



# INITIAL CLIENT DISCOVERY

Client:

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Date Completed:

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## **Paladini Financial Management**

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# CLIENT & SPOUSE PROFILE

## PERSONAL INFORMATION

Client's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Married, how long?

Is Client a U.S. citizen?    Y        N

Is Spouse a U.S. citizen?    Y        N

Country of Citizenship: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Client's Birthdate: \_\_\_\_\_

Spouse's Birthdate: \_\_\_\_\_

Client's DL # and State: \_\_\_\_\_

Spouse's DL # and State: \_\_\_\_\_

Client DL Expiration: \_\_\_\_\_

Spouse DL Expiration: \_\_\_\_\_

Client's Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Client's Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Client's Work Address: \_\_\_\_\_

Spouse's Work Address: \_\_\_\_\_

Primary Contact:    Client     Spouse

Primary Residence Address:

Used for tax purposes \_\_\_\_\_

For how long? \_\_\_\_\_

City State Zip Code

Preferred Mailing Address: \_\_\_\_\_

|                          | Phone Number | Fax Number  |
|--------------------------|--------------|-------------|
| Residence                |              |             |
| Client Business          |              |             |
| Spouse Business          |              |             |
| Cell/Mobile Phone-Client |              |             |
| Cell Phone-Spouse        |              |             |
| Client e-mail addresses  | Home: _____  | Work: _____ |
| Spouse e-mail addresses  | Home: _____  | Work: _____ |

Who does most of the family budgeting and/or money management? Client  Spouse

## FAMILY INFORMATION

| Name | Date of Birth | Male or Female | Relationship to Client or Spouse* | Natural Adopted Stepchild | Dependent (on you for financial support)? |
|------|---------------|----------------|-----------------------------------|---------------------------|---|
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |
|      |               |                |                                   |                           |   |

\* Some examples would be: son, granddaughter, mother-in-law, etc.

Note here if you are currently pregnant, or have plans to have additional children: \_\_\_\_\_

Note here if there are any significant health problems with any person listed above: \_\_\_\_\_

## YOUR OTHER CURRENT ADVISORS

| ADVISORS                     | NAME   | INCLUDE IN DECISION MAKING?                              | PHONE |
|------------------------------|--|--|-------|
| Attorney:                    |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |
| CPA:                         |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |
| Insurance Agent:             |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |
| Financial advisor:           |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |
| Year of last financial plan: | How many financial advisors have you had in the past five years: _____ |  |       |
| Are you considering leaving? | Why? _____   |  |       |

# OPTIONAL PERSONAL INFORMATION

Do you expect to receive any inheritances? If so, please describe:

|         | Amount   | Type of property<br>(e.g., stocks, real estate, etc.) | Benefactor's Age &<br>Relation to You | Is this Written in the<br>Benefactor's Will?          |
|---------|----------|---|---------------------------------------|---|
| Client: | \$ _____ | _____   | ____                                  | Y <input type="checkbox"/> N <input type="checkbox"/> |
|         | \$ _____ | _____   | ____                                  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Spouse: | \$ _____ | _____   | ____                                  | Y <input type="checkbox"/> N <input type="checkbox"/> |
|         | \$ _____ | _____   | ____                                  | Y <input type="checkbox"/> N <input type="checkbox"/> |

What is the risk of losing your job for any reason: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

## OPTIONAL PERSONAL INFORMATION, CONTINUED

When do you plan to or at what age do you want to target retirement?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

What is your primary goal(s) for this planning relationship?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Do you or your spouse have any known medical problems? (e.g., high blood pressure, asthma, etc.)?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Do you have any lawsuits pending? Are you the plaintiff or defendant, how much money is involved, etc.

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

What are your primary hobbies and interests?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Are you or your spouse a member of any Board of Directors or Board of Trustees?

Corporate

Charitable

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your credit rating: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

# INVESTMENTS: GOALS AND RISK TEMPERAMENT

| <b>Your Investment and Planning Goals and Objectives</b> | Not Important |  | Somewhat Important |  | Very Important |  | Your Ranking: 1 - 11<br>(1 = Most important)<br>Please don't use the same number more than once.<br>Client      Spouse |  |
|--|---------------|--|--------------------|--|----------------|--|--|--|
|  | Client Spouse |  | Client Spouse      |  | Client Spouse  |  |  |  |
| 1) Accumulating wealth for the future                    |               |  |                    |  |                |  |  |  |
| 2) Charitable giving                                     |               |  |                    |  |                |  |  |  |
| 3) Children/Grandchildren's education                    |               |  |                    |  |                |  |  |  |
| 4) Controlling expenses or debt                          |               |  |                    |  |                |  |  |  |
| 5) Emergency cash reserves                               |               |  |                    |  |                |  |  |  |
| 6) Major purchases                                       |               |  |                    |  |                |  |  |  |
| 7) Preserving wealth for heirs                           |               |  |                    |  |                |  |  |  |
| 8) Protection from death or disability                   |               |  |                    |  |                |  |  |  |
| 9) Reducing income taxes                                 |               |  |                    |  |                |  |  |  |
| 10) Retirement/financial Independence                    |               |  |                    |  |                |  |  |  |
| 11) Other: _____   |               |  |                    |  |                |  |  |  |

Please describe the best, and worst, financial investments you've ever made:

Client: Best: \_\_\_\_\_ Worst: \_\_\_\_\_

Spouse: Best: \_\_\_\_\_ Worst: \_\_\_\_\_

Please list **all** expected cash withdrawals from your investments that you will have with us, and their time frames:

Examples: \$10,000 next year to buy a boat. \$3,000 a month when I retire in two years.

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

We'd like to know what you think investment risk is so we'll be talking about the same thing in our discussions. Please write a short sentence describing what you think investment risk is:

Example: Investment risk to me means the risk of losing any money that I invested.

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

List any investment-related personal preferences and/or constraints that we should take into consideration:

Examples: Don't sell any XYZ stock; don't buy any emerging market funds.

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

# CREATING YOUR PERSONAL STATEMENT OF EXPECTATIONS

A sample list might look like this:

- Client:** 1) *We need quality investment advice because we don't have time to do it ourselves.*  
2) *We want to get a good return on our investments, but we don't want to worry about them.*  
3) *We want to be informed about income tax saving opportunities.*  
4) *We would like to have financial statements that we can easily understand.*

- Spouse:** 1) *Our accountant needs timely information for our tax returns.*  
2) *We want ideas how to help our children and grandchildren financially.*  
3) *We are worried about paying too much in federal estate taxes.*  
4) *We want to be kept informed about ideas that may be useful to us or to our children.*

**CLIENT:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

Is there anything you think we should have asked you on these forms, but didn't? \_\_\_\_\_  
\_\_\_\_\_

**SPOUSE:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

Is there anything you think we should have asked you on these forms, but didn't? \_\_\_\_\_

# ASSET SUMMARY

| Asset Type                               | Dollar Amount | Liability Type   | Dollar Amount |
|--|---------------|--|---------------|
| <b>CASH EQUIVALENTS:</b>                 |               | <b>REAL ESTATE DEBT:</b>   |               |
| Checking & Savings Accounts              | \$ _____      | 1 <sup>st</sup> Mortgage on  | \$ _____      |
| Money Market Accounts                    | \$ _____      | 2 <sup>nd</sup> Mortgage on Residence  | \$ _____      |
| CDs (Certificates of Deposit)            | \$ _____      | Loans on Other Residences  | \$ _____      |
| T-Bills                                  | \$ _____      | All Rental Mortgages   | \$ _____      |
| Whole Life Insurance Cash Values         | \$ _____      | Subtotal:  | \$ _____      |
| (↑ <i>Not death benefit!</i> ) Subtotal: | \$ _____      | <b>OTHER LIABILITIES:</b>  |               |
| <b>SECURITIES (NON-CASH):</b>            |               | All Vehicle Loans  | \$ _____      |
| Individual Bonds or Notes                | \$ _____      | Credit Card Debt (not paid off monthly)  | \$ _____      |
| Mutual Funds                             | \$ _____      | All Aircraft & Boat Loans  | \$ _____      |
| Fixed Annuities                          | \$ _____      | Investment/Margin Loans  | \$ _____      |
| Variable Annuities                       | \$ _____      | Business Loans   | \$ _____      |
| Variable Life Cash Values                | \$ _____      | Life Insurance/401(k)  | \$ _____      |
| Individual Stocks                        | \$ _____      | All Other Debt or Loans  | \$ _____      |
| Limited partnerships                     | \$ _____      | All Other Debt or Loans  | \$ _____      |
| Subtotal:                                | \$ _____      | <b>Total:</b>  | \$ _____      |
| <b>OTHER SECURITIES:</b>                 |               | <b>TOTAL ASSETS:</b> \$ _____  |               |
| IRAs/Keoghs/TSAs/401(k)s                 | \$ _____      | <b>TOTAL LIABILITIES:</b> \$ _____   |               |
| Precious Metals                          | \$ _____      | <b>NET WORTH:</b> \$ _____   |               |
| ESOP/Employer Stock Options              | \$ _____      | <b>Client Incomes:</b><br>Total Annual Earned Income: \$ _____<br>Total Annual Unearned Income: \$ _____<br><br><b>Spouse Incomes:</b><br>Total Annual Earned Income: \$ _____<br>Total Annual Unearned Income: \$ _____ |               |
| Business Interests (Assets)              | \$ _____      |  |               |
| Loans Payable to You                     | \$ _____      |  |               |
| Rental Real Estate                       | \$ _____      |  |               |
| Raw Land & Other Real Estate             | \$ _____      |  |               |
| Subtotal:                                | \$ _____      |  |               |
| <b>PERSONAL EFFECTS:</b>                 |               |  |               |
| Personal Residence                       | \$ _____      |  |               |
| Gems, Artwork, Collections               | \$ _____      |  |               |
| Autos & Personal Effects                 | \$ _____      |  |               |
| <b>Total:</b>                            | \$ _____      |  |               |
|  |               | <b>Tax Rate:</b>   |               |



# ESTATE PLANNING

|   | Client | Spouse |
|---|--------|--------|
| Do you have a current will?   |        |        |
| Do you have trusts of any kind? Please specify: _____                 |        |        |
| Does your will contain a durable power of attorney?                   |        |        |
| Does your will contain a health care power of attorney?               |        |        |
| When was your will last revised?                                      |        |        |
| Any life insurance beneficiaries remaining from previous marriages?   |        |        |
| Do you have guardians named for your children in your will?           |        |        |
| Estimated charitable contributions you wish to make upon first death  | \$     | \$     |
| How much money do you wish to leave to your heirs at the first death? | \$     | \$     |
| How much money do you wish to leave to your heirs at second death?    | \$     | \$     |
| Estimated charitable contributions you wish to make upon second death | \$     | \$     |

# COLLEGE AND EDUCATIONAL PLANNING

| <b>Student's Name and Relationship to You</b> | <b>Age the Student will Enter College</b> | <b>Number of Years of Attending College</b> | <b>Name of College or University (or average public or private school)</b> | <b>Student's Current Grade in School (e.g. K-12)</b> | <b>Annual Current Cost (Tuition + Room &amp; Board) *</b> |
|---|---|---|--|--|---|
|   |   |   |  |  | \$  |
|   |   |   |  |  | \$  |
|   |   |   |  |  | \$  |
|   |   |   |  |  | \$  |
|   |   |   |  |  | \$  |

# FINANCIAL INFORMATION

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## Real Estate

| Description and Location | Date Acquired | Taxable Income | Annual Cash Flow | Cost (Tax Basis) | Estimated Value | Real Estate Debt | Owner |
|--------------------------|---------------|----------------|------------------|------------------|-----------------|------------------|-------|
| (Home)_____              | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| (Vacation Home)_____     | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| _____                    | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| _____                    | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| _____                    | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| _____                    | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| _____                    | _____         | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          | _____ |
| <b>Total</b>             |               | \$_____        | \$_____          | \$_____          | \$_____         | \$_____          |       |

# FINANCIAL INFORMATION, CONTINUED

## Analysis of Expenditures

|  | <u>MONTHLY</u> | or | <u>ANNUALLY</u> |
|--|----------------|----|-----------------|
| <b>HOUSING</b>                               |                |    |                 |
| House Payment                                | _____          |    | _____           |
| Rent Payment                                 | _____          |    | _____           |
| Lease payment (not mortgage)                 | _____          |    | _____           |
| Property improvements                        | _____          |    | _____           |
| Home association dues                        | _____          |    | _____           |
| Household incidentals (supplies)             | _____          |    | _____           |
| Household furnishings                        | _____          |    | _____           |
| Other: _____                                 | _____          |    | _____           |
| <b>FOOD</b>                                  |                |    |                 |
| Groceries                                    | _____          |    | _____           |
| Dining out                                   | _____          |    | _____           |
| Other: _____                                 | _____          |    | _____           |
| <b>CLOTHING</b>                              |                |    |                 |
| Clothing                                     | _____          |    | _____           |
| Dry cleaning                                 | _____          |    | _____           |
| Other: _____                                 | _____          |    | _____           |
| <b>PERSONAL CARE</b><br>(hair styling, etc.) |                |    |                 |
| Other: _____                                 | _____          |    | _____           |
| <b>AUTOMOBILE</b>                            |                |    |                 |
| Monthly payment                              | _____          |    | _____           |
| Operating expenses (gas, oil, etc.)          | _____          |    | _____           |
| Maintenance                                  | _____          |    | _____           |
| Lease payment                                | _____          |    | _____           |
| Other: _____                                 | _____          |    | _____           |
| <b>PROPERTY TAX</b>                          |                |    |                 |
| Automobile                                   | _____          |    | _____           |
| House  | _____          |    | _____           |
| Boat   | _____          |    | _____           |
| Trailer                                      | _____          |    | _____           |
| Other: _____                                 | _____          |    | _____           |
| <b>UTILTIES</b>                              |                |    |                 |
| Telephone                                    | _____          |    | _____           |
| Cellular Phone                               | _____          |    | _____           |
| Water  | _____          |    | _____           |
| Electric                                     | _____          |    | _____           |
| Gas  | _____          |    | _____           |
| Trash Removal                                | _____          |    | _____           |
| Cable  | _____          |    | _____           |
| Other: _____                                 | _____          |    | _____           |

# FINANCIAL INFORMATION, CONTINUED

## Analysis of Expenditures (Continued)

|                                      | <u>MONTHLY</u> | or | <u>ANNUALLY</u> |
|--------------------------------------|----------------|----|-----------------|
| <b>ENTERTAINMENT</b>                 |                |    |                 |
| Books                                | _____          |    | _____           |
| Newspaper                            | _____          |    | _____           |
| Movies (theatre, video, plays, etc.) | _____          |    | _____           |
| Club dues (gold, music, etc.)        | _____          |    | _____           |
| Other: _____                         | _____          |    | _____           |
| <b>ALIMONY</b>                       | _____          |    | _____           |
| <b>CHILD SUPPORT</b>                 | _____          |    | _____           |
| <b>CHILD CARE</b>                    |                |    |                 |
| Day Care                             | _____          |    | _____           |
| Domestic help (babysitter)           | _____          |    | _____           |
| Other: _____                         | _____          |    | _____           |
| <b>GIFTS</b>                         |                |    |                 |
| Birthdays                            | _____          |    | _____           |
| Christmas                            | _____          |    | _____           |
| Anniversaries                        | _____          |    | _____           |
| Other: _____                         | _____          |    | _____           |
| <b>CHARITABLE CONTRIBUTIONS</b>      |                |    |                 |
| (Churches, schools, etc.)            | _____          |    | _____           |
| Other: _____                         | _____          |    | _____           |
| <b>MEDICAL EXPENSES</b>              |                |    |                 |
| Doctor visit                         | _____          |    | _____           |
| Prescriptions                        | _____          |    | _____           |
| Dental care                          | _____          |    | _____           |
| Vision care                          | _____          |    | _____           |
| Other: _____                         | _____          |    | _____           |
| <b>INSURANCE</b>                     |                |    |                 |
| Health                               | _____          |    | _____           |
| Automobile                           | _____          |    | _____           |
| Homeowners                           | _____          |    | _____           |
| Renters                              | _____          |    | _____           |
| Life                                 | _____          |    | _____           |
| Umbrella liability                   | _____          |    | _____           |
| Professional liability               | _____          |    | _____           |

# FINANCIAL INFORMATION, CONTINUED

## Liabilities

| <i>Description</i>                     | Current Value | Owner | Amount Borrowed | Closing Date | Interest Rate | Loan Type | Loan Term | Monthly Payment |
|--|---------------|-------|-----------------|--------------|---------------|-----------|-----------|-----------------|
| <i>Real Estate Mortgages</i>           |               |       |                 |              |               |           |           |                 |
| Principal residence                    | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| Second home                            | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| <i>Bank Loans and Installment Debt</i> |               |       |                 |              |               |           |           |                 |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| <i>Credit Cards</i>                    |               |       |                 |              |               |           |           |                 |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| <i>Other Liabilities</i>               |               |       |                 |              |               |           |           |                 |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| _____                                  | \$ _____      | _____ | \$ _____        | _____        | _____ %       | _____     | _____     | \$ _____        |
| <b>Total Liabilities</b>               | \$ _____      |       | \$ _____        |              |               |           |           | \$ _____        |