

CLIENT PROFILE Exhibit B

DATE: _____

PERSONAL DATA (CLIENT 1):

Name: _____ Date of Birth: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

Cell: _____ Work / Fax: _____

Occupation: _____ Employer Name: _____

Work Address: _____

Country of Citizenship: _____ Birth State: _____ Maiden Name: _____

Mother's Maiden Name: _____ Copy of Driver's License

Marital Status: Single Married Divorced Widowed

SPOUSE / JOINT ACCOUNT HOLDER (CLIENT 2):

Name: _____ Date of Birth: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

Cell: _____ Work / Fax: _____

Occupation: _____ Employer Name: _____

Work Address: _____

Country of Citizenship: _____ Birth State: _____ Maiden Name: _____

Mother's Maiden Name: _____ Copy of Driver's License

ACCOUNT BENEFICIARIES:

Name	DOB	SSN	%	Primary or Contingent	Relation
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____

QUESTIONNAIRE:

1. Do you expect to change career within the next five years? Y N

Explain: _____

2. Do you see any major changes in your income within the next two years? Y N

Explain: _____

3. Where do you see yourself in three years?

Explain: _____

4. What are your fears related to your financial future?

Explain: _____

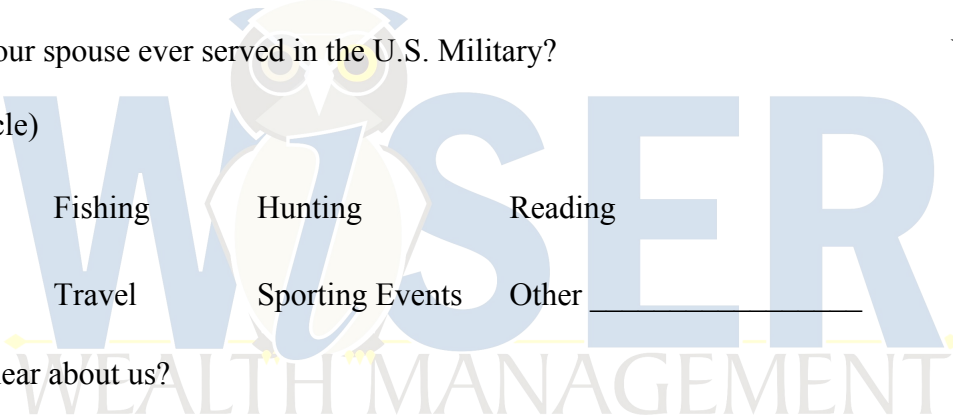
5. Have you recently updated your retirement, life insurance and estate beneficiaries? Y N

6. Have you or your spouse ever served in the U.S. Military? Y N

7. Hobbies? (Circle)

Golf Fishing Hunting Reading
Gardening Travel Sporting Events Other _____

8. How did you hear about us?



FINANCIAL INVENTORY: **Net Worth Statement Attached**

CURRENT SOURCES OF INCOME			
Income	Annual	Monthly	Growth Rate
Salary – Client 1			
Salary – Client 2			
Social Security – Client 1			
Social Security – Client 2			
Pension – Client 1			
Pension – Client 2			
Real Estate			
Business			
Other			

CLIENT 1 - INVESTMENTS			
Investment Type	Institution	Current Value	Annual Additions
Retirement Plans			\$ or %
Employer Match			\$ or %
Traditional IRA			
Roth IRA			
529 Savings Plan			
Annuities			
Cash Value Life Insurance			
Taxable			
Bonds			

CLIENT 2 - INVESTMENTS			
Investment Type	Institution	Current Value	Annual Additions
Retirement Plans			\$ or %
Employer Match			\$ or %
Traditional IRA			
Roth IRA			
529 Savings Plan			
Annuities			
Cash Value Life Insurance			
Taxable			
Bonds			

JOINT ACCOUNTS			
Description	Institution	Current Value	Annual Additions
			\$ or %
			\$ or %

Total: _____

Primary Residence		Business	
Owner		Owner	
Current Value		Current Value	
Growth Rate	%	Growth Rate	%

If selling to fund goals:

Description	Year to Sell			Estimate of Cash Received (after tax)		
	Enter Year	At Retirement		Low	Expected	High
		Client 1	Client 2			
Primary Residence		<input type="checkbox"/>	<input type="checkbox"/>			
Business		<input type="checkbox"/>	<input type="checkbox"/>			

OTHER ASSETS							
Description	Owner			Current Value	Planning to sell this asset?	Year Sell / Received	Cash received (after tax)
	C1	C2	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if needed		

Total: _____

LIABILITIES							
Description	Owner			Current Balance	Monthly Payment	Term	Interest Rate
	C1	C2	Joint				
Personal Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Real Estate 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Real Estate 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
HELOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Automobile 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Automobile 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student Loan 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student Loan 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Credit Card 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Credit Card 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total: _____

Assets: _____

Liabilities: _____

Total Net Worth: _____

RETIREMENT GOALS:

RETIREMENT AGE		
	Client 1 (C1)	Client 2 (C2)
Target Retirement Age	Age: _____	Age: _____
How willing are you to retire later (if necessary) to attain your goals?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Very willing	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Very willing

LIVING EXPENSES		
Importance High Low 10 ← → 1	Description	Target Annual Amount
10	Living Expense	\$ _____ or <input type="checkbox"/> Includes Healthcare

For expenses that end in retirement (i.e. mortgage):

ADJUSTMENTS TO LIVING EXPENSES			
Description	Annual Amount (current dollars)	Year expense will end	Check if amount inflates
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

EXTRAS SAVINGS	
Could you save more to fund your goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, enter the maximum extra amount you could save each year in addition to the amounts above:	\$ <input type="checkbox"/> Use program estimate of 5% of employment income
How willing are you to save more?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Slightly willing <input type="checkbox"/> Very willing

LIFESTYLE GOALS							
Importance High Low ↔ 10 1	Description	Start			Target Amount	How often	How many times
		Year	At retirement				
			C1	C2			
	Medicare supplement		<input type="checkbox"/>	<input type="checkbox"/>			
	Mortgage payoff		<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

COLLEGE / EDUCATION						
Importance High Low ↔ 10 1	Who is attending?	Start Year	No. of Years	Target Amount		Notes - prepaid years - scholarships / loans
				Own estimate or type	Use amount for specific college	

RETIREMENT INCOME:

SOCIAL SECURITY BENEFITS		
	Client 1	Client 2
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving it now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving it now
Amount of benefit / age	\$ <input type="checkbox"/> Use Program Estimate	\$ <input type="checkbox"/> Use Program Estimate
Include Social Security maximization analysis		<input type="checkbox"/>

PART TIME WORK / OTHER RETIREMENT INCOME				
Description	Client 1 (C1)		Client 2 (C2)	
	Monthly Income	Year it ends or no. of years	Monthly Income	Year it ends or no. of years

PENSION INCOME						
Description	Whose pension is it?		Monthly Income	Year it ends or no. of years	% survivor benefit	Check if amount inflates
	Client 1	Client 2				
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

RETIREMENT GOALS:

OTHER INFORMATION			
Description	Client 1	Client 2	Notes
Stock options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Restricted Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deferred Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Small Business Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE			
Description	Client 1	Client 2	Notes / Expiration Date
Group / Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value	\$	\$	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical			
Homeowners			
Flood			
Automobile			
Boat, ATV, RV, etc.			
Personal Property			
Worker's Comp			
Umbrella			
Excess Liability			
Commercial			
Other			

ESTATE PLANNING				
Description	Client 1	Client 2	Reviewed Last?	Notes
Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

RISK ASSESSMENT:



Conservative

Aggressive

FinaMetrica Recommended Risk Score: _____ / _____ Average: _____

CLIENT ACKNOWLEDGEMENT:

I completed the FinaMetrica risk profile online or on paper and agree with the score calculated above. I received a copy of Wisser Wealth Management's disclosure brochure.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Account type: _____ Model Assignment: _____

Account type: _____ Model Assignment: _____

Account type: _____ Model Assignment: _____

Account type: _____ Model Assignment: _____

COMMENTS / NOTES:

CASH FLOW WORKSHEET:

CLIENT NAME: _____ **DATE:** _____

Retirement Cash Flow Schedule:

Financial Plan Monthly Net Income Need:

\$ _____ (A)

Income Source	Current Income Amount Gross / Net	Future Income Amount Gross / Net	Start or end date
Client 1 Social Security			
Client 2 Social Security			

TOTALS: \$ _____ (B) \$ _____

TD Ameritrade Withdrawals:

Account #	Description	Net Tax Amount (A-B)	Start date	End Date

Withholdings:

Federal _____ % State _____ % Recurring Date of Withdrawal _____

Savings Deposit Schedule:

Account #	Description	Amount	Frequency	Start date	End Date

WISER WEALTH - BACK OFFICE