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Thank you for your interest in Priem Financial Group. We would like to know more about you! Please fill out this informational questionnaire as completely as possible and bring it to our first meeting. You may use approximate amounts. It is helpful to bring your most recent tax return, any investment account statements and life insurance policies with you. (We respect your privacy and will not disclose this information to any outside parties without your expressed written consent.)

Dated: _____

Client 1 name: _____

Date of birth: _____ SSN: _____

Client 2 name: _____

Date of birth: _____ SSN: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Home phone: () _____ Business phone: () _____

Cell Phones: () _____

E-mail address: _____

Do you have a current Will?

Y__ N__

Power of Attorney?

Y__ N__

Health Care Proxy?

Y__ N__

Does the will leave everything to
your partner? Y__ N__

Planned retirement date: _____ If retired, when: _____

WHAT ARE YOUR PRIMARY FINANCIAL CONCERNS? (List in order of importance.)
(e.g., preparing for retirement, college expenses, estate issues, current tax concerns, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Securities and Advisory Services Offered Through Commonwealth Financial Network,
Member FINRA/SIPC, A Registered Investment Advisor. Fixed insurance products and services offered through Priem
Financial Group or CES Insurance Agency.

SUPPLEMENTAL INFORMATION

Client name(s): _____

Date: _____

	Client 1	Client 2
Self-employed?		
Company name		
Business address		
Business Fax		
Attorney's name		
Attorney's phone number		
Insurance agent's name		
Insurance agent's phone number		
Accountant's name		
Accountant's phone number		
Parents living?		
Mother		
Father		
Children	Names	Birth dates and Social Security #s
1		
2		
3		
4		
Other dependents?		
1		
2		

Do you have any special concerns or needs for your parents, children, grandchildren, or others?

FINANCIAL NEEDS/INTERESTS

RANK THE FOLLOWING **PRODUCTS/SERVICES** IN ORDER OF IMPORTANCE TO YOU, WITH “1” BEING THE MOST IMPORTANT:

_____	Retirement Planning
_____	College Funding
_____	Budgeting
_____	Debt Management
_____	Life Insurance
_____	Disability Insurance
_____	Long Term Care Insurance
_____	Nursing Home Expenses
_____	Estate Planning
_____	Tax Planning
_____	Charitable Giving
_____	Socially Responsible Investing
_____	Trust Planning
_____	Asset Allocation
_____	Professional Referrals

RANK BOTH OF THE FOLLOWING LISTS OF **GOALS** AND **FEATURES** IN ORDER OF IMPORTANCE TO YOU, WITH “1” BEING THE MOST IMPORTANT:

Rankings

Rankings

Goals		Desired Investment Features	
	Plan for retirement		Liquidity
	Hedge against inflation		Preservation of Capital
	Lower income taxes		Current Income
	Reduce estate taxes		Growth Potential
	Avoid probate fees		Future Income
	Reduce insurance premiums		Tax Advantages
	Increase net worth		
	Increase current income		
	Assure proper disposition of assets		
	Organize financial affairs		
	Peace of mind		
	Other:		

RISK TOLERANCE

Client name(s): _____

Date: _____

WHAT TYPE OF INVESTOR ARE YOU?

The answers provided on this score sheet will help give you an indication of which investment strategy may be appropriate for your current needs. Just circle the corresponding point value, and then use the calculation provided to give you your total. Match the total to the strategy listed at the end of the score sheet.

Examine the time frame for the investment you're planning to make as it is important to consider how long your money can be invested.

1. In approximately how many years do you expect to need this money?

	<i>Points</i>
A. 2–3 years	20
B. 4–6 years	38
C. 7–10 years	50
D. 10+ years	69

2. Do you expect to withdraw more than one-third of the money in this account within seven years? (For retirement income, home down payment, college tuition, etc.)

	<i>Points</i>
A. No	20
B. Yes, in 2–3 years	0
C. Yes, in 4–7 years	12

Examine how you've planned ahead as it's important to consider how prepared you are for immediate needs.

3. Do you have an emergency fund? (Savings of at least six months after-tax income.)

	<i>Points</i>
A. No, I do not have an emergency fund.	8
B. I have an emergency fund, but it's less than six months' after-tax income.	3
C. Yes, I have an adequate emergency fund.	0

4. If you expect to have other major expenses (such as college tuition, home down payment, home repairs, etc.) do you have a separate savings plan for these expenses?

	<i>Points</i>
A. Yes, I have a separate savings plan for these expenses.	0
B. I do not expect to have any such expenses.	1
C. I intend to withdraw a portion of this money for these expenses (and have answered question 2 accordingly).	3
D. D. I have no separate savings plan for these items at this time.	4

Examine your current financial situation, as it's important to consider how this new account fits into your total financial picture.

5. Approximately what portion of your total investable assets* is designated for this account?

**Investable assets include your emergency fund, this account, bank accounts, retirement assets, CDs, mutual funds, cash value of life insurance, stocks or bonds, investment real estate, and so on, but they DO NOT include your principal residence or vacation home.*

- | | <i>Points</i> |
|------------------------|---------------|
| A. Less than 25% | 0 |
| B. Between 25% and 50% | 1 |
| C. Between 51% and 75% | 2 |
| D. More than 75% | 4 |

6. Which ONE of the following describes your expected future earnings over the next five years? (Assume inflation will average 4 %.)

- | | <i>Points</i> |
|---|---------------|
| A. I expect my earnings increases to far outpace inflation (due to promotions, etc.). | 0 |
| B. I expect my earnings increases to stay somewhat ahead of inflation. | 1 |
| C. I expect my earnings increases to keep pace with inflation. | 2 |
| D. I expect my future earnings to decrease (due to retirement, part-time work, depressed industry, etc.). | 4 |

7. Approximately what portion of your monthly take-home income goes toward paying off debt other than your home mortgage?

- | | <i>Points</i> |
|------------------------|---------------|
| A. Less than 10% | 0 |
| B. Between 10% and 25% | 1 |
| C. Between 25% and 50% | 2 |
| D. More than 50% | 6 |

8. How many dependents do you have? (Include children you continue to support, elderly parents, etc.)

- | | <i>Points</i> |
|----------------|---------------|
| A. None | 0 |
| B. 1 | 1 |
| C. 2-3 | 2 |
| D. More than 3 | 4 |

Examine your attitudes toward investing, as it's important to consider how experienced you are with different investments and levels of risk.

9. Part 1. Have you ever invested in individual bonds or bond investment vehicles, aside from U.S. Savings Bonds?

- | | <i>Points</i> |
|---|---------------|
| A. No, and I would be uncomfortable with the risk if I did. | 10 |
| B. No, but I would be comfortable with the risk if I did. | 4 |
| C. Yes, but I was uncomfortable with the risk. | 6 |
| D. Yes, and I felt comfortable with the risk. | 0 |

9. Part 2. Have you ever invested in individual stocks or stock investment vehicles?

- | | <i>Points</i> |
|---|---------------|
| A. No, and I would be uncomfortable with the risk if I did. | 8 |
| B. No, but I would be comfortable with the risk if I did. | 3 |
| C. Yes, but I was uncomfortable with the risk. | 5 |
| D. Yes, and I felt comfortable with the risk. | 0 |

10. When thinking about your investments, where would you place yourself on the following scale in terms of your comfort level with risk/potential reward?

- | A. | B. | C. | D. | E. | F. | G. | H. | |
|------------------|----|------------------|----|----|----------------------|----|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Less risk/less | | Moderate risk | | | Maximum potential | | | |
| potential return | | with greater | | | return regardless of | | | |
| | | potential return | | | risk | | | |
-
- | | |
|---|---------------|
| A | <i>Points</i> |
| B | 12 |
| C | 7 |
| D | 5 |
| E | 3 |
| F | 2 |
| G | 1 |
| H | 0 |
| | 0 |

11. Which ONE of the following statements describes your feelings toward choosing an investment?

- | | <i>Points</i> |
|---|---------------|
| A. I would prefer to select investment options that have a low degree of risk associated with them (i.e., it is unlikely I will lose my original investment). | 12 |
| B. I prefer to select a mix of investment options, with emphasis on those with a low degree of risk, and a small portion in others that have a higher degree of risk which may yield greater returns. | 9 |
| C. I prefer to select a balanced mix of investment options, some that have a low degree of risk and others that have a higher degree of risk, which may yield greater returns. | 5 |
| D. I prefer to select an aggressive mix of investment options, some that have a low degree of risk, but with emphasis on others that have a higher degree of risk, which may yield greater returns. | 1 |
| E. I would only select investment options that have a higher degree of risk and a greater potential for higher returns. | 0 |

12. If you could increase your chances of improving your returns by taking more risk, would you:

	Points
A. Be willing to take a lot more risk with all your money?	0
B. Be willing to take a little more risk with all your money?	3
C. Be willing to take a little more risk with some of your money?	6
D. Be unlikely to take much more risk?	10

Additional Information: These questions will help us determine the specific model portfolio within our recommended strategy.

13. Considering your tax bracket, do you prefer to use tax-exempt fixed income investments even though tax-exempt investments may provide a lower current yield than equivalent taxable investments?

Yes

No

What is your marginal federal tax bracket? _____

Note: Tax-exempt investments are not appropriate for tax-deferred retirement arrangements.

14. Diversified portfolios often include international investments. Are there reasons you would not want international funds as part of your portfolio?

Yes

No

SCORE AND STRATEGY

Use the following calculation to determine your point score and identify the appropriate strategy listed below.

A. Add your points for questions 1–2. _____

B. Add your points for questions 3–12. _____

C. Subtract B from A. _____ (total points)

Points Strategy Asset Class Mix

0–10	Primarily Fixed Income: 75% Fixed Income; 25% Equity
10–19	Balanced Fixed Income-Oriented: 55% Fixed Income; 45% Equity
20–49	Balanced Equity-Oriented: 40% Fixed Income; 60% Equity
50–69	Primarily Equity:* 20% Fixed Income; 80% Equity
70+	Equity: 98% Equity; 2% Cash

Given your specific circumstances, if you believe that any of these strategies will be more suitable than the diversified strategy specified by the worksheet, your advisor will discuss the alternatives and make an appropriate recommendation.

**If your score points you to the primarily equity strategy, consider investing in the aggressive strategy if the amount that you are investing for this goal represents only the aggressive portion of your total portfolio and if you already own more conservative investments—such as fixed income and short-term securities—that can provide a balance to the short-term fluctuations of stocks.*

Monthly Cash Flow

NOTE: If you prefer, you may use your own software program and bring us a printout instead of completing this page. *It is important to include all expenses incurred.*

INCOME: List the source of income and *monthly* amount.

Source for Client #1	Gross/Net	Source for Client #2	Gross/Net
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Fixed Monthly Expenditures

Home Mortgage /Rent	_____
Home Mortgage (2)	_____
Property Taxes	_____
Utilities: Gas	_____
Electricity	_____
Telephones	_____
Cable/Internet	_____
Water/Sewer	_____
Trash	_____
Security	_____
Insurance: Auto	_____
Medical	_____
Life-Client	_____
Life-Spouse	_____
Life-Children	_____
Income Protection	_____
Child Day Care	_____
Alimony/Child/Elder Sup.	_____
Dues/Memberships	_____
Other Installment Loans	_____
_____	_____
_____	_____
Income Taxes (Self-employed)	_____

Variable Monthly Expenditures

Auto Fuel	_____
Oil Changes	_____
Maintenance	_____
Food/Groceries	_____
Restaurants	_____
Clothes	_____
Cleaners/Laundry	_____
Church/Charity Contrib.	_____
Education Expenses	_____
Lessons/Sports Expense	_____
Gifts	_____
Home Repairs/Maint.	_____
Yard/Pool Maintenance	_____
New Household Purch.	_____
Furnishings	_____
Medical/Dental Care	_____
Personal Care	_____
Newspaper/Magazines	_____
Vacations	_____
Entertainment	_____
Credit Card Payments	_____
Business/School Expense (Unreimbursed)	_____
Pocket Money Client 1	_____
Client 2	_____
Children	_____
Miscellaneous	_____

	<u>Client 1</u>	<u>Client 2</u>
Total Monthly Net Income	\$ _____	\$ _____
Less Total Average Expenses	\$ _____	
Available Dollars to Use for Goals	\$ _____ *	

**This represents the available monthly dollars useable to accomplish your goals.*

FINANCIAL INFORMATION

Client name(s): _____

BANK, SAVINGS AND LOAN, AND CREDIT UNION ACCOUNTS

(NON-IRA ASSETS)

(e.g., checking, savings, money market accounts)

NAME OF INSTITUTION	NAME OF OWNER	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

IRA AND OTHER RETIREMENT ACCOUNTS

(Attach your most recent statement/report.)

NAME OF INSTITUTION AND LOCATION (e.g., bank, broker)	NAME OF OWNER	TYPE OF ACCOUNT (e.g., IRA, TSA, etc.)	APPROXIMATE MARKET VALUE
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

EMPLOYER RETIREMENT ACCOUNTS

(Attach your most recent statement/report.)

NAME OF FIRM	NAME OF OWNER	TYPE OF ACCOUNT (e.g., 401(k), 403(b), etc.)	CURRENT EMPLOYEE CONTRIBUTION	PROJECTED FUTURE CONTRIBUTION	CURRENT EMPLOYER MATCHING CONTRIBUTION	APPROX. MARKET VALUE
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$

(PROJECTED) RETIREMENT INCOME

(Attach your most recent statement/report.)

NAME OF OWNER	SOURCE OF INCOME	AMOUNT	PROJECTED BENEFIT
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

STOCKS AND BONDS

(e.g., assets you hold yourself in certificate form)

(Attach your most recent statement/report.)

NAME OF STOCK/BOND	NAME OF OWNER	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Attach your most recent statement/report.)

NAME OF BROKERAGE/MUTUAL FUND	NAME OF OWNER	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

PROMISSORY NOTES AND TRUST DEEDS

(e.g., amounts owed to you by someone who is paying you on a note.)

NAME OF DEBTOR	NAME OF OWNER	INTEREST RATE	APPROXIMATE BALANCE OF NOTE
1.		%	\$
2.		%	\$

RESIDENCE AND OTHER REAL ESTATE

PROPERTY ADDRESS	NAME OF OWNER	ORIGINAL COST	APPROX. VALUE	DEBT	LENGTH OF LOAN
1.		\$	\$	\$	
2.		\$	\$	\$	
3.		\$	\$	\$	
4.		\$	\$	\$	

OTHER ASSETS

DESCRIPTION	NAME OF OWNER	APPROXIMATE VALUE
1.		\$
2.		\$
3.		\$

LIABILITIES

SOURCE (e.g., credit cards, car payments, etc.)	OWNER NAME	INTEREST RATE/FINANCE CHARGE	APPROXIMATE DEBT/ PAYMENT AMOUNT
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

LIFE INSURANCE

(Attach your most recent statement and your policies.)

NAME OF INSURANCE CO.	OWNER	BENEFICIARY	TYPE OF INSURANCE (e.g., whole life, term, etc.)	APPROX. DEATH BENEFIT	APPROX. CASH VALUE (BEFORE LOANS)	LOAN AMOUNT	ANNUAL PREMIUM
1.				\$		\$	\$
2.				\$		\$	\$
3.				\$		\$	\$
4.				\$		\$	\$

DISABILITY INSURANCE

COMPANY	NAME OF INSURED	MONTHLY BENEFIT	DELAY BEFORE BENEFITS BEGIN	LENGTH OF BENEFIT PERIOD	ACTUAL PREMIUM
		\$			\$
		\$			\$

HEALTH INSURANCE

COMPANY	NAME OF INSURED	DEDUCTIBLE	MAXIMUM LIMITS	ANNUAL PREMIUM
		\$	\$	\$
		\$	\$	\$

LONG-TERM CARE INSURANCE

(Attach your most recent statement and your policies.)

COMPANY	NAME OF INSURED	DAILY BENEFIT AMOUNT	LENGTH OF BENEFIT PERIOD	ANNUAL PREMIUM
		\$		\$
		\$		\$

COMMENTS:

AGREEMENT: The preceding information reflects an accurate picture of my financial position at this time.

Client 1: _____ Date: _____
Signature

Client 2: _____ Date: _____
Signature