



CONFIDENTIAL CLIENT PROFILE

I. FAMILY:

Fax to: 540-751-1450

Your Full Name	Nick Name	Date of Birth	Age
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Spouse's Full Name	Nick Name	Date of Birth	Age
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A). Children's Names & Ages:

1) _____ Name Age DOB	3) _____ Name Age DOB
2) _____ Name Age DOB	4) _____ Name Age DOB
5) _____ Name Age DOB	6) _____ Name Age DOB

B). Residence:

Residence Address	City	State	Zip
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Mailing Address (if different from above)	City	State	Zip
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Home Phone	Cell Phone	E-mail
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II. EMPLOYMENT:

Self:

Spouse:

Occupation/Job Title _____

Occupation/Job Title _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

City **State** **Zip**

City **State** **Zip**

Work Phone: _____

Work Phone: _____

Preferred method of contact (check one): Home ___ Work ___ Cell ___ E-mail ___

III. PERSONAL GOAL PLANNING:

A). Please list your three greatest financial concerns:

- 1) _____
- 2) _____
- 3) _____

B). What is your primary reason for wanting to meet with a Financial Advisor? _____

C). What are your Primary Financial Goals that we can help you to work towards?

Rate each on a scale of 1 to 5 with 1 being the most important:

- | | |
|--|--|
| Retirement Planning _____ | Life Insurance Protection _____ |
| Education Planning _____ | Long Term Care _____ |
| Reduce Taxes _____ | Long Term Disability Protection _____ |
| Reduce Investment Risk _____ | Small Business Planning _____ |
| Increase Investment Returns _____ | Estate Planning _____ |
| Build Wealth _____ | Other _____ |

D). Where do you feel you need the most help to pursue all of your top 5 financial goals?

E). Are you anticipating any major lifestyle changes (Marriage, Divorce, New Baby, Retirement, etc) in the next 3 years? If Yes, explain: _____

F). Are you on track towards your retirement plans? Yes _____ No _____ Not Sure _____

G). How do you currently monitor your financial plans and/or investments? Please explain:

H). What strategies are you using to minimize your taxes? Please explain: _____

I). Do you have a current Financial Advisor or have you worked with one in the past? _____

J). If so, how would you rate your past experience, on a scale of 1 to 5 with 5 indicating that you were highly satisfied with the experience? Please explain why: _____

K). What attributes of a Financial Advisor are most important to you? _____

L). Are you willing to delegate your investment management to a Financial Advisor? Please explain:

M). What would need to happen over the next few years for you to feel that your relationship with your Financial Advisor has been successful? _____

IV. FINANCIAL SNAP SHOT - Please help us get a picture of where you are today:

A). What is your approximate: _____

	Annual Income	Investments	Net Worth
B). Approx Value:	You	Spouse	Joint
Emergency Cash Savings (Non-CD)	\$	\$	\$
CD's	\$	\$	\$
Current Employer Retirement Plans	\$	\$	\$
Retirement Plans still at Past Employers	\$	\$	\$
IRA Balances	\$	\$	\$
Roth Balances	\$	\$	\$
Annuities	\$	\$	\$
Non Retirement Investment Accounts	\$	\$	\$
Education Funds	\$	\$	\$
Life Insurance Coverage	\$	\$	\$
Home Value	\$	\$	\$
Total Mortgage (1st, 2nd, HELOC)	\$	\$	\$
Business Value	\$	\$	\$
Non Mortgage Debt (Credit Cards, Loans, etc)	\$	\$	\$

C).	Yes	No
Do you participate in your work retirement program?	_____	_____
Other than your work savings plan, do you save each month?	_____	_____
Do you have a pension?	_____	_____
Is your Life Insurance coverage only at work?	_____	_____
Do you have a 529 Savings Plan?	_____	_____
Do you have Credit Card debt?	_____	_____

D). Is there any other information that you would like us to know? _____

E). How did you hear about Friberg Wealth Management? _____

Thank you for taking the time to complete this form. All answers will be kept strictly confidential.