



**Acclaro Wealth Management**

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## PERSONAL INFORMATION

The input format for our software programs is "Client" & "Spouse." The Client's name shows up first in the reports. If there is no preference, list the oldest person as the Client. Please use the sections under the title Spouse for whatever the status of the second client may be (significant other, fiancée, daughter, etc.).

Client's Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Marriage Date?: \_\_\_\_\_

Is Client a U.S. citizen?    Y        N

Is Spouse a U.S. citizen?    Y        N

Client's Birthdate: \_\_\_\_\_

Spouse's Birthdate: \_\_\_\_\_

Client's Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Client's Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Primary Contact:    Client         Spouse

Primary Residence Address: \_\_\_\_\_

For how long?: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Communication?:    Example: Email...etc. \_\_\_\_\_

	Phone Number	Fax Number	Best Time to Call
Residence	(   )	(   )	
Client Business	(   )	(   )	
Spouse Business	(   )	(   )	
Cell/Mobile Phones	(   )	(   )	
Client e-mail addresses	Home: _____	Work: _____	
Spouse e-mail addresses	Home: _____	Work: _____	

**If there is only one Client, please check one box on the first question only.** If Client and Spouse are not married, please check one of each set of boxes (only the Client needs to check a box in the first section):

1) Status for sole client (or client, if two clients):     Single, never married         Widow(er), for \_\_\_\_ years

Separated, probably will be divorced \_\_\_\_\_         Divorced, for \_\_\_\_ years

2) Status for two unmarried clients:     Living together, not engaged         Living together, engaged

Not living together, engaged         Not living together, not engaged (anything other than the first three choices): \_\_\_\_\_

Who does most of the family budgeting and/or money management? Client  Spouse

## FAMILY INFORMATION

List everyone that you consider to be in your immediate family. Family members in an earlier generation (e.g., parents) need not be listed unless they have a significant effect on your financial life (e.g., a parent in a nursing home, or a relative who may gift assets to you upon their passing).

Name	Date of Birth	Male or Female	Relationship to Client or Spouse*	Natural Adopted Stepchild	Dependent (on you for financial support)?
		M F		N A S	Y N
		M F		N A S	Y N
		M F		N A S	Y N
		M F		N A S	Y N
		M F		N A S	Y N
		M F		N A S	Y N
		M F		N A S	Y N
		M F		N A S	Y N

\* Some examples would be: son, granddaughter, mother-in-law, etc.

Note here if you are currently pregnant, or have plans to have additional children: \_\_\_\_\_

Note here if there is any significant health problems with any person listed above: \_\_\_\_\_

## YOUR OTHER CURRENT ADVISORS

ADVISORS	NAME	PHONE	WOULD YOU LIKE A RECOMMENDATION?
Legal Attorney:		( )	Yes No
Accountant:		( )	Yes No
Insurance Agent:		( )	Yes No
Mortgage Broker:		( )	Yes No
Estate Planner:		( )	Yes No

**The more we know about you, the better we can advise you. Feel free to skip any of these questions.**

Do you provide financial support for any members of your extended family (e.g., parents, aunts, uncles, siblings, etc.)? If so, in what way?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Do you anticipate providing support for anyone in the future? If so, how (if with money, how much) and for how long?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

What part do philanthropy and charitable giving play in your value system?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Do you expect to receive any inheritances? If so, please describe:

	Amount	Type of property (e.g., stocks, real estate, etc.)	Benefactor's Age & Relation to You	Is this Written in the Benefactor's Will?	
Client:	\$ _____	_____	_____	Y	N
	\$ _____	_____	_____	Y	N
Spouse:	\$ _____	_____	_____	Y	N
	\$ _____	_____	_____	Y	N

What is the risk of losing your job for any reason: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Any big promotions coming up at work? Client: Y N Spouse: Y N Details: \_\_\_\_\_

Planning to return to college someday? Client: Y N Spouse: Y N Details: \_\_\_\_\_

What are your long term career goals: Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

## OPTIONAL PERSONAL INFORMATION, CONTINUED

How would you live your life if you had all the money you needed?

Client: \_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_  
\_\_\_\_\_

What would you do if you learned you only had five to ten years to live?

Client: \_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_  
\_\_\_\_\_

If you could wave a magic wand and create the perfect life for you and your family, what would it look like?

Client: \_\_\_\_\_  
Spouse: \_\_\_\_\_

What are your primary hobbies and interests?

Client: \_\_\_\_\_  
Spouse: \_\_\_\_\_

Do you or your spouse have any known medical problems? (e.g., high blood pressure, asthma, etc.)?

Client: \_\_\_\_\_  
Spouse: \_\_\_\_\_

What would you most regret if you had just 24 hours to live?

Client: \_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_  
\_\_\_\_\_

How do you feel about passing assets to your heirs?

Client: \_\_\_\_\_  
Spouse: \_\_\_\_\_

During our review three years from now, what will need to have happened between now and then for you to feel satisfied with your progress?

Client: \_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_  
\_\_\_\_\_



# CASH FLOW: INCOME

*Please list all numbers on an annual basis.*

TAXABLE INCOME	2011	Year 2*	Year 3	Inflation
Filing Status: 1-4 (1=S, 2=MJ, 3=MS, 4=HH)				
Number of exemptions on 1040 or W2 form				
Total annual salary & wages - Client	\$	\$	\$	%
Total annual salary & wages - Spouse	\$	\$	\$	
Bonus - Client				
Bonus - Spouse				
Commissions & tips – Client				
Commissions & tips – Spouse				
Other earned income - Client				
Other earned income - Spouse				
Self Employment income - Client				
Self Employment income - Spouse				
Disability income				
Alimony & child support (taxable income to you)				
Trust income				
Pension income (this year, not when you retire)				
Other non-earned income - Client				
Other non-earned income - Spouse				
Real Estate Rental income - Client				
Real Estate Rental income - Spouse				
Social Security income - Client				
Social Security income – Spouse				
<b>MISC. INCOME &amp; CREDIT ITEMS</b>				
Foreign tax credits				
Child care/earned income credit				
Rehab/low income housing credit				

\* If you expect a constant increase, such as 3% each year, please list 3% in the Year 2 column.

## CASH FLOW: FIXED EXPENSES (OTHER THAN BUSINESS OR REAL ESTATE)

When completing this form, please project expenses forward in the year. If the goal is to reduce cash flow expenditures, include numbers that are realistic but also reflect the desire to spend within the family's needs. You should feel comfortable with the amounts listed below, knowing that you can achieve the budgeted numbers.

<b>Expense Description</b>	<b>Monthly Amount -or-</b>	<b>-or- Annual Amount</b>
<b>Automobile Expenses</b>		
Car #1 Payments (please list year, make, & model)		
Car #2 Payments (please list year, make, & model)		
Car #3 Payments (please list year, make, & model)		
Total* Auto Insurance Premiums		
Total* Auto Registration & Licensing		
Total* Auto Maintenance		
Total* Gasoline Expense		
Total* Parking Expense		
<b>Personal Expenses</b>		
Alimony		
Appliances		
Household Supplies		
Books & Magazines		
Client & Spouse Education Expense		
Clothing & Repair		
Clubs/Gyms		
Child Support		
Children's Allowances		
All Other Children's Expenses		
CPA/Tax Preparation		
Credit Card Expenses for Items <b>NOT</b> Listed Elsewhere on this Worksheet		

\* Total for all vehicles combined.



## CASH FLOW: FIXED EXPENSES, CONTINUED

<b>Expense Description (continued)</b>	<b>Monthly Amount -or-</b>	<b>-or- Annual Amount</b>
Cash Charitable Contributions		
Entertainment		
Financial Planning Fees		
Food & Drink (away from home)		
Food & Drink (eating in at home)		
Furniture		
Gifts, Flowers, Cards, etc.		
Hair & other Personal Care Expense		
Hobby Expense		
Telephone/Cell Phone		
Home Office Supplies		
Laundry & Dry Cleaning		
Legal Fees		
All life insurance premiums		
Other Storage Expenses		
Child/Parent Care/Babysitters/Etc.		
Pet Expenses		
Home Stereo/TV/Video Games		
Retirement Plan Contributions (total)		
Savings & Investments (total)		
Umbrella Insurance		
Vacations		
Misc/Other:		
<b>Health Care Expenses</b>		
Dental & Eye Care Insurance		
Disability/AD&D Insurance premiums		
Health & Major Medical Insurance		
Long Term Care premiums		
Prescription Drugs		
Vitamin Expenses		
All other Medical Expenses		

## CASH FLOW: PERSONAL RESIDENCE EXPENSES

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<b>Expense Description</b>	<b>Monthly Amount -or-</b>	<b>-or- Annual Amount</b>
1 <sup>st</sup> Mortgage on <b>Primary</b> Residence		
2nd Mortgage or Home Equity Loan(s) on Primary Residence		
Alarm/Other Security Expense		
Remodeling, Additions, etc.		
Cable TV/Internet Expense		
Condo Management or other Fees		
Earthquake & other Insurance		
Electric & Gas Utility Expense		
Homeowner's Insurance Premiums		
Lawn, Pool, & Gardening Expense		
Cleaning/Housekeeping Expense		
Maintenance Expense		
Property Taxes		
Other – Misc.		
Water, Trash, Sewage Expense		
Misc/Other:		
1 <sup>st</sup> Mortgage on <b>Secondary</b> Residence		
2nd Mortgage or Home Equity Loan(s) on Secondary Residence		
Alarm/Other Security Expense		
Remodeling, Additions, etc.		
Cable TV/Internet Expense		
Condo Management or other Fees		
Earthquake & other Insurance		
Electric & Gas Utility Expense		
Homeowner's Insurance Premiums		
Lawn, Pool, & Gardening Expense		
Cleaning/Housekeeping Expense		
Maintenance Expense		
Property Taxes		
Other – Misc.		
Water, Trash, Sewage Expense		
Misc/Other:		

## CASH FLOW: PERSONAL RESIDENCE EXPENSES

<b>Expense Description</b>	<b>Monthly Amount -or-</b>	<b>-or- Annual Amount</b>
1 <sup>st</sup> Mortgage on <b>Other</b> Residence		
2nd Mortgage or Home Equity Loan(s) on Primary Residence		
Alarm/Other Security Expense		
Remodeling, Additions, etc.		
Cable TV/Internet Expense		
Condo Management or other Fees		
Earthquake & other Insurance		
Electric & Gas Utility Expense		
Homeowner's Insurance Premiums		
Lawn, Pool, & Gardening Expense		
Cleaning/Housekeeping Expense		
Maintenance Expense		
Property Taxes		
Other – Misc.		
Water, Trash, Sewage Expense		
Misc/Other:		
1 <sup>st</sup> Mortgage on <b>Other</b> Residence		
2nd Mortgage or Home Equity Loan(s) on Secondary Residence		
Alarm/Other Security Expense		
Remodeling, Additions, etc.		
Cable TV/Internet Expense		
Condo Management or other Fees		
Earthquake & other Insurance		
Electric & Gas Utility Expense		
Homeowner's Insurance Premiums		
Lawn, Pool, & Gardening Expense		
Cleaning/Housekeeping Expense		
Maintenance Expense		
Property Taxes		
Other – Misc.		
Water, Trash, Sewage Expense		
Misc/Other:		

# COLLEGE PLANNING & EXPENSES

Student's Name and Relationship to You	Age the Student will Enter College	Number of Years of Attending College	Name of College or University (or average public or private school)	Student's Current Grade in School (e.g. K-12)	Annual Current Cost (Tuition + Room & Board)*
					\$
					\$
					\$
					\$
					\$

\*We can determine this information for you if the college is in our software database.

Below, please list **only** current assets that you have earmarked for meeting the goal of college funding. Please do not list any current asset that you own for any other purpose, such as retirement or general investing.

Asset Type	Name of Student this Asset is Meant for	Current Market Value (nearest \$1,000)	Current Monthly Contribution (nearest \$100)	Annual Inflation Rate of Monthly Contribution	Your Age When These Monthly Contributions Will Begin & End
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**CASH EQUIVALENTS:**

				Begin	End
Savings Accounts		\$	\$	%	
Money Market Accounts		\$	\$	%	
CDs (Certificates of Deposit)		\$	\$	%	
T-Bills		\$	\$	%	
Whole Life Insurance Cash (↑ Not the death benefit!)		\$	\$	%	
	<b>Subtotal:</b>	<u>\$</u>	<u>\$</u>		

**SECURITIES (NON-CASH):**

Individual Bonds or Notes		\$	\$	%	
Mutual Funds		\$	\$	%	
Fixed Annuities		\$	\$	%	
Variable Annuities		\$	\$	%	
Variable Life Cash Values		\$	\$	%	
Individual Stocks		\$	\$	%	
Limited partnerships		\$	\$	%	
Other		\$	\$	%	
Other		\$	\$	%	
	<b>Subtotal:</b>	<u>\$</u>	<u>\$</u>		

# RETIREMENT PLANNING

Please list the year(s) you were born:	Client: _____	Spouse: _____
Please list your desired age of retirement, financial independence, or when you otherwise wish to stop full time work. Note: Client & spouse do not have to retire in same year.	Age: Circle below if Already Retired	Age: Circle below if Already Retired
Do you want to use Social Security in your analysis? When do you expect to collect Social Security (ages 62 - 70)? If known, how much will your monthly SS benefit be? How much of an annual cost of living increase (inflation) do you think SS will pay on average during your retirement?	Y      N Age: SS Benefit: \$ _____ %	Y      N Age: SS Benefit: \$ _____ %
What average rates of cost of living inflation do you expect to have during your retirement?  Average over the next 5 years: Average over the next 10 years: Average over the next 20 years, and beyond:	_____% _____% _____%	_____% _____% _____%
If you were to retire today (or if you're already retired), how much annual income would you like, or need (retirement income goal in today's dollars)? This is spendable money - not before tax. Note: Client and spouse can have separate retirement income goals. In years when both client and spouse are retired at the same time, both income goals will be added together.	\$ _____ per year of spendable money	\$ _____ per year of spendable money <b><i>in addition</i></b> to the client's income goal to the left
Will you be moving (changing homes or location) when you retire? If so, why, and to where?	Y      N	
Expected retirement period (or your estimated life expectancy): Example: I'm retiring at 65 and think I'll probably pass away at 90, so 25 years.	____ years, or to age ____	____ years, or to age ____
How much money would you like there to be left over (for your heirs to inherit) after the last one of you passes away?	\$ _____	\$ _____
Please list some things you look forward to after you retire: <b>Client:</b> _____ <b>Spouse:</b> _____		

# PERSONAL EXPECTATIONS

Please prepare a prioritized list of those services or benefits you expect to receive as a result of your relationship with us. Your list will help keep us focused on the services you believe are the most important. Your personal list will be reviewed at our first meeting. Please be prepared to discuss why the items on the list are important to you and your family.

**A sample list might look like this:**

- Client:** 1) *We need quality investment advice because we don't have time to do it ourselves.*  
2) *We want to get a good return on our investments, but we don't want to worry about them.*  
3) *We want to be informed about income tax saving opportunities.*  
4) *We would like to have financial statements that we can easily understand.*

- Spouse:** 1) *Our accountant needs timely information for our tax returns.*  
2) *We want ideas how to help our children and grandchildren financially.*  
3) *We are worried about paying too much in federal estate taxes.*  
4) *We want to be kept informed about ideas that may be useful to us or to our children.*

**CLIENT:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Is there anything you think we should have asked you on these forms, but didn't?

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**SPOUSE:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Is there anything you think we should have asked you on these forms, but didn't?

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# FINANCIAL SATISFACTION SURVEY

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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.

Not Satisfied    Somewhat Satisfied    Very Satisfied  
1-----2-----3-----4-----5

## Cash Flow Management

**I am satisfied ....**

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 managing my debt. \_\_\_\_\_
5. ...with managing to maintain an adequate emergency fund. \_\_\_\_\_

## Risk Management / Investments / Benefits

**I am satisfied ....**

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 ability to meet short term financial goals. \_\_\_\_\_
9. ...with my ability to meet my long-term financial goals under my current financial plan (education, retirement, etc.) \_\_\_\_\_
10. ... with the level and quality of employee benefits I receive \_\_\_\_\_

## Management / Estate / Education

**I am satisfied ....**

11. ... with my personal financial record keeping and management. \_\_\_\_\_
12. ... with my ability to manage my financial plan. \_\_\_\_\_
13. ... with my estate plan. \_\_\_\_\_
14. ... with my level of charitable giving. \_\_\_\_\_
15. ... with my current level of financial education. \_\_\_\_\_

## Qualitative Issues

**I am satisfied ....**

16. ... with how I respond or react to difficult financial circumstances. \_\_\_\_\_
17. ...with my ability and willingness to communicate about finances. \_\_\_\_\_
18. ... with the level of meaning that I receive from my finances. \_\_\_\_\_
19. ... with how my finances affect my personal relationships. \_\_\_\_\_
20. ... with the level of satisfaction I have with my financial professionals. \_\_\_\_\_

**Total Score** (Maximum score is **100**) \_\_\_\_\_

# ASSETS & LIABILITIES

Please give us a rough idea of your assets and liabilities, so we can start preparing a more detailed list of questions needed to properly advise you. For this page, all we're looking for are estimated dollar amounts rounded to the nearest thousand. We'll go into much more detail regarding your assets later in the process, if needed. We can total everything for you if you wish.

Asset Type	Dollar Amount	Liability Type	Dollar Amount
<b>CASH EQUIVALENTS:</b>		<b>REAL ESTATE DEBT:</b>	
Checking & Savings Accounts	\$ _____	1 <sup>st</sup> Mortgage on	\$ _____
Money Market Accounts	\$ _____	2 <sup>nd</sup> Mortgage on Residence	\$ _____
CDs (Certificates of Deposit)	\$ _____	Loans on Other Residences	\$ _____
T-Bills	\$ _____	All Rental Mortgages	\$ _____
Whole Life Insurance Cash Values	\$ _____	Subtotal:	\$ _____
(↑ <i>Not death benefit!</i> ) Subtotal:	\$ _____	<b>OTHER LIABILITIES:</b>	
<b>SECURITIES (NON-CASH):</b>		All Vehicle Loans	\$ _____
Individual Bonds or Notes	\$ _____	Credit Card Debt (not paid off monthly)	\$ _____
Mutual Funds	\$ _____	All Aircraft & Boat Loans	\$ _____
Fixed Annuities	\$ _____	Investment/Margin Loans	\$ _____
Variable Annuities	\$ _____	Business Loans	\$ _____
Variable Life Cash Values	\$ _____	Life Insurance/401(k)	\$ _____
Individual Stocks	\$ _____	All Other Debt or Loans	\$ _____
Limited partnerships	\$ _____	All Other Debt or Loans	\$ _____
Subtotal:	\$ _____	<b>Total:</b>	\$ _____
<b>OTHER SECURITIES:</b>		<b>TOTAL ASSETS:</b> \$ _____	
IRAs/Keoghs/TSAs/401(k)s	\$ _____	<b>TOTAL LIABILITIES:</b> \$ _____	
Precious Metals	\$ _____	<b>NET WORTH:</b> \$ _____	
ESOP/Employer Stock Options	\$ _____	<b>Client Incomes:</b> Total Annual Earned Income: \$ _____ Total Annual Unearned Income: \$ _____  <b>Spouse Incomes:</b> Total Annual Earned Income: \$ _____ Total Annual Unearned Income: \$ _____	
Business Interests (Assets)	\$ _____		
Loans Payable to You	\$ _____		
Rental Real Estate	\$ _____		
Raw Land & Other Real Estate	\$ _____		
Subtotal:	\$ _____		
<b>PERSONAL EFFECTS:</b>			
Personal Residence	\$ _____		
Gems, Artwork, Collections	\$ _____		
Autos & Personal Effects	\$ _____		
<b>Total:</b>	\$ _____		



## ESTATE PLANNING

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	Client	Spouse
Do you have a current will?	Y N	Y N
Do you have trusts of any kind? Please specify: _____	Y N	Y N
Does your will contain a durable power of attorney?	Y N	Y N
Does your will contain a health care power of attorney?	Y N	Y N
When was your will last revised?		
Any life insurance beneficiaries remaining from previous marriages?	Y N	Y N
Do you have guardians named for your children in your will?	Y N	Y N
Estimated charitable contributions you wish to make upon first death	\$	\$
How much money do you wish to leave to your heirs at the first death?	\$	\$
How much money do you wish to leave to your heirs at second death?	\$	\$
Estimated charitable contributions you wish to make upon second death	\$	\$
Estimated total cost of burial, funeral & memorial services*	\$	\$

\* An average range is \$7,500 to \$15,000.

# DOCUMENT CHECKLIST

**THIS COPY IS FOR YOU TO KEEP. PLEASE USE THIS CHECKLIST TO BE SURE TO  
EITHER BRING, OR MAIL, EVERYTHING!**

Use these boxes for checking off the items

- This Questionnaire (Initial Fact Finder Part 1).
- The Asset Fact Finder questionnaire, or pages (if we gave one to you).
- Wills, Trusts, Codicils, and other pertinent legal documents.
- Separation Agreements, Divorce Decrees, Guardianship, Prenuptial, etc.
- Last 2 year's Tax Returns (including gift, partnership, corporate, & trust data).
- Real estate holdings, including mortgage and other debt (credit cards) information.
- Existing (written) financial and estate plans.
- Bank statement info: CD amounts, due dates, interest rates, and penalties.
  - Checking Account amounts and interest rates.
  - Savings Account amounts and interest rates.
  - Savings Bonds amounts.
- Retirement Plan statements (IRA, SEP, 403(b), 401(k), TSA, etc.).
- Brokerage statements (current monthly and last quarter's statements).
- Current Social Security statements.
- Personally owned & employer provided life, health, and disability policies.
- Current Employee Benefit Booklets
- Auto, Home, and Personal Liability (umbrella) insurance policies.
- Employer-provided statements, employment/Key Person/Buy-Sell agreements.
- Employer-provided ESOP and/or stock option statements.
- Anything else you may wish to discuss.