

# HACKLER



## WEALTH MANAGEMENT

101 S. Jennings Ave. Ste. 202 Fort Worth, TX 76104 • 817.916.8400 • [hacklerwealthmanagement.com](http://hacklerwealthmanagement.com)

CONFIDENTIAL INFORMATION

PERSONAL INFORMATION – CLIENT		PERSONAL INFORMATION – CO-CLIENT	
Legal Name		Legal Name	
I Prefer To Be Called		I Prefer To Be Called	
Home Address		Home Address	
Social Security Number		Social Security Number	
Date of Birth		Date of Birth	
Citizenship		Citizenship	
Cell Phone	Preferred <input type="checkbox"/>	Cell Phone	Preferred <input type="checkbox"/>
Home Phone	Preferred <input type="checkbox"/>	Home Phone	Preferred <input type="checkbox"/>
Work Phone	Preferred <input type="checkbox"/>	Work Phone	Preferred <input type="checkbox"/>
Email Address	Preferred <input type="checkbox"/>	Email Address	Preferred <input type="checkbox"/>
Other Email Address	Preferred <input type="checkbox"/>	Other Email Address	Preferred <input type="checkbox"/>
Occupation		Occupation	
Employer		Employer	
Work Address		Work Address	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Unmarried Partner			

CHILDREN/DEPENDENTS					
Name & Relationship	Date of Birth	Annual Cost of College	1st Year of College	Earmarked Funds	What % will you pay?

SOURCES OF INCOME	
Base Salary	Base Salary
Expected Bonus	Expected Bonus
Social Security (Annual)	Social Security (Annual)
Pension	Pension
Other	Other

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### FINANCIAL PLANNING OBJECTIVES

Please rank from 1-10, 1 being the most important	Client's Ranking		Co-Client's Ranking
Adequate Life, Long Term Care & Disability Insurance		Adequate Life, Long Term Care & Disability Insurance	
Build Wealth		Build Wealth	
College Funding Strategy		College Funding Strategy	
Leave a Legacy to My Children		Leave a Legacy to My Children	
Purchase a Home		Purchase a Home	
Purchase a Vacation Home		Purchase a Vacation Home	
Reduce Estate Taxes		Reduce Estate Taxes	
Reduce Income Tax		Reduce Income Tax	
Retirement Comfort		Retirement Comfort	
Other (Specify)		Other (Specify)	

### INVESTMENT EXPERIENCE

What do you consider a reasonable rate of return on a long-term investment portfolio? %

If your investment account dropped in value, at what percent would you be concerned? %

What investments would you consider? (Check all that apply)

☐ CDs
 ☐ Stocks
 ☐ Mutual Funds
 ☐ Bonds
 ☐ Annuities
 ☐ ETF
 ☐ Other, please explain

What is the best investment you ever made?

What is the worst investment you ever made?

If you are considering changing your current investment advisor, please explain why.

### ESTATE PLANNING

Client	Co-Client
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you exchanged powers of attorney with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?	Have you exchanged powers of attorney with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?
Do you have current health care proxies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current health care proxies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No Why did you establish it?	Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No Why did you establish it?
Are any inheritances expected? <input type="checkbox"/> Yes <input type="checkbox"/> No When? How much?	Are any inheritances expected? <input type="checkbox"/> Yes <input type="checkbox"/> No When? How much?

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### RETIREMENT PLANNING

At what age do you plan to retire? Client Co-Client

How much annual income, in today's dollars, will you want in retirement?

Do you plan on working after retirement? Yes ☐ No ☐ Earnings per year \$

How many years will you work?

Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes ☐ No ☐ Explain:

Do you have plans to change your residence in the near future? Yes ☐ No ☐ Explain:

Do you have long term plans of owning a vacation home? Yes ☐ No ☐ Explain:

Have you verified the status of your social security benefits? Yes ☐ No ☐ If yes, what is the full monthly benefit you can expect? Client Co-Client

Do you expect to have any debts in retirement? Yes ☐ No ☐ Explain:

### ASSETS

Indicate Ownership: C = Client, CO = Co Client, J = Joint, T = Trust

Bank/Money Market Accounts		Ownership	Current Value	Interest Rate - %
Investment Accounts	Ownership	Current Value	% Stocks	% Bonds/Cash

### RETIREMENT PLANS - CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Contribution	% Vested In Plan

### RETIREMENT PLANS - CO-CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Contribution	% Vested In Plan

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### REAL ESTATE PROPERTY

	Home	Other #1	Other #2
Address			
Please Describe (vacation home, investment property etc.)			
Owner (Joint, Trust, etc.)			
Month/Year Purchased			
Purchase Price			
Cost of Improvements			
Current Market Value			
Mortgage Amount			
Mortgage Date			
Interest Rate/Years Remain			
Monthly Payment (Principal and Interest)			
Property Taxes (Annual)			
Homeowners Insurance (Annual)			
Homeowner's Association/Condo Fees (Monthly)			

### HOME EQUITY LOAN/LINE OF CREDIT

Bank Name	Credit Limit	Outstanding Balance	Original Date	Interest Rate	Form of Payment

### PERSONAL PROPERTY (OTHER THAN REAL ESTATE)

	Car #1	Car #2	Furniture & Jewelry	Collectibles	Other: Describe
Owner					
Estimated Value					

### LIABILITIES (NOT REAL ESTATE)

List all Loans and Debts (Auto, School, Credit Cards, etc)	Amount Due	Monthly Payment	Est. Payoff Date	Interest Rate

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### BUSINESS OWNER INFORMATION

Name of Business	
Estimated Book Value	
Percent Ownership	

### INSURANCE

Life Insurance	Policy #1	Policy #2	Policy #3	Policy #4
Company Name & Policy Number				
Face Value				
Policy Date				
Cash Value				
Annual Premium				
Policy Type (Whole life, term, universal life, group, etc)				
Insured				
Owner				
Beneficiary				

Disability Insurance	Client	Co-Client
Name of Insurance Carrier		
Monthly Benefit		
Annual Premium		
Through Company or Personally Owned?		
Waiting Period and Length of Benefits		

Auto Insurance	Policy #1	Policy #2
Name of Insurance Carrier		
Deductible for Collision/Comprehensive		
Annual Premium		

Homeowner's Insurance	Policy #1	Policy #2
Name of Insurance Carrier		
Amount of Deductible		
Annual Premium		
Amount of Umbrella Coverage/Premium		
Replacement Value (Yes or No)		

YOUR THOUGHTS & QUESTIONS

This page is reserved so you can prepare any questions you have for us.