

GETTING STARTED

Any advice or recommendations will be based on the information you provide. Incomplete or inaccurate information will negatively impact results. We realize that we may request more information than other planners, but the extra time that you invest will help us develop a more complete picture. All information provided is in the strictest confidence.

Once you have completed the questionnaire, please return it to us at least 2 days prior to your appointment. Please also review a copy of our ADV Part 2 and Privacy Policy on our website at www.copperleaffinancial.com/legal-disclaimer.html.

	PERSONAL DATA	
Basic Information	Client 1	Client 2
Legal Name:		
Date of Birth:		
Street Address:		
City, State & Zip:		
Phone Number:		
Email Address:		
Interests / Hobbies:	<u></u>	
Important Relationships	(Children, grandchildren, or other)	
Name:	DOB:	Relationship:
Name:	DOB:	Relationship:
Name:	DOB:	Relationship:
	EMPLOYMENT / INCOME DA	ATA
Basic Information:	Client 1	<u>Client 2</u>
Employer Name:		
Occupation/Job Title:		
Gross Annual Salary:		
Other Income:		

FINANCIAL QUESTIONS			
What is your approximate Net Worth? (Assets-Liabilities)	\$		
Do you own a business or rental real estate?		YES	NO
Do you currently save for retirement?		YES	NO
If so, how much do you have saved?	\$		
Does your employer offer a retirement plan?		YES	NO
Do you have an HSA?		YES	NO
Do you have a Will and/or Trust and POA?		YES	NO
Do you have any of the following types of insurance?			
Long-Term Care Insurance		YES	NO
Life Insurance		YES	NO
Disability Insurance		YES	NO
Do you save for college expenses?		YES	NO
If yes, do you currently have a 529 plan?		YES	NO
Do you make annual charitable donations?		YES	NO
If yes, how much?			
PERSONAL BUSINESS ADVISORS	S		
Attorney Name & Company:			
Accountant Name & Company:			
Insurance Agent Name & Company:			
How did you hear about Copper Leaf Financial?			
Who referred you to Copper Leaf Financial?			

FINANCIAL PLANNING GOALS & OBJECTIVES

The following goals and objectives are the ones most often mentioned by our clients. Prioritize your top 5 goals in order of importance on the right side, with #1 being the most important goal. Make additional comments where appropriate or in the notes below.

	CLIENT 1	CLIENT 2
Minimize current income tax		
Fund college expenses		
Know how my money is invested		
Arrange financial affairs for more convenient management		
Align my investments with my values (SRI/ESG*)		
Select appropriate investments for retirement funds		
Assure adequate retirement income for as long as needed		
Determine how, where, and when to draw retirement income		
Plan for the sale or transfer of a business		
Establish or review my estate plan (wills, trusts, power of attorney, etc.)	· 	
Reduce estate taxes	· 	
Engage heirs or family in financial / wealth discussions	· -	
Leave a legacy for my family	· -	
Transfer assets to the next generation		
Create a giving plan		
Make significant gifts to charity		
Make a difference with my money		
Make smarter decisions with my money		
Worry less about money		
Reduce risk		
Provide for Long Term Care in Retirement		
Prevent 3rd parties from taking my assets		
Additional Goals & Objectives (Priorities, etc.):		

PRIORITY

^{*}SRI/ESG = Sustainable Responsible Impact/Environmental, Social & Governance investing incorporates screens and mission & impact related investment portfolios designed according to defined ethical, environmental or social guidelines.