



DISCOVERY GUIDE

Forbes
**BEST-IN-STATE
WEALTH ADVISORS 2024**

SHOOK RESEARCH
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2021, 2022, 2023 & 2024 FORBES BEST-IN-STATE
WEALTH ADVISOR RECIPIENT*



Client #1 Name:

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:

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.

- Living longer than your assets
- Getting Alzheimer's or other similar illness
- Being Bored
- Too much time together
- Parents needing care
- Kids mismanaging money
- Not having a paycheck anymore
- Running out of money
- Suffering investment losses
- Leaving money to others
- Cost of health care or long-term care
- Current or future health issue
- Dying early
- Other: _____

What do you value most?

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?

- Family
- Charity
- Personal Continued Education
- Physical Activity and Health
- Music and Artistic Culture
- Community Involvement
- Personal Hobbies
- Politics and Public Service
- Travel and World Cultures
- Other: _____

Bucket List:

If money was not a concern, and you had no particular obligation to work, how would you spend your time? If 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? _____ When 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

Are there any life changes or major events that are possible once you retire?

Is there anything in particular that you want to accomplish before retirement?

If you are already retired, how would you change your retirement lifestyle if you could? Is there anything you feel is missing or off balance?

Family Life and Legacy

Describe the legacy you envision for your life and wealth.

Think back to the values and goals you've identified so far. From the list below, select the items that come to mind when you envision the legacy you will eventually leave.

- Give younger generations in your family a strong financial start in life.
- Instill younger generations with the knowledge, values, and financial awareness that helped create your own success.
- Contribute to charitable causes that reflect your personal values.
- Start transferring wealth to younger generations via gifting.

- Leave a thriving business that will provide sustainable support for family and other stakeholders.
- Fulfill specific intentions with respect to individual beneficiaries.
- Live out your legacy in your later years.
- 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 your financial decisions over the years?
What lessons have you learned over the years that have affected your attitude toward saving, spending, or investing?

What do you see as the main goal of your investment portfolio?

Select those that apply, and we will discuss in greater detail.

- | | |
|---|---|
| <input type="checkbox"/> To help manage my wealth for retirement. | <input type="checkbox"/> To ensure my family is supported if I or my spouse experience a sudden change in circumstance. |
| <input type="checkbox"/> To provide income to support my current lifestyle. | <input type="checkbox"/> To protect my wealth from inflation. |
| <input type="checkbox"/> To provide income to support my future (retirement) lifestyle. | <input type="checkbox"/> To preserve my wealth for the next generation. |
| <input type="checkbox"/> To help fund a specific purchase or goal. | <input type="checkbox"/> 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 financial situation.
- Education on investing, tax, retirement, and other financial topics.
- Keeping you informed regarding the details of your portfolio, as well as market conditions.
- Improving your investment and wealth strategies for the purpose of meeting specific goals.
- Providing guidance through both everyday decisions and major life events.

Other remarks:

PART 2

Individual Client Profile

Client #1	
Name	
Date of Birth (mm-dd-yyyy)	
Gender	
Marital Status	
Primary Citizenship	
Tax Payer ID #	
Primary Phone Number	Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
Secondary Phone Number	Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
E-mail Address	
Legal Address (must be a physical address)	
City	State and Zip Code

Client #2	
Name	
Date of Birth (mm-dd-yyyy)	
Gender	
Marital Status	
Primary Citizenship	
Tax Payer ID #	
Primary Phone Number	Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
Secondary Phone Number	Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
E-mail Address	
Legal Address (must be a physical address)	
City	State and Zip Code

Trusted Contact

Provide contact information for an individual who may be contacted in the event that account owners become **unreachable or incapacitated**. An address, a phone number or an email address should be provided. Please note that your Trusted Contact must be 18 years or older. **No financial information will be shared with this individual.**

Client #1 Trusted Contact	
Trusted Contact Name	
Primary Phone Number	Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
E-mail Address	
Legal Address (must be a physical address)	
City	State and Zip Code

Client #2 Trusted Contact	
Trusted Contact Name	
Primary Phone Number	Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
E-mail Address	
Legal Address (must be a physical address)	
City	State and Zip Code

Besides any Trusted Contact listed above, additional Trusted Contacts may be designated by contacting your financial advisor.

Individual Client Profile *Continued*

Documentary Evidence (Copy of this document is required)

ID Type: Driver's License (Valid/Unexpired)
 Passport (Valid/Unexpired)

ID Number

Issue Date (mm-dd-yyyy)

Expiration Date (mm-dd-yyyy)

State and Country

Client #1 Employer Information

Employer/Business Name

Employer Street Address (must be a physical address)

City State

ZIP Code Country

Occupation (most recent, if retired)

Last Employed (mm-yyyy) Retirement Year (yyyy)

Documentary Evidence (Copy of this document is required)

ID Type: Driver's License (Valid/Unexpired)
 Passport (Valid/Unexpired)

ID Number

Issue Date (mm-dd-yyyy)

Expiration Date (mm-dd-yyyy)

State and Country

Client #2 Employer Information

Employer/Business Name

Employer Street Address (must be a physical address)

City State

ZIP Code Country

Occupation (most recent, if retired)

Last Employed (mm-yyyy) Retirement Year (yyyy)

Individual Client Profile *Continued*

Income and Net Worth

Client #1

Annual Income:

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 and Under | <input type="checkbox"/> \$200,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| | <input type="checkbox"/> \$5,000,001 and over |

Net Worth (Assets Less Liabilities):

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 and Under | <input type="checkbox"/> \$200,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| | <input type="checkbox"/> \$5,000,001 and over |

Liquid Net Worth

(Assets that can easily be converted to cash):

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 and Under | <input type="checkbox"/> \$200,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| | <input type="checkbox"/> \$5,000,001 and over |

Tax Bracket

Tax Bracket is required for all US Tax Payers.

- 0 - 24% 25% +

Source of Wealth

- | | |
|---|---|
| <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Government/
Retirement Benefits |
| <input type="checkbox"/> Gift/Inheritance | <input type="checkbox"/> Legal Settlement |
| <input type="checkbox"/> Investment Income/
Appreciation | <input type="checkbox"/> Employment Income |
| <input type="checkbox"/> Business Ownership | <input type="checkbox"/> Other |

Investment Objective

- | | |
|--|---|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Balanced with Growth |
| <input type="checkbox"/> Conservative Balanced | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Balanced | <input type="checkbox"/> Aggressive Growth |

Time Horizon

- Short-Term Intermediate Long-Term

Risk Tolerance

- Low Moderate High

Client #2

Annual Income:

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 and Under | <input type="checkbox"/> \$200,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| | <input type="checkbox"/> \$5,000,001 and over |

Net Worth (Assets Less Liabilities):

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 and Under | <input type="checkbox"/> \$200,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| | <input type="checkbox"/> \$5,000,001 and over |

Liquid Net Worth

(Assets that can easily be converted to cash):

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 and Under | <input type="checkbox"/> \$200,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| | <input type="checkbox"/> \$5,000,001 and over |

Tax Bracket

Tax Bracket is required for all US Tax Payers.

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Source of Wealth

- | | |
|---|---|
| <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Government/
Retirement Benefits |
| <input type="checkbox"/> Gift/Inheritance | <input type="checkbox"/> Legal Settlement |
| <input type="checkbox"/> Investment Income/
Appreciation | <input type="checkbox"/> Employment Income |
| <input type="checkbox"/> Business Ownership | <input type="checkbox"/> Other |

Investment Objective

- | | |
|--|---|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Balanced with Growth |
| <input type="checkbox"/> Conservative Balanced | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Balanced | <input type="checkbox"/> Aggressive Growth |

Time Horizon

- Short-Term Intermediate Long-Term

Risk Tolerance

- Low Moderate High

Individual Client Profile *Continued*

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

Joint:

Checking: _____

Savings/CD(S): _____

Money Market Account(s): _____

Joint/Non-Qual/TOD: _____

Trust(s): _____

Home: _____

2nd Residence: _____

Other Real Estate: _____

Business Interest(s): _____

Other Personal Property: _____

Gold/Collectibles/Hard Assets: _____

Other: _____

Client 1:

Traditional IRA(s): _____

Roth IRA(s): _____

Employer Sponsored Plan(s): _____

Employer Sponsored Pension(s): _____

Annuity(s): _____

Vehicle(s): _____

Other: _____

Client 2:

Traditional IRA(s): _____

Roth IRA(s): _____

Employer Sponsored Plan(s): _____

Employer Sponsored Pension(s): _____

Annuity(s): _____

Vehicle(s): _____

Other: _____

Liabilities

Joint:

Primary Mortgage: _____

Second Mortgage/HELOC: _____

Recreational Vehicle/Boat Loans: _____

Personal Loans Payable: _____

Other: _____

Client 1:

Credit Card(s): _____

Vehicle Loans(s): _____

Other: _____

Client 2:

Credit Card(s): _____

Vehicle Loans(s): _____

Other: _____

Investment Experience

Years of Investment Experience:

Client 1: _____

Client 2: _____

Check if you have experience with any of the following investment types:**Client 1:** Equities Bonds Mutual Funds/UITs ETFs Annuities Margin Trading Options/Futures Alternative Investments**Client 2:** Equities Bonds Mutual Funds/UITs ETFs Annuities Margin Trading Options/Futures Alternative Investments

Individual Client Profile *Continued*

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.

	<input type="radio"/> Client #1 <input type="radio"/> Client #2 <input type="radio"/> Both	<input type="radio"/> Client #1 <input type="radio"/> Client #2 <input type="radio"/> Both
	<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Primary <input type="radio"/> Contingent
Beneficiary Name		
Tax Payer ID #		
Relationship to the Owner		
Percent (0-100%)		
Per Stirpes*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm-dd-yyyy)		
Address		
Phone Number		

Additional Beneficiaries

	<input type="radio"/> Client #1 <input type="radio"/> Client #2 <input type="radio"/> Both	<input type="radio"/> Client #1 <input type="radio"/> Client #2 <input type="radio"/> Both
	<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Primary <input type="radio"/> Contingent
Beneficiary Name		
Tax Payer ID #		
Relationship to the Owner		
Percent (0-100%)		
Per Stirpes*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm-dd-yyyy)		
Address		
Phone Number		

*Per stirpes stipulates that a beneficiary's heirs receive the inheritance should the beneficiary die prior to the testator (Account Owner).

Individual Client Profile *Continued*

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

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

*Per stirpes stipulates that a beneficiary's heirs receive the inheritance should the beneficiary die prior to the testator (Account Owner).



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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