



This information will be used to create your Elevate Plan. Your Infinity advisor will show you where you stand financially and if you are estimated to meet your financial goals and objectives. Please answer each question thoroughly and let your advisor know if you have any questions. If you need to provide additional information, you can attach a separate page.

	Client	Co-Client
Title		
Full Name		
Gender		
Date of Birth		
Current Age		
Birthplace		
Retirement Age		
Life Expectancy Est.		
Marital Status	<i>(Single, Married, Divorced, Divorced & Remarried, Divorcing, Domestic Union)</i>	
Employment Status	<i>(Employed, Owner, Unemployed, Seeking Work, Retired)</i>	
Tax Filing Status	<i>(Single, Head of Household, Married Filing Jointly, Married Filing Separately, Qualifying Widow/Widower with Dependent Child)</i>	
Citizenship		
Home Phone		
Business Phone		
Cellular Phone		
Fax		
E-mail		

Home Address

Street		
City		
State		
Zip Code		
Country		

Advisors (Such as attorney, accountant and/or other professional advisors)

	Advisor 1	Advisor 2	Advisor 3
Title/Type			
Full Name			
Business Phone			
Home Phone			
Cellular/Pager			
Fax			
E-mail			
Street Address 1			
Street Address 2			
City			
State			
Zip Code			
Country			

Beneficiaries (Children, other individuals, or entities.)

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Title/Type			
Full Name			
Dependent? Y/N			
Relationship	<i>(Child, Stepchild, Grandchild, Sibling, Niece/Nephew, Cousin, Parent, Other)</i>		
Organization (if app.)			
Street Address			
City			
State			
E-mail			
Zip Code			
Country			

Assumptions

The inflation and tax rates you select below will be used to develop your Elevate Plan. Default rates will be used if left blank.

Inflation Rate

Your analysis will assume a default inflation rate of 4%. You may change the inflation rate if you choose.

Enter the inflation rate: _____%

Household

You may indicate different tax rates in the table below.

	Before Retirement	During Retirement
Average Federal Tax Rate	%	%
Average State Tax Rate	%	%
Long-Term Capital Gains	%	%

Please specify the gross income numbers and the average annual increase of your salary, if applicable.

	Client	Co-Client
Current Annual Income	\$	\$
Average Salary Increase	%	%

Retirement Goals

Desired annual pre-tax retirement income: \$_____ or percentage of current income _____%

	Client	Co-Client
Estimated Retirement Age		
Estimated Life Expectancy		
Social Security Eligibility (%) or Estimated Social Security	%	%
Annual Pension Benefit (\$) (include all retirement income)	\$	\$

Investment Accounts

If you need more space, please print additional copies of this page.

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
Current Balance:	\$	ANNUAL CONTRIBUTIONS	Start Age End Age
Cost Basis:	\$	Before Taxes: \$	
Income Return:	%	After Taxes: \$	
Capital Appreciation:	%	Comments:	

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
Current Balance:	\$	ANNUAL CONTRIBUTIONS	Start Age End Age
Cost Basis:	\$	Before Taxes: \$	
Income Return:	%	After Taxes: \$	
Capital Appreciation:	%	Comments:	

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
Current Balance:	\$	ANNUAL CONTRIBUTIONS	Start Age End Age
Cost Basis:	\$	Before Taxes: \$	
Income Return:	%	After Taxes: \$	
Capital Appreciation:	%	Comments:	

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
Current Balance:	\$	ANNUAL CONTRIBUTIONS	Start Age End Age
Cost Basis:	\$	Before Taxes: \$	
Income Return:	%	After Taxes: \$	
Capital Appreciation:	%	Comments:	

Asset and Liabilities

If you need more space, please print additional copies of this page.

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
ASSET DETAILS		LIABILITY DETAILS	
Initial Cost:	\$	Balance Due:	\$
Current Value:	\$	Interest Rate:	%
Growth Rate:	%	Payment:	\$
Plan on selling?	No _____ Yes _____ When? _____	Payment Frequency:	

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
ASSET DETAILS		LIABILITY DETAILS	
Initial Cost:	\$	Balance Due:	\$
Current Value:	\$	Interest Rate:	%
Growth Rate:	%	Payment:	\$
Plan on selling?	No _____ Yes _____ When? _____	Payment Frequency:	

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
ASSET DETAILS		LIABILITY DETAILS	
Initial Cost:	\$	Balance Due:	\$
Current Value:	\$	Interest Rate:	%
Growth Rate:	%	Payment:	\$
Plan on selling?	No _____ Yes _____ When? _____	Payment Frequency:	

ACCOUNT NAME:		TYPE:	
OWNER:		BENEFICIARY:	
FINANCIAL FIRM:			
ASSET DETAILS		LIABILITY DETAILS	
Initial Cost:	\$	Balance Due:	\$
Current Value:	\$	Interest Rate:	%
Growth Rate:	%	Payment:	\$
Plan on selling?	No _____ Yes _____ When? _____	Payment Frequency:	

Insurance Policies

If you need more space, please print additional copies of this page.

POLICY NAME:		Face Value:	\$		
OWNER:		Cash Value:	\$		
INSURED:		Cash Value Growth:	%		
BENEFICIARY:		Premium:	\$	Annual	Monthly
INSURANCE CO.:					

POLICY NAME:		Face Value:	\$		
OWNER:		Cash Value:	\$		
INSURED:		Cash Value Growth:	%		
BENEFICIARY:		Premium:	\$	Annual	Monthly
INSURANCE CO.:					

POLICY NAME:		Face Value:	\$		
OWNER:		Cash Value:	\$		
INSURED:		Cash Value Growth:	%		
BENEFICIARY:		Premium:	\$	Annual	Monthly
INSURANCE CO.:					

POLICY NAME:		Face Value:	\$		
OWNER:		Cash Value:	\$		
INSURED:		Cash Value Growth:	%		
BENEFICIARY:		Premium:	\$	Annual	Monthly
INSURANCE CO.:					

POLICY NAME:		Face Value:	\$		
OWNER:		Cash Value:	\$		
INSURED:		Cash Value Growth:	%		
BENEFICIARY:		Premium:	\$	Annual	Monthly
INSURANCE CO.:					

Student Information

If you have multiple students, please print additional copies of this page.

	Student	College			
First Name:		College Name:			
Last Name:		Or Circle Preference:	In-State Public	In-State Private	
			Out-of-State Public	Out-of-State Private	
Date of Birth:		College Start Age:		College Start Age:	

Education Funding Accounts

	529 Plan(s)	Education IRA	Taxable Savings Account
Account Balance:	\$	\$	\$
Annual Contributions:	\$	\$	\$
From Client:	\$	\$	\$
From Others:	\$	\$	\$
Avg. Rate of Return:	%	%	%
Contribution End Age:			

Other Education Funding Sources

Income Source	Amount	Start Age	Number of Years	Increase Rate
	\$			%
	\$			%
	\$			%
	\$			%
	\$			%
	\$			%

Risk Tolerance

This section will help us understand your investment objectives, time horizons, and risk tolerance. Please circle your answers. If you are answering this as a couple, please discuss and choose your answers together.

1. What is your age?

Client

A. 56+

B. 46 - 55

C. 36 - 45

D. 18 - 35

Co-Client

A. 56+

B. 46 - 55

C. 36 - 45

d. 18 - 35

2. What is your primary overall objective?

A. Speculation / active trading

B. Long-term growth with greater risk

C. Long-term growth with safety of principal

D. Growth and income, primary consideration is capital appreciation

E. Balanced, mix of assets - primary consideration is current income

F. Income and capital preservation

3. Over the next several years you expect your annual income to:

A. Grow substantially

B. Grow moderately

C. Stay about the same

D. Decrease moderately

E. Decrease substantially

4. Do you have an emergency fund (savings of at least three months' after-tax income)?

A. Yes, I have an adequate emergency fund

B. I have an emergency fund, but it is less than three months' after-tax income

C. No, I do not have an emergency fund

5. Do you need current income (that is, will you take regular withdrawals from your savings and/or investment accounts)?

A. Yes

B. No

6. If you need income from your investments, approximately what percentage of your savings and investment accounts' current value do you need annually?

A. Less than 2%

B. Greater than 2%, but less than 4%

C. Greater than 4%, but less than 6%

D. Greater than 6%

7. Which of the following best describes your investment objectives?

A. I would like to preserve my principal and generate a moderate amount of income.

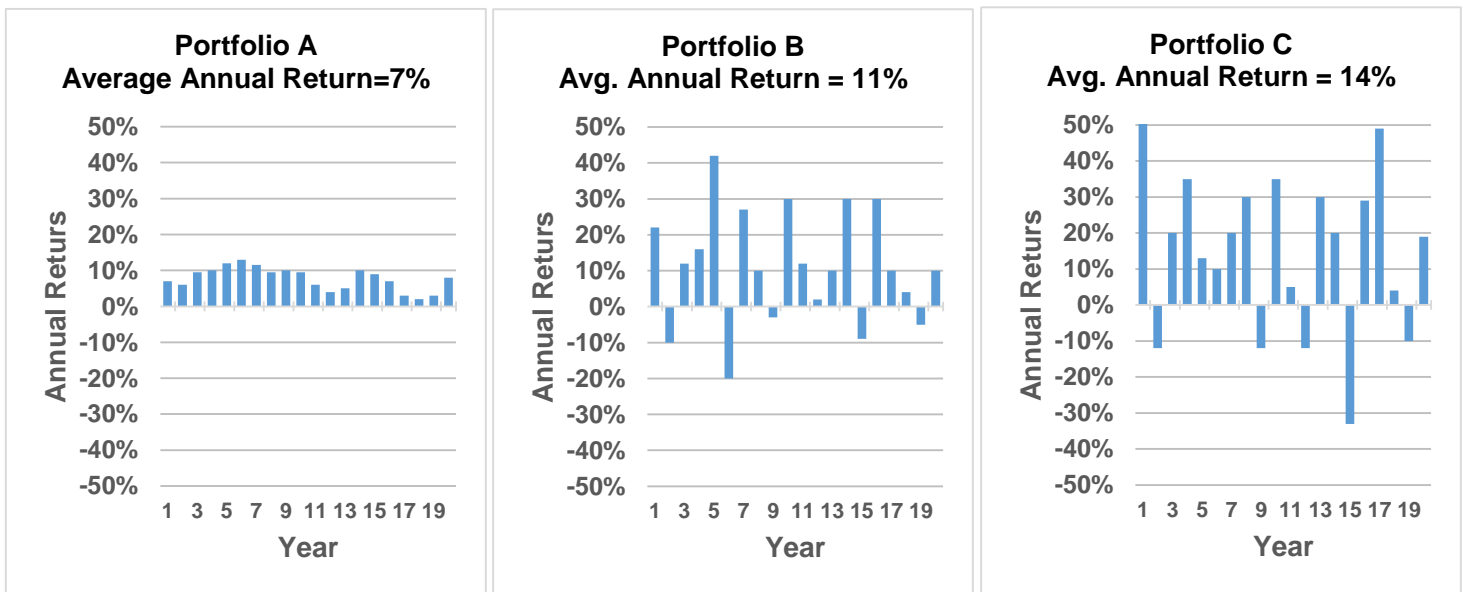
B. I would like to live off of the income generated by my investments.

C. I would like to generate some income and have the principal grow over the long term.

8. Which best describes your attitude toward balancing a desire for returns versus the risk of losing money?
- A. My primary goal is preservation of principal and risk avoidance. I will accept lower returns in an effort to avoid investment risk.
 - B. I want to avoid risk, but will accept a relatively small amount of risk to achieve a slightly higher return.
 - C. I can tolerate a moderate amount of risk in an effort to achieve a moderate amount of growth.
 - D. I want to achieve potentially high returns. I am willing to accept the high amount of risk associated with this goal.

Note: To achieve your investment objectives, it is important to continue your strategy even in periods of severe short-term price swings (volatility) as well as in prolonged down markets.

9. The following graphs show the historical year-by-year returns for three hypothetical portfolios over a 20-year period. The average annual return over the 20-year period is also indicated. Which portfolio would you choose? Note: Portfolio B is substantially riskier than Portfolio A and Portfolio C is substantially riskier than Portfolio B.
- A. Portfolio A
 - B. Portfolio B
 - C. Portfolio C



10. Which best describes your tolerance for accepting short-term risk relative to long-term growth?
- A. My primary objective is long-term maximum growth, in excess of inflation, even though the short term risk will be very high.
 - B. My primary objective is long-term growth, in excess of inflation, but I am not willing to access extreme short-term risk.
 - C. My primary objective is a moderate balance between growth, in excess of inflation, and short term risk.
 - D. My objective is to avoid short-term risk even though it is likely there will be little or no long-term growth in excess of inflation.
11. Sometimes investment losses are permanent, sometimes they are prolonged, and sometimes they are short-lived. How might you respond when you experience investment losses?
- A. Even if my investments suffered steep declines I would continue to follow my long-term investment strategy and not adjust my portfolio.
 - B. I can endure significant declines in the value of my investments and would wait at least one year before I considered adjusting my portfolio.

- C. Although declines in investment values make me uncomfortable, I would wait at least one to two quarters before adjusting my portfolio.
 - D. I would sell my investments immediately if they suffered substantial declines.
11. If you were investing in a stock mutual fund, which one would you likely choose?
- A. A fund of small, growing companies that are selling at or near their initial offering prices.
 - B. A fund that invests in both large and small companies, including those that own securities in the emerging foreign markets.
 - C. A fund that only invests in established, well-known companies that have potential for continued growth.
 - D. A fund devoted to highly diversified “blue chip” stocks that focus on companies that pay dividends.
12. Approximately when will you begin withdrawing funds from your investments to satisfy your retirement goals?
- A. At any time now, so a high level of liquidity is important
 - B. 2 - 5 years from now
 - C. 6 - 10 years from now
 - D. 11 - 20 years from now
 - E. Over 20 years from now
13. Do you plan to withdraw assets from your retirement account to fund your next major expenditure?
- A. Yes
 - B. No
 - C. Maybe
14. Once you begin to withdraw funds for your primary purpose or investment objective, over how long a period do you anticipate the withdrawals to continue?
- A. I expect to withdraw all funds in a single lump-sum
 - B. 1 - 5 years
 - C. 6 - 10 years
 - D. 11 - 20 years
 - E. Over 20 years