & Checking \$ _____
 CD's _____
 Money Market Accts _____
 Other _____
Total Cash & Equiv. \$ _____

Invested Assets

Stocks _____
 Bonds _____
 Hedge Funds _____
 Mutual Funds _____
 Life Ins. (cash value) _____
 Limited Partnerships _____
 Business Ventures _____
 Retirement Plan _____
 IRA _____
 Roth IRA _____
 Annuities _____
 Real Estate _____
 Other _____
 Other _____

Total Invested Assets \$ _____

Fixed Assets

Residence \$ _____
 Vacation Home _____
 Automobiles _____
 Jewelry _____
 Personal Property _____
 Other Property _____

Total Fixed Assets \$ _____

TOTAL ASSETS

\$

Liabilities & Net Worth

Liabilities

Mortgage Balance \$ _____
 2nd Mortgage Balance _____
 other Mortgage _____
 Automobile Loans _____
 Credit Card Debt _____
 Education Loans _____
 Personal Loans _____
 Taxes Outstanding _____
 Loan Guarantees _____
 Other Liabilities: _____

Total Liabilities \$ _____

NET WORTH
(Assets less liabilities)

\$

**TOTAL LIABILITIES
& NET WORTH**

\$

Current Advisor

	Name	Company	Address	Phone
Attorney	_____	_____	_____	_____
	_____	_____	_____	_____
Tax Accountant	_____	_____	_____	_____
	_____	_____	_____	_____
Stock Broker	_____	_____	_____	_____
	_____	_____	_____	_____
Financial Planner	_____	_____	_____	_____
	_____	_____	_____	_____
Insurance Agent	_____	_____	_____	_____
	_____	_____	_____	_____

In order for us to provide you with a complete financial planning analysis, we request you bring the following additional documentation to your appointment:

- | | |
|-----------------------|--|
| LEGAL | Estate plans, wills, trust, powers of attorney, healthcare POA, Etc. |
| TAX | Last 2 tax-year returns personal and business |
| EMPLOYMENT | Most recent copy of salary statement and benefit plans |
| INVESTMENTS | Bank statements, mutual fund, brokerage and other statements |
| RETIREMENTS | Social Security, 401 (k), IRA and other retirement plan statements |
| LIFE INSURANCE | Life policies, annuity policies, billing statements |
| MISCELLANEOUS | Any other information you believe is pertinent to your goals |

Are you defendant in any legal action or suits? If so, please describe.

Acknowledgement

I acknowledge that the information provided in this questionnaire is true and correct. Endowment Wealth Management, Inc. shall not be required to verify any information received from me. I understand that Endowment Wealth Management, Inc. will rely on this information when making its recommendations. I retain absolute discretion over all implementation decisions and am free to accept or reject any recommendation from Endowment Wealth Management, Inc. I also acknowledge that I have received the most current Form ADV Part 2A and 2B and Privacy Notice from Endowment Wealth Management, Inc.

Client Signature

DATE

Co-Client Signature

DATE