

Step 1



Kingston

Wealth
Management
Group

Client Profile Form

**Financial Planning and
Wealth Management**

Office Notes

Date:	
Reason For Call: (Planning, Investment, Tax, Insurance, Other)	
Assigned Financial Advisor:	
Source:	
Referred By:	

For Office Use Only:

	Add to R/T	Add R/T Roles	Add R/T Tag	Launch Intro W/F	Client Contact 1	Client Contact 2	Meeting Sched	Send Card	Onboarding W/F
Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CSA Initials: _____



Client Profile Form

Kingston Wealth Management Group

In addition to completing the sections of this form, please provide a copy of any statements related to assets, liabilities, or insurance. A copy of your most recent tax return will also be helpful in creating your Financial Plan.

BASIC PROFILE INFORMATION

Client #1	Response		
Full Name	<input type="checkbox"/>	Primary Household Contact	
Address			
Home Phone	<input type="checkbox"/>	Primary Household Phone	
Cell Phone	<input type="checkbox"/>	Primary Household Phone	
Email Address	<input type="checkbox"/>	Primary Household Email	
Date of Birth			
Social Security Number			
Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
ID Information:	Number:	State:	Expiration:

SPOUSAL PROFILE INFORMATION

Client #2	Response		
Full Name	<input type="checkbox"/>	Primary Household Contact	
Address	<input type="checkbox"/>		
Home Phone	<input type="checkbox"/>	Primary Household Phone	
Cell Phone	<input type="checkbox"/>	Primary Household Phone	
Email Address	<input type="checkbox"/>	Primary Household Email	
Date of Birth			
Social Security Number			
Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
ID Information:	Number:	State:	Expiration:

MISCELLANEOUS INFORMATION

Item	Response
Marital Status	
Number of Dependents	
Residence: Own or Rent?	
<i>If Own, what is the mortgage?</i>	
<i>If Own, approx. home value?</i>	
Number of Years There?	
Do you own other property?	
<i>If yes, what is the mortgage?</i>	
<i>If yes, approx. home value?</i>	
Alma Mater(s)	
Favorite Restaurant	

EMPLOYMENT & INCOME INFORMATION

Item	Response
Employer (Even if Retired)	
Employer's Full Address	
Occupation / Title	
Annual Salary or Income	
Source of Income, if retired	
Employed Since	
Retirement Date	
Work Phone Number	

SPOUSAL EMPLOYMENT & INCOME INFORMATION

Item	Response
Employer (Even if Retired)	
Employer's Full Address	
Occupation / Title	
Annual Salary or Income	
Source of Income, if retired	
Employed Since	
Retirement Date	
Work Phone Number	

HOUSEHOLD INFORMATION

Item	Response
Household Annual Income	
Estimated Net Worth	
Liquid Net Worth (<i>excludes home</i>)	
Total Liabilities / Debts	
Federal Tax Bracket	0 - 15% <input type="checkbox"/> 16-25% <input type="checkbox"/> 26-30% <input type="checkbox"/> 31-35% <input type="checkbox"/> >35% <input type="checkbox"/>

BENEFICIARY INFORMATION FOR YOUR RETIREMENT PLANS

Item	Primary or Contingent
Name	
Date of Birth	
Social Security Number	
Relationship	

Item	Primary or Contingent
Name	
Date of Birth	
Social Security Number	
Relationship	

Item	Primary or Contingent
Name	
Date of Birth	
Social Security Number	
Relationship	

ASSETS

ASSET INFORMATION	DETAILS
Bank Checking	
Bank Savings	
Other Bank Assets	
Investment Account 1	
Investment Account 2	
Investment Account 3	
Retirement Account 1	
Retirement Account 2	
Retirement Account 3	
Company Stock Options	
Annuities	
Other Assets	

LIABILITIES

DEBT INFORMATION	DETAILS
Credit Cards	
Car Loans	
Student Loans	
Home Equity Loans	
Other Debt	

ESTATE PLANNING

LEGAL INFORMATION	Yes or No / DETAILS
Will	
Trust	
Healthcare Directives	
Power of Attorney	
Final Expenses	

INSURANCE INFORMATION	CLIENT #1		CLIENT #2	
	VALUE	TERM	VALUE	TERM
ASSET INFORMATION				
Do you currently have life insurance?				
Do you have long-term care insurance?				
Do you have disability insurance?				

OTHER PROFESSIONAL ADVISORS

ADVISOR	NAME	PHONE NUMBER	WANT A REFERRAL?
Accountant / CPA:			
Trust & Estate Attorney:			
Other:			

CLIENT #1: PRE & POST-RETIREMENT SAVINGS/INCOME INFORMATION

SAVINGS INFORMATION	VALUE
Approximately how much money are you saving each year?	
Of this total, approximately how much is being saved into retirement accounts?	
Of this total, approximately how much is being saved into taxable accounts?	
Of this total, approximately how much is being saved into education accounts?	

INCOME INFORMATION	VALUE	TIME HORIZON
Approximately how much Social Security income will you be collecting?		
What is the approximate value of any other post-retirement income source?		

CLIENT #2: PRE & POST-RETIREMENT SAVINGS/INCOME INFORMATION

SAVINGS INFORMATION	VALUE
Approximately how much money are you saving each year?	
Of this total, approximately how much is being saved into retirement accounts?	
Of this total, approximately how much is being saved into taxable accounts?	
Of this total, approximately how much is being saved into education accounts?	

INCOME INFORMATION	VALUE	TIME HORIZON
Approximately how much Social Security income will you be collecting?		
What is the approximate value of any other post-retirement income source?		

CUSTOMIZED COMMUNICATION PLAN

Financial reviews are an important part of our communication plan with you. In order to accommodate your preferences, please answer the following questions:

How often would you like to have a formal review?

- Annually Semi-Annually

In what setting would you like them to be conducted?

- In-office reviews Over-the-phone reviews
 A combination of both
-

MAKING THINGS EASIER FOR YOU

The following is a list of complimentary services available to you. Please select any that you would like to learn more about.

- Direct Deposit** – Set up a systematic deposit or withdrawal into or out of your Kingston accounts.
 - E-Delivery** – Statements and other related communications can be received electronically.
 - Kingston Online Access** – The ability to view your Kingston accounts safely & securely online, with 24/7 access.
 - Virtue** – A tool which allows you to view Kingston & outside accounts in one location.
-

ADDITIONAL NOTES:

Notes

Investment Profile Questionnaire

What is your prior investment experience? (Individual Stocks, Bonds, Mutual Funds, ETFs, SMAs)

On a scale of 1 to 10, with 1 being the most conservative and 10 the most aggressive, where do you fall on the scale?

1	2	3	4	5	6	7	8	9	10
Preservation of capital while minimizing losses and fluctuations as much as possible			A balanced investment mix of growth and income with tolerance for some risk				Maximum growth of assets with corresponding tolerance for risk and fluctuations		

Keep in mind, when we mention income here, we are referring to investments that generate income or dividends, not literal withdrawals from the portfolio itself

What percentage of your portfolio would you prefer to be invested in equities (stocks)?

If Jerome Powell, the Chairperson of the Federal Reserve, announced that the economy is showing signs of a slowdown, how would you react?

- A. Would you ask to decrease your exposure and increase cash?
- B. Would you do nothing as you are a long-term investor?
- C. Would you want to increase your exposure to take advantage of a buying opportunity?

Which of the following best describes your investment objective?

- A. Maximum Growth
- B. Growth and Income
- C. Current Income
- D. Preservation of Capital

What time period will you use in evaluating the performance of this investment program?

- A. Five to Ten years
- B. Three to Five years
- C. One to Three years
- D. Less than One year

Would you prefer...

- Constant Returns or High Rewards?
- Current Income or Capital Appreciation?
- No Down Years or Outperform the Market?

This is you speaking here, please choose one of the following statements.

- A. I am not prepared to accept risk.
- B. I am willing to experience some risk in order to exceed inflation.
- C. I would like to take on additional risk to achieve higher returns while recognizing the chance of losing some portion of my money during falling markets.
- D. I am willing to assume substantial risk for the opportunity to maximize returns, while recognizing the probability of losing money during falling markets.

If you invested \$1,000,000 today and began losing money, at what point would you choose to sell and discontinue the program?

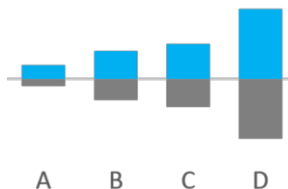
- A. \$950,000
- B. \$900,000
- C. \$850,000
- D. \$800,000
- E. You would not sell because you are a long-term investor.

Which of the following concerns you most?

- A. Losing money over the short-term.
- B. Having insufficient assets to meet your objectives.
- C. Concern that the market is too high.
- D. Not participating in rising markets.

Please choose one of the following four hypothetical portfolios with a potential 1 year gain and possible 1 year loss.

- A. Up 4%, down 1%
- B. Up 8%, down 6%
- C. Up 10%, down 8%
- D. Up 20%, down 17%



When do you anticipate the requirement to withdrawal more than 10 percent of the principle from this account?

- A. Five years or more
- B. Three to five years
- C. Two to three years
- D. Less than two years

Would you like to receive regular withdrawals? (Specify the exact day and tax withholding)

- A. Monthly
- B. Quarterly
- C. Semi-annually
- D. Annually

Do you anticipate extraordinary expenses?

Notes





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Expense Worksheet

Categories	Monthly	Annually	Categories	Monthly2	Annually 2
<u>Housing</u>			<u>Transportation</u>		
Mortgage (provide statement)			Loan/Lease		
Community Dues			Gas		
Electricity/Gas			Maintenance		
Water			Insurance		
Garbage Pickup			Other		
Telephone			<u>Subtotal</u>		
Cable TV/Internet			<u>Food And Beverages</u>		
Security System			Groceries		
Pool System			Household Supplies		
Lawn System			Dining Out		
Maid Service			Other		
Maintenance			<u>Subtotal</u>		
Property Taxes			<u>Clothing</u>		
Pest/Bug Service			Household Member 1		
Furnishings			Household Member 2		
Other			Household Member 3		
<u>Subtotal</u>			Household Member 4		
<u>Insurance Premiums</u>			Household Member 5		
Homeowners			<u>Subtotal</u>		
Medical			<u>Child Care</u>		
Dental			Daycare/Babysitter		
Life (provide statement)			Sports Activities		
Disability			Summer Camp		
Long Term			Other		
Other			<u>Subtotal</u>		
<u>Subtotal</u>			<u>Personal Care and Cash</u>		
<u>Medical/Dental/Prescriptions</u>			Dry Cleaning		
Vision			Hair/Nails/Facials		
Co-Pay			Cosmetics		
Deductible			Shoe Shine		
Medication/Vitamins			Health Club/Massage		
Other			Miscellaneous Cash		
<u>Subtotal</u>			Other		
<u>Installment Debt Payments</u>			<u>Subtotal</u>		
Student Loans (provide statement)			<u>Education/Self Improvement</u>		
Credit Card (provide statement)			Private School/College		
Addl Mortgage			Classes		
Other			Coaching/Therapy		
<u>Subtotal</u>			Association Fees		
			Other		
<u>Vacations and Holidays</u>			<u>Subtotal</u>		
Travel Tickets			<u>Entertainment</u>		
Hotels/Car Rental			Sports/ Concert Tickets		
Food/Entertainment			Movies/Videos		
Other			Country Club		
<u>Subtotal</u>			Other		
<u>Pets</u>			<u>Subtotal</u>		
Food			<u>Charitable Contributions</u>		
Veterinarian			House of Worship		
Other			Other		
<u>Subtotal</u>			<u>Subtotal</u>		
<u>Miscellaneous</u>			<u>Gifts</u>		
Support/Alimony			Holidays		
Recreational Activities			Birthdays		
Hobbies			Weddings		
Other			Other		
<u>Subtotal</u>			<u>Subtotal</u>		
<u>Savings</u>					
401k, 403B, SEP IRA (provide statement)					
IRA, Roth (provide statement)					
College Savings (provide statement)					
Other				<u>Annually</u>	
<u>Subtotal</u>			<u>Total Expenses</u>		