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( )	lient	#	Name	١.

Client #2 Name:

# Understanding the priorities, values and beliefs behind your wealth.

Your financial details are a necessary part of the discovery and planning process, but they are just the beginning in terms of the level of understanding we need in order to deliver the full value of our service, from minimizing tax to guiding you through major transitions.

We would like to take the time to explore those aspects of your life that are less tangible — like your personal values, your legacy vision, your attitude toward wealth and investing. We often find that this exercise is just as useful in helping us understand your needs, as it is in helping you clarify your goals.

## **Our Ongoing Partnership**

This workbook is meant to guide our early discussions, which will in turn help us to provide the solutions and the ongoing guidance that will be of most value to you, and your outlook on your financial future.

We will continue to deepen our understanding of your needs and priorities over the course of our partnership with you, and will use this goal-focused approach to help prioritize your financial strategies, guide your evolving plans and personalize our communication process.

# **Personal Priorities**

Reasons you are looking for financial advice:	What do you value most?
From the list of possible concerns or questions below, choose the three that are most important to you now. We can keep them front-of-mind through the steps that follow.	For the following categories please check the box indicating those that are most important to you. How much do you enjoy or value them? Are some of these major areas of focus for you?
Living longer than your assets	Family
Getting Alzheimer's or other similar illness	Charity
Being Bored	Personal Continued Education
Too much time together	Physical Activity and Health
Parents needing care	Music and Artistic Culture
Kids mismanaging money	Community Involvement
Not having a paycheck anymore	Personal Hobbies
Running out of money	Politics and Public Service
Suffering investment losses	Travel and World Cultures
Leaving money to others	Other:
Cost of health care or long-term care	5
Current or future health issue	Bucket List:
Dying early	If money was not a concern, and you had no particular obligation to work, how would you spend your time? If
Other:	you had to create a bucket list with no restrictions, what would be on it?
What are your top goals?	
Personal Goals:	
Financial Goals:	

## **Retirement Guide**

When do you plan to retire? W	/hen does your spouse plan to retire?
What is your desired retirement lifestyle income in today's	dollars?
Do you plan on working part-time in retirement? Yes □	No □
Is there a history of family longevity? Yes □ No [	<b>3</b>
Are there any life changes or major events that are possible	e once you retire?
Is there anything in particular that you want to accomplish b	efore retirement?
If you are already retired, how would you change your retire you feel is missing or off balance?	ement lifestyle if you could? Is there anything
Family Life and Legacy	
Describe the legacy you envision for your life and w	vealth.
Think back to the values and goals you've identified so far. you envision the legacy you will eventually leave.	From the list below, select the items that come to mind when
Give younger generations in your family a strong financial start in life.	Leave a thriving business that will provide sustainable support for family and other stakeholders.
Instill younger generations with the knowledge, values, and financial awareness that helped create your own success.	Fulfill specific intentions with respect to individual beneficiaries.
Contribute to charitable causes that reflect your personal values.	Live out your legacy in your later years.
Start transferring wealth to younger generations via gifting.	Leaving a Legacy is not a priority.  Other:

## **Investment Mindset**

## What are your core beliefs about money?

Can you describe some of the principles that have guided you What lessons have you learned over the years that have affect	
What do you see as the main goal of your investmen	t portfolio?
Select those that apply, and we will discuss in greater detail.  To help manage my wealth for retirement.	To ensure my family is supported if I or my spouse experience a sudden change in
To provide income to support my current lifestyle.  To provide income to support my future (retirement) lifestyle.  To help fund a specific purchase or goal.	circumstance.  To protect my wealth from inflation.  To preserve my wealth for the next generation.  Other:
How do you want to most improve your financial life	?
How do you see our role as advisors?	
Which of the following do you see as apart of our role as your	financial advisors?
Gaining and maintaining clarity about your unique financia	
Education on investing, tax, retirement, and other financial	I topics.
Keeping you informed regarding the details of your portfoli	o, as well as market conditions.
Improving your investment and wealth strategies for the pu	urpose of meeting specific goals.
Providing guidance through both everyday decisions and r	major life events.
Other remarks:	

## **Individual Client Profile**

Client #1		Client #2			
Name		Name			
Date of Birth (mm-dd-yyyy)		Date of Birth (mm-dd-yyyy)			
Gender		Gender			
Marital Status		Marital Status			
Primary Citizenship		Primary Citizenship			
Tax Payer ID #		Tax Payer ID #			
Primary Phone Number	Cell	Primary Phone Number	Cell ☐ Work ☐ Home ☐		
Secondary Phone Number	Cell ☐ Work ☐ Home ☐	Secondary Phone Number	Cell		
E-mail Address	_	E-mail Address			
Legal Address (must be a phys	sical address)	Legal Address (must be a phys	sical address)		
City	State and Zip Code	City	State and Zip Code		
	Trusted	Contact			
incapacitated. An address, a p be 18 years or older. <b>No financ</b>	an individual who may be contacted in whone number or an email address should information will be shared with	ould be provided. Please note that you this individual.	our Trusted Contact must		
Client #1 Tru	sted Contact	Client #2 Tru	sted Contact		
Trusted Contact Name		Trusted Contact Name			
Primary Phone Number	Cell Work Home	Primary Phone Number	Cell Work Home		
E-mail Address		E-mail Address			
Legal Address (must be a phy	sical address)	Legal Address (must be a phy	vsical address)		
City	State and Zip Code	City	State and Zip Code		

Documentary Evide (Copy of this document is			cumentary of this docum	Evidence nent is required)
ID Type: Driver's License (Valid/Une	xpired)	ID Type: □	Driver's License	(Valid/Unexpired)
☐ Passport (Valid/Unexpired)			Passport (Valid/l	Jnexpired)
ID Number		ID Number		
Issue Date (mm-dd-yyyy)		Issue Date (mm	-dd-yyyy)	
Expiration Date (mm-dd-yyyy)		Expiration Date	(mm-dd-yyyy)	
State and Country		State and Coun	try	
Client #1 Employer Info	ormation	Client a		er Information
Employer Street Address (must be a physic	cal address)	Employer Stree	ut Address (must	be a physical address)
City	State	City		State
ZIP Code Country		ZIP Code	Country	
Occupation (most recent, if retired)		Occupation (mo	ost recent, if retire	ed)
Last Employed (mm-yyyy) Retire	ement Year (yyyy)	Last Employed	(mm-yyyy)	Retirement Year (yyyy)

## **Income and Net Worth**

		I —			
	Client #1		Client #2		
Annual Income:		Annual Income:			
☐ \$50,000 and Under	□\$200,001 - \$500,000	☐ \$50,000 and Under	□\$200,001 - \$500,000		
□ \$50,001 - \$100,000		□ \$50,001 - \$100,000			
□ \$100,001 - \$200,000		□ \$100,001 <b>-</b> \$200,000			
	□\$5,000,001 and over		□\$5,000,001 and over		
Net Worth (Assets L	ess Liabilities):	Net Worth (Assets Less Liabilities):			
☐ \$50,000 and Under	\$200,001 - \$500,000	☐ \$50,000 and Under	□\$200,001 - \$500,000		
□ \$50,001 - \$100,000	□\$500,001 - \$1,000,000	□ \$50,001 - \$100,000			
□ \$100,001 - \$200,000	□\$1,000,001 - \$5,000,000	□ \$100,001 - \$200,00			
_ , , , , , , , , , , , , , , , , , , ,	□ \$5,000,001 and over		□ \$5,000,001 and over		
	**,***,***				
Liquid Net Worth (Assets that can easily l	he converted to cash):	Liquid Net Wort	<b>h</b> ly be converted to cash):		
\$50,000 and Under	□\$200,001 <b>-</b> \$500,000	□ \$50,000 and Under	* /		
□ \$50,001 <b>-</b> \$100,000	□\$500,001 <b>-</b> \$1,000,000	□ \$50,001 <b>-</b> \$100,000			
□ \$100,001 - \$200,000	□\$1,000,001 <b>-</b> \$5,000,000	□ \$100,001 - \$200,00	0 □\$1,000,001 - \$5,000,000		
	□\$5,000,001 and over		□\$5,000,001 and over		
Tax Bracket Tax Bracket is required f	or all US Tax Payers.	Tax Bracket Tax Bracket is require	d for all US Tax Payers.		
□ 0 - 24% □ 25%	<b>6</b> +	□ 0 - 24% □ 2	5% +		
Source of Wealth		Source of Weal	th		
☐ Insurance Benefits	☐ Government/	☐ Insurance Benefits	☐ Government/		
☐ Gift/Inheritance	Retirement Benefits	☐ Gift/Inheritance	Retirement Benefits		
☐ Investment Income/	☐ Legal Settlement	☐ Investment Income/			
Appreciation	☐ Employment Income	Appreciation	☐ Employment Income		
☐ Business Ownership	☐ Other	☐ Business Ownership	o □ Other		
Investment Obje	ctive	Investment Ob	jective		
☐ Conservative	☐ Balanced with Growth	☐ Conservative	☐ Balanced with Growth		
☐ Conservative Balance	d 🗌 Growth	☐ Conservative Balan	ced Growth		
☐ Balanced	☐ Aggressive Growth	☐ Balanced	☐ Aggressive Growth		
Time Horizon		Time Horizon			
□Short-Term □Inter	mediate 🗆 Long-Term	□Short-Term □Int	ermediate □ Long-Term		
Risk Tolerance		Risk Tolerance			
□Low □ Mod	erate □ High	ПI ow ПМ	oderate		

#### **Assets and Liabilities**

In the columns Assets and Liabilities please list an amount for each item. If the item doesn't apply to you, please leave it blank.

Assets	Li	iabilities
Joint:	Joint:	
Checking:	Primary Mortgage:	
Savings/CD(S):		HELOC:
Money Market Account(s):		le/Boat Loans:
Joint/Non-Qual/TOD:		yable:
Trust(s):		
Home:	• • • • • • • • • • • • • • • • • • •	
2nd Residence:	I Client 1:	
Other Real Estate:	Cradit Card(a):	
Business Interest(s):	\/ahiala   aana/a\;	
Other Personal Property:	l ∩ther	
Gold/Collectibles/Hard Assets:		
Other:	5 <b>.</b>	
Client 1:	6.1	
Traditional IRA(s):		
Roth IRA(s):	ln:/ootm	ent Experience
Employer Sponsored Plan(s):	_	•
Employer Sponsored Pension(s):		nent Experience:
Annuity(s):		
Vehicle(s):		
Other:	— Check if you have	va avnanianaa usith ans
Client 2:		e experience with any investment types:
Traditional IRA(s):		<b>,.</b>
Roth IRA(s):	Client 1:	
Employer Sponsored Plan(s):	□ Equities	☐ Annuities
Employer Sponsored Pension(s):		☐ Margin Trading
Annuity(s):		☐ Options/Futures Alternative ☐ Investments
Vehicle(s):		
Other:	i Client 2:	
	 □Equities	☐ Annuities
	□Bonds	☐ Margin Trading
	☐Mutual Funds/UITs	☐ Options/Futures Alternative
	□FTFs	□Investments

#### **Beneficiaries**

Note: If more than one primary and/or contingent beneficiary is designated and no percentages are indicated, an equal percentage will be distributed to each Beneficiary for a total of 100% for all Beneficiaries named within the applicable Beneficiary category. For Minor accounts, only the Minor's estate may be named as Beneficiary.

	Client #1	Client #2 OBoth	Client #1	Client #2 OBoth
	<b>○Primary</b>	<b>○</b> Contingent	<b>○Primary</b>	<b>○</b> Contingent
Beneficiary Name				
Tax Payer ID #				
Relationship to the Owner				
Percent (0-100%)				
Per Stirpes*	□Yes	□No	□Yes	□No
Date of Birth (mm-dd-yyyy)				
Address				
Phone Number				

Additional Beneficiaries					
	○Client #1	○Client #2 ○Both	Client #1	Client #2 Both	
	<b>○Primary</b>	<b>○</b> Contingent	<b>OPrimary</b>	<b>○</b> Contingent	
Beneficiary Name					
Tax Payer ID #					
Relationship to the Owner					
Percent (0-100%)					
Per Stirpes*	□Yes	□No	□Yes	□No	
Date of Birth (mm-dd-yyyy)					
Address					
Phone Number					

Additional Beneficiaries					
	Olient #1	○Client #2 ○Both	OClient #1	Client #2 OBoth	
	<b>○Primary</b>	<b>○</b> Contingent	<b>○Primary</b>	<b>○</b> Contingent	
Beneficiary Name					
Tax Payer ID #					
Relationship to the Owner					
Percent (0-100%)					
Per Stirpes*	□Yes	□No	□Yes	□No	
Date of Birth (mm-dd-yyyy)					
Address					
Phone Number					
	Addit	ional Beneficiaries			
	OClient #1	○Client #2 ○Both	○Client #1	Client #2 OBoth	
	<b>Primary</b>	<b>○Contingent</b>	<b>○Primary</b>	<b>○</b> Contingent	
Beneficiary Name					
Tax Payer ID #					
Relationship to the Owner					
Percent (0-100%)					
Per Stirpes*	□Yes	□No	□Yes	□No	
Date of Birth (mm-dd-yyyy)					
Address					
Phone Number					



#### Oshkosh Office

530 N Koeller Street Oshkosh, WI 54902

Tel. (920) 233-4650

#### **Appleton Office**

4351 W College Avenue, Suite 110 Appleton, WI 54914

Tel. (920) 735-9800

#### Milwaukee Office

11414 W Park Place, Suite 202 Milwaukee, WI 53224

Tel. (262) 253-1695

Email: info@aegis4me.com Website: aegis4me.com

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