

Name: \_\_\_\_\_

## Your Perspective

Financial Position	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Amount of emergency cash reserves										
Budgeting										
Spending habits										
Income potential from current job/career										
-Understanding your employee benefits package										
Amount saved and invested regularly										
Rate of return on cash reserves										
Cost and management of debt										
Ability to meet short-term financial goals (vacation, car, etc.)										
Ability to meet long-term financial goals (education, retirement, etc.)										
Current investment choices										
Consolidated inventory of assets, accounts and property (awareness)										
Other:										
Wealth Accumulation	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Providing sufficient reserves for life										
New or second home										
Special vacation										
Weddings and/or bar or bat mitzvahs										
Purchase of a business										
Charitable and legacy giving										
Equipping children or grandchildren to manage wealth										
Other:										
Retirement Planning	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Level of retirement income										
Maintaining purchasing power during retirement										
Ability to retire early										
Continuation of retirement income at death for client or partner										
Taxation of retirement (including Social Security) income										
Preparation for nursing home/home care costs for client or partner										
Other:										
Altruistic Planning	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Serving others in my community										
Having a clear plan for giving										
Connection with like-minded people										
Continuation of support to causes that matter to you after your death										

1. Please share the issues or causes you care deeply about.

2. What would you like to accomplish through your giving?

3. What charitable giving activities or organizations are you currently involved in?

Tax Planning	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Taking advantage of all available tax-reduction strategies										
Reducing federal and state income taxes on earned income										
Reducing federal and state income taxes on investment income										
Reducing federal and state income taxes on future income										
Tax planning for a business										
Sale of highly appreciated or low-cost-basis asset or real estate										
Sale of concentrated stock position										
Other:										
Risk Management	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Your family's lifestyle in event of death or disability										
Ability to protect current cash flow										
Payment of medical expenses										
Personal or business liability coverage										
Replacement of auto, home, or other property in event of loss										
Life insurance coverage										
Long-term care insurance coverage										
Disability insurance coverage										
Health insurance coverage										
The level of volatility of your investments over the next year										
Unforeseen costs of caring for an aging or disabled relative										
Other:										
Estate Planning	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Care of dependents at premature death										
Disposition of assets at death										
Reducing estate transfer costs (probate, state, and federal death taxes)										
State of legacy for heirs or charity										
Ease of administration for your executors										
Financial assistance to your dependents' guardians in the event of your death										
Maximizing assets to pass to heirs or charity										
Other:										
Qualitative	Level of Importance					Current Satisfaction Level				
	LOW 1	2	3	4	HIGH 5	LOW 1	2	3	4	HIGH 5
Personal bookkeeping and financial record management										
Level of personal financial knowledge										
How you respond to difficult personal financial circumstances										
Preventing financial issues from causing stress or strain in relationships										
Ability to communicate about financial matters										
Working relationship with professional advisors (i.e. insurance agent, banker, financial planner, accountant, attorney)										

## Volatility Review

1. How much of a financial risk taker are you with your investments?

1= (Fluctuations in my account balance make me concerned)      10 = (Investing for long-term, accepting of even significant, temporary fluctuations)

Volatility Comfort Level										
LOW	1	2	3	4	5	6	7	8	9	HIGH

2. You have just received a financial windfall of \$500,000, what type of investment option do you choose?

- Moderate income - limited volatility       High income - moderate volatility  
 High return (income and appreciation) - moderately high volatility       Substantial capital appreciation - high volatility

3. Which of the following investments would you feel most comfortable owning?

- Certificates of deposit and bonds       Blue-chip stocks  
 Investments in foreign markets       Stocks of new growth companies

4. Which of the following investments would you least likely own?

- Investments in foreign markets       Blue-chip stocks  
 Stocks of new growth companies       Certificates of deposit and bonds

5. Which of the following investments do you feel are the most ideal for your portfolio?

- Blue-chip stocks       Certificates of deposit and bonds  
 Stocks of new growth companies       Investments in foreign markets

6. How optimistic are you about the long-term prospects of the economy?

1= (Very pessimistic)      10= (Very optimistic)

Level of Optimism										
LOW	1	2	3	4	5	6	7	8	9	HIGH

7. Which of the following would best describe your reaction if the value of your portfolio suddenly declined by 15%?

- Very concerned because I cannot accept fluctuations in the value of my portfolio       If the amount of income I receive was unaffected, it would not bother me  
 Although I invest for long-term growth, I would be concerned about even a temporary decline       Because I invest for long-term growth, I would accept temporary fluctuations due to market influences

## What We Do

Level of Importance  
LOW 1 2 3 4 5 HIGH

Understanding if your existing financial arrangements will help you pursue your goals

Having a step-by-step plan to pursue your goals

Helping you navigate market turmoil and bubbles

Coordination of, and communication between, advisors (attorney, CPA, etc.)

Using best practices with portfolio design

Providing reviews with ongoing access to our team of professionals

LOW	1	2	3	4	HIGH

## What Matters to You?

Level of Importance  
HIGH 5 4 3 2 1 0 1 2 3 4 5 HIGH

0 = Neutral

5 = Most important

	5	4	3	2	1	0	1	2	3	4	5	
Frankness												Flattery
Accuracy												Speed
Generosity												Frugality
Sustainability												Living for today
Serving others												Self oriented
Outcomes												Laid back
Long-term focus												Short-term focus
Optimism												Pessimism
Hopefulness												Fearfulness

## Anticipated Life Changes

Within the next 12 months – please check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Marriage       | <input type="checkbox"/> Make an investment     | <input type="checkbox"/> Retirement               |
| <input type="checkbox"/> Have a child   | <input type="checkbox"/> Receive an inheritance | <input type="checkbox"/> Increase savings         |
| <input type="checkbox"/> Graduation     | <input type="checkbox"/> Buy/sell a house       | <input type="checkbox"/> Dependent parent         |
| <input type="checkbox"/> Divorce        | <input type="checkbox"/> Job change             | <input type="checkbox"/> Obtain a loan            |
| <input type="checkbox"/> Buy a business | <input type="checkbox"/> Sell a business        | <input type="checkbox"/> Death of a family member |
| <input type="checkbox"/> Pay off a loan | <input type="checkbox"/> Bonus/salary increase  | <input type="checkbox"/> Return to work           |

## Types of Assets Owned

Please check all that apply.

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Home              | <input type="checkbox"/> Stocks       | <input type="checkbox"/> Life insurance    |
| <input type="checkbox"/> Other real estate | <input type="checkbox"/> Bonds        | <input type="checkbox"/> Business/practice |
| <input type="checkbox"/> Savings/CDs       | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Checking          | <input type="checkbox"/> Annuities    |  |

## Assets and Liabilities

Please check the box by the approximate range.

- |                |  |                     |  |
|----------------|--|---------------------|--|
| <b>Assets:</b> | <input type="checkbox"/> Under \$100,000         | <b>Liabilities:</b> | <input type="checkbox"/> Under \$100,000         |
|                | <input type="checkbox"/> \$100,000–\$250,000     |                     | <input type="checkbox"/> \$100,000–\$250,000     |
|                | <input type="checkbox"/> \$250,000–\$500,000     |                     | <input type="checkbox"/> \$250,000–\$500,000     |
|                | <input type="checkbox"/> \$500,000–\$1,000,000   |                     | <input type="checkbox"/> \$500,000–\$1,000,000   |
|                | <input type="checkbox"/> \$1,000,000–\$2,500,000 |                     | <input type="checkbox"/> \$1,000,000–\$2,500,000 |
|                | <input type="checkbox"/> \$2,500,000–\$5,000,000 |                     | <input type="checkbox"/> \$2,500,000–\$5,000,000 |
|                | <input type="checkbox"/> \$5,000,000+            |                     | <input type="checkbox"/> \$5,000,000+            |

What is the most important topic for our next meeting?

Please print a copy for your records or to bring to our meeting. To save a copy, press the Save Form button and use your last name and the year, such as Smith 2019. Please email this file to [info@thePerspectiveGroup.com](mailto:info@thePerspectiveGroup.com).

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