

The Financial BLUEPRINT

DAY

DATE

TIME

LOCATION

ADVISOR

We are looking forward to getting together with you. If you have any questions or require special assistance prior to your visit, please call our office at 310-645-0001.

Please bring the following items at the time of our visit:

1. *ALL* Brokerage Firm Statements
2. *ALL* Life Insurance and Annuity Policies
3. *ALL* IRA & Retirement Statements
4. Two Years of Tax Returns
5. Social Security Statements (ssa.gov)



EFC WEALTH MANAGEMENT FIRM
"Helping You Turn Your Dreams Into Reality"

Confidential Financial Questionnaire

Date: _____

CONTACT INFORMATION

Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Working At/Retired From: _____ Current/Former Occupation: _____

How Long at Employer: _____

Retired? Yes No Semi

Spouse Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Working At/Retired From: _____ Current/Former Occupation: _____

How Long at Employer: _____

Retired? Yes No Semi

Home# (Primary): (____) _____ Cell# (Primary): (____) _____ Email (Primary): _____

Spouse Home#: (____) _____ Cell#: (____) _____ Email: _____

Were you referred to us? Yes No If so, by whom? _____

FAMILY

Children's Names	D.O.B.	S.S.	Age	Number of Grandchildren	Grandchildren Ages
Child 1 Name					
Child 2 Name					
Child 3 Name					
Child 4 Name					
Child 5 Name					

BENEFICIARIES

Who are your trustees and/or executor? _____

Do any of your children or grandchildren have special needs? Yes No

Are any of your children or grandchildren listed as joint owners? Yes No

LEGAL ITEMS

Which of the following documents do you have?

- | | Yes | No |
|--------------------------------|--------------------------|--------------------------|
| Will | <input type="checkbox"/> | <input type="checkbox"/> |
| Power of Attorney (POA) Assets | <input type="checkbox"/> | <input type="checkbox"/> |
| Power of Attorney (POA) Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Living Will | <input type="checkbox"/> | <input type="checkbox"/> |
| Living Trust | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Last Updated _____ | | |

ADD'L ITEMS

Which of the following do you have?

- | | Yes | No |
|---|--------------------------|--------------------------|
| Umbrella Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Care Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepaid your funeral? | <input type="checkbox"/> | <input type="checkbox"/> |
| Death Benefit Type Whole Term Universal | | |
| Death Benefit \$ _____ | | Term/Perm |
| Death Benefit \$ _____ | | Term/Perm |

Confidential Financial Questionnaire

Date: _____

CASH FLOW

Please list **monthly income** from each source:

Primary | Age: _____ Spouse | Age: _____

Social Security _____

Pension _____

(Survivor Options) _____

Wages _____

Other Income _____

Are these amounts net or gross? Gross Net _____

How much are your monthly expenses? _____

Here are some common expenses: *Mortgage, Food, Gas, Car Loan, Insurance, Utilities, Gifts/Donations, Medical, Taxes, etc.*

Is your current cash flow sufficient and comfortable? Yes No

Do you take any withdrawals from your retirement savings to meet your current budget? Yes No Don't Know

Do you anticipate any significant changes in cash flow? Yes No Don't Know

Are you planning any major lifestyle changes? Yes No Don't Know

Do you foresee any large purchases greater than \$5,000 within the next 3 years? Yes No Don't Know

Do you contribute to charity? Yes No

LIFE GOALS

Goals in Retirement: (Please check all that apply)

Travel Spend Time With Family

Start Business Buy Real Estate

Give Back to Charities Work Part Time

Take Care of Parents

Other: _____

LIFE CONCERNS

Health

Managing Debt

Running Out of Money

Taxes

Other: _____

College Planning for Children

Risk

Social Security

Potential Loss in Markets

PRIMARY ASSETS

Assets: Please check off the accounts you currently hold, note the approximate value and bring in the latest statement.

Total Assets \$ _____

Bank / Credit Union Accounts \$ _____ Retirement Accounts from Work \$ _____

CDs \$ _____ IRAs / 401(k) / 403(b) / Keoghs / TSAs \$ _____

Mutual Funds / Stocks / Bonds \$ _____ Life Insurance \$ _____

Brokerage Accounts \$ _____ Long Term Care Insurance \$ _____

Business Interest \$ _____ Promissory Notes / Contract for Deed \$ _____

Annuities \$ _____ Other Assets \$ _____

Property:	Balance Owed	Payment	Pay off date
Home Value \$ _____	_____ / \$ _____	_____ /	_____ /
Autos and Personal Property \$ _____	_____ / \$ _____	_____ /	_____ /
Rental/Add'l Properties \$ _____	_____ / \$ _____	_____ /	_____ /

SPOUSAL ASSETS

Assets: Please check off the accounts you currently hold, note the approximate value and bring in the latest statement.

Bank / Credit Union Accounts \$ _____ Retirement Accounts from Work \$ _____

CDs \$ _____ IRAs / 401(k) / 403(b) / Keoghs / TSAs \$ _____

Mutual Funds / Stocks / Bonds \$ _____ Life Insurance \$ _____

Brokerage Accounts \$ _____ Long Term Care Insurance \$ _____

Business Interest \$ _____ Promissory Notes / Contract for Deed \$ _____

Annuities \$ _____ Other Assets \$ _____

Property:	Balance Owed	Payment	Pay off date
Home Value \$ _____	_____ / \$ _____	_____ /	_____ /
Autos and Personal Property \$ _____	_____ / \$ _____	_____ /	_____ /
Rental/Add'l Properties \$ _____	_____ / \$ _____	_____ /	_____ /

Confidential Financial Questionnaire

Date: _____

OBJECTIVE / RISK

Investment Objective

- Capital Preservation:** Avoiding risk of loss is more important than growth in account value.
- Income:** Emphasis is placed on generation of current income with low or moderate risk of capital loss.
- Growth with Income:** Emphasis is placed on modest capital growth with some focus on generation of current income and moderate risk of capital loss.
- Growth:** Emphasis is placed on achieving high long-term growth and capital appreciation with little regard for capital preservation. There may be some focus on generation of income.
- Aggressive Growth:** An aggressive investment strategy with emphasis placed on maximum growth of account value. Growth may come from capital appreciation, income or both. This objective has the highest level of risk and is usually for investors with a long time horizon.

Risk Tolerance

- Low:** Investor is sensitive to short-term losses but is seeking to outperform inflation over the long term.
- Moderate:** Investor is willing to accept more risk than the conservative investor in order to achieve long-term returns that outperform inflation over time.
- High:** Investor may seek to significantly outperform inflation in the short term and accepts the possibility of losses of principal.
- Speculation:** A very aggressive risk level in which an investor assumes the highest level of risk in anticipation of gain with a higher than average possibility of significant loss of principal.

INVESTMENT KNOWLEDGE

How long have you been employing the following as part of your strategy:

Stocks / Equities	_____ years	Annuities – Variable	_____ years
Real Estate	_____ years	Mutual Funds	_____ years
Options	_____ years	Annuities – Fixed	_____ years
Insurance	_____ years	REITs	_____ years
Bonds / Fixed Income	_____ years	Annuities – Index	_____ years

PERSONAL INFORMATION

EFC Advisor Use Only

Name: _____
Date of Birth: _____ Social Security: _____
Gender: _____ Marital Status: _____ # of Dependents: _____ U.S. Citizen: (Y/N) _____
Phone Number: _____ Email: _____
Driver's License Number: _____ Issued: _____ Expiration: _____
State/Country of Issuance for Driver's License: _____
Employer Name: _____
Title/Occupation: _____ Industry: _____ How Long Employed: _____
Work Address: _____
Anticipated Retirement Date: ___/___/___

IF ALREADY RETIRED, ANSWER THE FOLLOWING:

What is your source of income? (e.g., Rental Income, Pension, Social Security, Investment Income, etc.)

What is your former occupation (if applicable)?

FINANCIAL INFORMATION

Annual Household Income: \$ _____ Monthly Expenses: \$ _____
Estimated Net Worth (excluding primary residence): \$ _____
Liquid Net Worth (Cash, Stocks, Bonds, etc.): \$ _____

Account Open: Traditional Rollover IRA Roth IRA TOD Individual Sep IRA Beneficiary IRA Trust

SPOUSE PERSONAL INFORMATION

EFC Advisor Use Only

Name: _____
Date of Birth: _____ Social Security: _____
Gender: _____ Marital Status: _____ # of Dependents: _____ U.S. Citizen: (Y/N) _____
Phone Number: _____ Email: _____
Driver's License Number: _____ Issued: _____ Expiration: _____
State/Country of Issuance for Driver's License: _____
Employer Name: _____
Title/Occupation: _____ Industry: _____ How Long Employed: _____
Work Address: _____
Anticipated Retirement Date: ___/___/___

IF ALREADY RETIRED, ANSWER THE FOLLOWING:

What is your source of income? (e.g., Rental Income, Pension, Social Security, Investment Income, etc.)

What is your former occupation (if applicable)?

FINANCIAL INFORMATION

Annual Household Income: \$ _____ Monthly Expenses: \$ _____
Estimated Net Worth (excluding primary residence): \$ _____
Liquid Net Worth (Cash, Stocks, Bonds, etc.): \$ _____

Account Open: Traditional Rollover IRA Roth IRA TOD Individual Sep IRA Beneficiary IRA Trust

EFC Advisor Use Only (Strategic Allocation Model)

Model Name: _____ % _____ Advisor Fee: _____ % Platform Fee: _____ %
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Appointment Date: ___/___/___ @ Time: _____ : _____ am / pm

Set up visit in Calendly: _____

Name of Visit: _____

Clients: _____

CURRENT PLAN DESIGN

\$ _____

\$ _____ or % _____

Fence Tax Free, Health & Legacy Strategies

- Roth Conversion
- LIRP (Life Insurance Retirement Plan)
- Living Trust
- Medical Supplements
- Disability Backup (LTC)

\$ _____ or % _____

Foundation Principal Protected Funds

- Unique Interest Crediting
- Principal Protection
- Lifetime Income Guarantee

**Insurance product guarantees based on the financial strength of issuing company.*

\$ _____ or % _____

Walls Alternative Investment

- Non-Correlated to Stock Market
- Health Care, Multi-Family REITS
- Real Estate
- Self-Storage
- Private Equity
- Individual Corp. Bond

\$ _____ or % _____

Roof Actively Managed Funds

- Stock Market Opportunity
- Full Transparency
- 100% Liquid

\$ _____ or % _____

Bank Emergency Funds

NEXT STEPS ...

- ✓ 1. _____
- ✓ 2. _____
- ✓ 3. _____
- ✓ 4. _____
- ✓ 5. _____

UNDERSTANDING TAX STRATEGIES



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