

Personal Profile

Personal Information

Client 1

Name: _____

Date of Birth: _____

Social Security #: _____

Marital Status: _____

Mother's Maiden Name: _____

Formal Education: Post-Grad___ College Grad___
 Attnd College ___ H.S. Graduate ___

No. of Dependents: _____

Client 2

Name: _____

Date of Birth: _____

Social Security #: _____

Marital Status: _____

Mother's Maiden Name: _____

Formal Education: Post-Grad___ College Grad___
 Attnd College ___ H.S. Graduate ___

Contact Information

Client 1:

Primary Address: _____

Primary Home Phone: _____

Own / Rent (circle one) # yrs there _____

Client 1:

Business Phone: _____

Fax Number: _____

Email Address: _____

Cell Phone: _____

Secondary Address: _____
 (vacation home or other)

Secondary Home Phone: _____

Client 2:

Business Phone: _____

Fax Number: _____

Email Address: _____

Cell Phone: _____

Business Information

Client 1:

Employer: _____

Employer Address: _____

Profession/Title: _____

Years of service: _____

Client 2:

Employer: _____

Employer Address: _____

Profession/Title: _____

Years of service: _____

Life Goals

Investment Objective: (Please rank in order of importance)

Preservation of Capital _____ Growth _____ Income _____ Speculation _____

Short Term Gains _____ Hedge _____ Tax Free Income _____

Investment Experience: (How many years experience)

Equities _____ Bonds _____ Options _____ Mutual Funds _____ Futures _____

Risk Profile:

Conservative _____ Moderately Conservative _____ Moderate _____ Aggressive _____ Moderately Aggressive _____

Life Goals cont.

	Client 1	Client 2
Desired Retirement Age:		
Desired Retirement Income:		
Desired Survivor Income:		
Future inheritance?		

Narrative: (Specific concerns regarding your information)

Professional Advisors

Attorney

Name:

Firm:

Address:

Phone:

Fax:

Email:

Relation Began:

Service Provided:

Accountant

Name:

Firm:

Address:

Phone:

Fax:

Email:

Relation Began:

Service Provided:

Trust Officer

Name:

Firm:

Address:

Phone:

Fax:

Email:

Relation Began:

Service Provided:

Insurance Provider:

Name:

Firm:

Address:

Phone:

Fax:

Email:

Relation Began:

Service Provided:

Banking

Bank:

Contact:

Address:

Phone:

Fax:

Email:

Relation Began:

Service Provided:

Mortgages

	1st	2nd	3rd
Bank:			
Interest Rate:			
Balance:			
Term:			
Inception:			
Monthly Payment:			
Tax Escrow:			

Personal Financial Information

Household Income

(Check One)

<input type="checkbox"/> Up to -	\$49,999	<input type="checkbox"/> \$50,000 -	\$74,999
<input type="checkbox"/> \$75,000-	\$99,999	<input type="checkbox"/> \$100,000 -	\$149,999
<input type="checkbox"/> \$150,000-	\$249,999	<input type="checkbox"/> \$250,000 -	\$499,999
<input type="checkbox"/> \$500,000 -	\$749,999	<input type="checkbox"/> \$750,000 -	\$999,999
<input type="checkbox"/> \$1,000,000 -	\$2,499,999	<input type="checkbox"/> \$2,500,000 -	\$4,999,999

Liquid Net Worth

(check one)

<input type="checkbox"/> Up to -	\$49,999	<input type="checkbox"/> \$50,000 -	\$74,999
<input type="checkbox"/> \$75000-	\$99,999	<input type="checkbox"/> \$100,000 -	\$149,999
<input type="checkbox"/> \$150000-	\$249,999	<input type="checkbox"/> \$250,000 -	\$499,999
<input type="checkbox"/> \$500,000 -	\$749,999	<input type="checkbox"/> \$750,000 -	\$999,999
<input type="checkbox"/> \$1,000,000 -	\$2,499,999	<input type="checkbox"/> \$2,500,000 -	\$4,999,999

Total Net Worth

\$ _____

Federal Tax Bracket:	15% _____
	28% _____
	31% _____
	top% _____

Retirement Asset information

Client 1

401k/Profit Sharing Y/N _____
Balance \$ _____
Who is your plan with? _____
SEP Y/N _____
Balance \$ _____
Who is your plan with? _____
Deferred Compensation Y/N _____
Balance \$ _____
Who is your plan with? _____
Simple IRA Y/N _____
Balance \$ _____
Who is your plan with? _____
Traditional IRA Y/N _____
Balance \$ _____
Who is your plan with? _____
Roth IRA Y/N _____
Balance \$ _____
Who is your plan with? _____

Client 2

401k/Profit Sharing Y/N _____
Balance \$ _____
Who is your plan with? _____
SEP Y/N _____
Balance \$ _____
Who is your plan with? _____
Deferred Compensation Y/N _____
Balance \$ _____
Who is your plan with? _____
Simple IRA Y/N _____
Balance \$ _____
Who is your plan with? _____
Traditional IRA Y/N _____
Balance \$ _____
Who is your plan with? _____
Roth IRA Y/N _____
Balance \$ _____
Who is your plan with? _____

Check here if you would like assistance in transferring your account/shares from another brokerage firm to Westminster Financial

I (we) certify that the information provided is accurate to the best of my (our) knowledge.

Signature _____ Date _____

Signature _____ Date _____

Investor Preference Questionnaire

Goals and Objectives:

Rank the following goals in order of importance to you (use 1,2,3... to 13)

- _____ Obtain the greatest return on investments given your risk profile
- _____ Create an overall asset allocation strategy to balance risks and returns
- _____ Achieve financial security for retirement
- _____ Provide funds for education
- _____ Maintain adequate life insurance
- _____ Protect your resources in the event of disability
- _____ Protect your assets in the event of an extended nursing home or home-care stay
- _____ Ensure that a surviving spouse will have adequate resources in the event of a premature death
- _____ Minimize estate taxes and provide for your heirs
- _____ Complete risk management evaluation
- _____ Reduce income taxes and create an overall tax strategy
- _____ Contemplating the purchase or disposition of any residential or commercial real estate

Enter the following information in the table below to help determine the time horizon for your goals.

Objective	% of Portfolio Going Toward Goals) (100% total)	Anticipated # of years until you begin withdrawal	Anticipated length of withdrawal period
Invest for retirement			
Provide for current income			
Finance an education			
Finance another goal			
Other: e.g., Life Insurance Protection			

100%

Over the next five years, do you expect your financial situation to:

- _____ Dramatically improve
- _____ Improve somewhat
- _____ Stay about the same
- _____ Worsen

Risk Tolerance

The following questions aim to determine your risk tolerance.

1. When investing in fixed-income investments (bonds and short-term deposits), some investors prefer higher returns while others view this part of their overall portfolio as a "safe haven" and prefer to take little risk. With respect to only your fixed-income investments, how do you prefer to invest?

Choose one:

- I prefer to seek higher returns and am willing to take some additional risks.
- I prefer to emphasize stability of principal, and am willing to sacrifice higher returns for more stability
- I have no preference on how my fixed-income assets are invested and would like an objective evaluation based on my investor profile.

2. Foreign investments can often help reduce the overall risk of a portfolio by providing diversified benefits that cannot be attained through domestic investments alone. However, foreign investments themselves are subject to additional risks relating to currency fluctuations and political and social changes, which may result in greater share price volatility. Do you have a preference for foreign investments? Choose one:

- I prefer no foreign investment.
- I prefer a small to moderate allocation to foreign investments.
- I prefer a moderate to high allocation to foreign investments
- I have no preference. I wish to receive an objective evaluation based on my investor profile.

3. When investing there is a natural trade-off between investment performance and the risk of a decline in portfolio value. Typically, the higher the return that you pursue, the more willing you must be to suffer losses. Please review the following investment choices and risk and return characteristics. Select the hypothetical investment that would be most likely to meet your expectations and returns in "average" or "good" years without making you uncomfortable during periods of declining values.

(please check one box)

Typical Return In	Bad Year	Average Year	Good Year
Investment A	-1%	6%	10%
Investment B	-4%	8%	16%
Investment C	-8%	10%	24%
Investment D	-11%	12%	30%
Investment E	-16%	14%	35%

Investor Preference Questionnaire cont.

4. Over an investment cycle (typically 5-7 years), some investments experience very different returns from year to year. The table below shows the annual change in value of four hypothetical \$100,000 portfolios. Please select the one whose annual change in value is acceptable for your tolerance of short-term volatility.

	Initial Investment	Year 1	Year 2	Year 3	Year 4	Year 5	Ending Value	Average Annualized Return
Portfolio A	\$100,000	-14,000	30,000	30,600	-6,700	42,500	\$183,200	13.0%
Portfolio B	\$100,000	-10,000	27,000	22,100	-4,200	33,700	\$168,600	11.0%

Investor Preference Questionnaire cont.

7. The graph below shows the returns of a hypothetical portfolio of various investments over time.

*If you held this portfolio, given its historical and current returns, what action would you take today? (Assume today is year 18 in the graph)

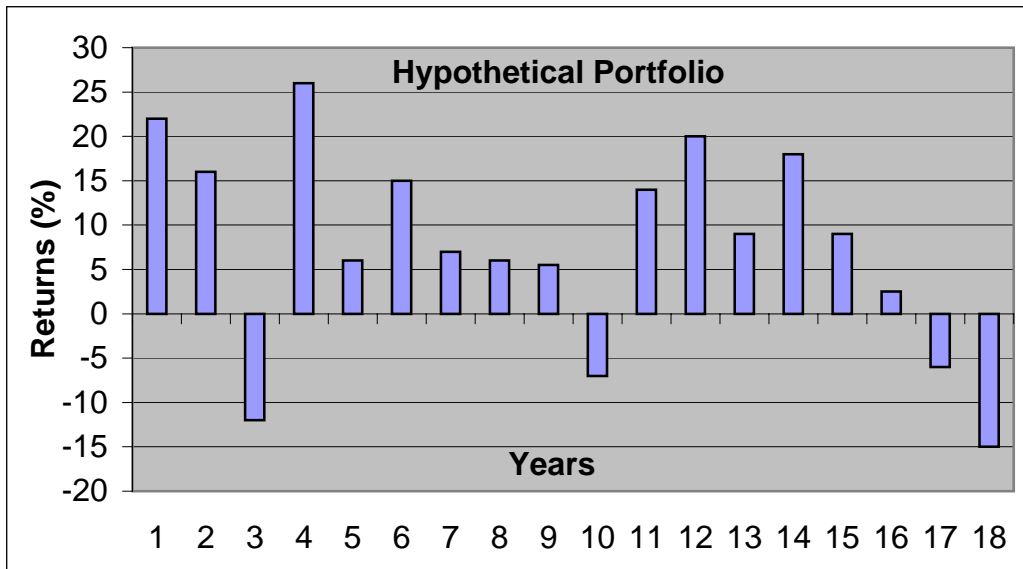
(Check One)

Immediately sell all of the investments and cut my losses.

Continue to hold the investment with the expectation of higher future returns.

Sell some of the investment to protect myself from further losses.

Invest more now since the price is lower.



* This graph does not represent the past or future performance of any specific investment portfolio or guarantee future results. This illustration is intended to assist you in setting reasonable return objectives, considering your tolerance for risk.

Find Out Where You Stand: The 1-2-3-4 Test

The key to financial planning is knowledge. This includes self-knowledge -- an understanding of your likes and dislikes, habits and goals. And it includes knowledge about the financial system and the methods used by experienced financial planners.

Like many people, you may find it difficult to talk about your personal finances, so it might be hard to figure out if you're doing a good job of managing them. That's why we've created the 1-2-3-4 Test. Just take a few minutes to use it, and you'll get a better understanding of the challenges ahead--and how financial planning can help. Revisit this "test" periodically to see if you've made progress toward increasing your financial security.

The 1-2-3-4 Test contains four level of skill in the eight key areas of financial planning. Start at the left for each category and circle the phrases that best describe your situation. When these circled descriptions no longer apply to you, cross them out and proceed to the next level. Your ultimate goal is to reach Level 4 in all categories. When these level 4 descriptions apply to you, you'll have mastered the fundamentals of financial planning.

The 1-2-3-4 Test -- Find your financial planning level

Start at the left for each category and circle each phrase that applies to you. If none of the phrases apply, move on to the next column to the right. As the phrases no longer apply to you, cross them out and move again toward Level 4.

Activity

	Level 1	Level 2	Level 3	Level 4
Spending	<ul style="list-style-type: none"> Worrying constantly about money Living "paycheck to paycheck" Impulse buying Spending patterns not understood 	<ul style="list-style-type: none"> Spending almost all of income No emergency fund No prefunding of expenses (e.g., car) 	<ul style="list-style-type: none"> Living within means Established emergency fund of 3-6 months' living expenses Prefunding of future expenses (e.g., car) Long term savings plan in place 	<ul style="list-style-type: none"> Saving > 10% income Nature and amount of monthly expenses are understood Budget allows for comfortable living on an amount lower than paycheck(s) Spending level consistent with other goals (e.g., retirement, college funding)
Insurance	<ul style="list-style-type: none"> Life insurance inadequate to support dependents, or no life insurance coverage at all "Junk" insurance coverage such as mortgage, credit card, credit life No insurance on your primary residence (e.g., renters, home owners, condo) No disability insurance No health insurance Low auto deductible (\$100) 	<ul style="list-style-type: none"> Life insurance coverage in effect still below need amount Short-term disability insurance coverage, but no long-term disability coverage Little or no underinsured/uninsured motorist coverage Low auto deductible (\$250) Health insurance coverage 	<ul style="list-style-type: none"> Life insurance need determined and adequate coverage in place Proper type of insurance in place (term vs. cash value insurance) Auto liability of at least \$100,000/\$300,000 and a deductible of \$500 in place Health insurance coverage Property damage of \$50,000 (auto) Short-term and adequate long-term disability insurance Full replacement coverage on home/possessions 	<ul style="list-style-type: none"> Auto liability of \$500,000 and a deductible of \$500 or \$1000 "Umbrella" excess liability of at least \$1million Appropriate, up-to-date personal articles floater Adequate underinsured/uninsured motorist coverage Health-insurance coverage in place and coordinated with spousal plan if applicable
Debt	<ul style="list-style-type: none"> Carrying a credit-card balance Pay bills late or juggle bills High-interest personal loan(s) Feeling overwhelmed Negative cash flow (spending more than you make) 	<ul style="list-style-type: none"> Some credit-card debt Pay most bills on time Car loan(s) 	<ul style="list-style-type: none"> No credit-card debt Always pay bills on time Low-interest loans (e.g., car loan) Able to prepay mortgage Car loan(s) 	<ul style="list-style-type: none"> No credit-card debt, cards are used to collect "cash back" or some other reward No car loan No mortgage (or funds on had to pay it off) Only have tax-deductible debt Prefunded major expense items

The 1-2-3-4 Test (cont.)

Activity				
	Level 1	Level 2	Level 3	Level 4
Retirement	<ul style="list-style-type: none"> • No savings • Attitudes that retirement is too far off in the future • No goals or time frame in mind • Assumption that pension and Social Security will be enough 	<ul style="list-style-type: none"> • Saving approximately 6% pretax or at least enough to get a company match if applicable • Review of Social Security benefit estimate • No rhyme or reason to long-term investment plan of retirement assets 	<ul style="list-style-type: none"> • Savings approximately 10% of income • Maximizing pre-tax savings plan • Rough idea of goal, time frame and future needs • Utilizing either deductible or Roth IRAs, if eligible, for yourself and spouse 	<ul style="list-style-type: none"> • Savings > 10% of income • Maximizing all retirement savings vehicles: 401 (k), 403 (b), deferred comp, IRAs, SEP, Keogh, etc. • Using worksheets or computer programs to project realistic retirement needs and goals • Projecting retirement living expenses and the effect of inflation on these
Investment	<ul style="list-style-type: none"> • No investments • Unsure about how to invest • Savings and checking account 	<ul style="list-style-type: none"> • Some, investment, but no rhyme or reason • Primarily fixed investments (CDs and money markets) used for long-term money • Heavily invested in one stock • Trying to time the market 	<ul style="list-style-type: none"> • Investment portfolio has no more than your age- as a percentage- in fixed-income or bond investments • Established savings pattern • Using a discount broker • Well-versed in the investment products available • Using no-load mutual funds 	<ul style="list-style-type: none"> • Mix of stocks and bonds per annual review, specified to your risk level • Maximum-return, minimal-risk portfolio in place(an optimal portfolio) • International and small-company investments included in the overall investment mix • Well-established savings and investment plan
Education	<ul style="list-style-type: none"> • No funds earmarked • "Seems impossible" • Too far in the future 	<ul style="list-style-type: none"> • No regular savings • Small amount saved • Worried about cost 	<ul style="list-style-type: none"> • Regular monthly savings • Thought-out investment plan • Set goal(s) • Analysis complete on the best type or account to use (UGMA, QSTP, Trust) and familiarity with gifting and taxes 	<ul style="list-style-type: none"> • Savings are/will be enough to pay > 50% of the cost • Detailed projections of cost, needs , and returns on assets • Appropriate investment vehicles selected for these assets • Incorporation of an education IRA, education tax credits, and state-sponsored programs in planning process

The 1-2-3-4 Test (cont.)

Activity

	Level 1	Level 2	Level 3	Level 4
Taxes	<ul style="list-style-type: none"> • Inadequate record keeping • No IRAs or SEPs • No before-tax savings • Not using flexible spending accounts • Unsure of tax bracket; don't understand tax returns • Penalties for late filing, etc. • Haven't thought about itemizing 	<ul style="list-style-type: none"> • No annual review of withholding • Some records, but no system • Substantial refund, or amount owed • Before-tax savings of < 6% • Using flexible spending accounts if available, and if needed • Some charitable-contribution deductions if you itemize • Carrying "bad" debt (not deductible) if you itemize 	<ul style="list-style-type: none"> • Records well-recognized and systematic • Review of withholding annually • Maximize pre-tax savings • Minimal refund or amount owed • Use of appreciated assets to fund charitable contributions (not cash) • IRAs or other tax-sheltered vehicles used in conjunction with employer-sponsored plans • Analysis of tax-free investments completed, and results of this used in investment mix • Knowledge of tax rules on short- and long-term gains 	<ul style="list-style-type: none"> • Bunching of miscellaneous deductions • Optimal long-term portfolio, using fixed investments in tax shelters and stock investments for taxable accounts • Using tax-efficient mutual funds • Annual analysis of tax liability, and required withholding incorporating deductions, stock options, tax-deferred accounts, etc. • Investment losses netted against gains
Estate Planning	<ul style="list-style-type: none"> • No will • No living will or health-care power of attorney • No planning • No durable power of attorney • No guardian named for minor children, if applicable 	<ul style="list-style-type: none"> • Simple will, may be outdated • Living will, but no linked health-care power of attorney • Beneficiary designations not coordinated with will/trust • Durable power of attorney • Guardian named for minor children 	<ul style="list-style-type: none"> • Current will reviewed within the past five years • Living will with health-care power of attorney • Will has an executor named • Knowledge of probate, and the pros and cons of this process 	<ul style="list-style-type: none"> • Letter to spouse and/or children • If appropriate, an established trust that fits your specific needs • Estate-tax planning analysis complete • Coordination of disposition of all assets, including beneficiary designations. • Effects of custodianship included in the estate-planning analysis

Personal Budget

The following aims to determine your monthly expenses. It is important to know and understand where your money goes each month to recognize your income needs.

Prepared by:				
ITEM	PAID TO:	MONTHLY AMT	PROPOSED AMT	SAVINGS
Housing Costs				
Mortgage or Rent				
2nd Mortgage				
Electric				
Phone				
Water/Sewer				
Fuel gas or oil				
Trash removal				
Cable				
Supplies				
Maintenance/repairs				
Other: _____				
Automobile(s)				
Payment 1				
Payment 2				
Insurance				
Gas/oil				
Maintenance				
Licensing				
Other: _____				
Insurance				
Homeowners'				
Auto				
Life				
Health				
Disability				
Other: _____				
Food and Groceries				
Groceries				
Meals outside the home				
Other: _____				
Professional Fees				
Physician				
Dentist				
Eye care				
Veterinarian				
Hair stylist				
Attorney				
Other: _____				
Other: _____				
Other: _____				
TOTALS PAGE 1:		\$ -	\$ -	\$ -

Prepared by:				
ITEM	PAID TO:	MONTHLY AMT	PROPOSED AMT	SAVINGS
Entertainment and Travel				
Movies/video tapes				
Dining out				
Sporting events				
Concerts				
Travel				
Other:				
Clothing				
Purchases				
Cleaning and repair				
Other:				
Loans				
Personal				
Credit Card				
Credit Card				
Credit Card				
Credit Card				
Other:				
Other:				
Other:				
Taxes				
Federal				
State				
Local				
Other:				
Contributions and gifts				
Charity				
Church or synagogue				
Other:				
Other:				
Savings and Investments				
Toward short term goal				
Toward long term goal				
Legal Obligations				
Alimony/child support				
Payment on lien or judgment				
Other:				
Miscellaneous				
Dues				
Health Club				
Postage				
School Tuition				
Child Care				
Your own personal items				
Describe:				
Describe:				
Describe:				
Describe:				
TOTALS PAGE 2:		\$ -	\$ -	\$ -
TOTALS PAGE 1:		\$ -	\$ -	\$ -
GRAND TOTALS		\$ -	\$ -	\$ -