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# LANG INVESTMENT SERVICES CLIENT INTAKE FORM:

## PERSONAL FINANCIAL AND INVESTMENT PROFILE

All information will be kept confidential.

This comprehensive, personal financial summary is designed to help us take inventory of your financial life. It is an essential first step in creating a customized financial plan for your future. Please take note of the following:

- Please complete this form prior to your appointment.
- Please print clearly.
- It is okay to approximate amounts and include attachments if you need additional space.
- If you are unsure of any information, please feel free to contact us or leave the space blank.
- Remember to sign and date the last page.
- **Bring this completed form and your most recent tax return with you to your appointment.**

**Client 1 Full Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary E-Mail Address: \_\_\_\_\_

Preferred Phone:  Mobile  Work  Home

Marital Status:  Single  Married

Have you been married before?  Yes  No

**Client 2 Full Name:** \_\_\_\_\_ Nickname: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary E-Mail Address: \_\_\_\_\_

Preferred Phone:  Mobile  Work  Home

Marital Status:  Single  Married

Have you been married before?  Yes  No



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**CLIENT INTAKE: PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

Alternate/Seasonal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

If you were married previously, describe any financial obligations that resulted under the terms of your settlement agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the best time to call you between 8:00 a.m. and 5:00 p.m.?

8:00  9:00  10:00  11:00  12:00  1:00  2:00  3:00  4:00  5:00

What is the best day to call you?

Monday  Tuesday  Wednesday  Thursday  Friday

What is the best day and time to schedule annual meetings? \_\_\_\_\_

Were you referred by anyone? \_\_\_\_\_

**Family Information**

**Children's Names and Ages**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you anticipate having more children?  Yes  No  Uncertain

Should any special allowances be made for your children?  Yes  No

**Are your parents living?**

Client 1 Name: \_\_\_\_\_ Mother:  Yes  No Father:  Yes  No

Client 2 Name: \_\_\_\_\_ Mother:  Yes  No Father:  Yes  No

Do you have any specific concerns about your parents?

\_\_\_\_\_  
\_\_\_\_\_



**Occupation and Hobbies**

**Client 1 Name:** \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed  Retired  Retirement Date: \_\_\_\_\_

Current or Most Recent Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Start Date/Year: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Community Involvement:  Charities  Volunteerism  Other: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

**Client 2 Name:** \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed  Retired  Retirement Date: \_\_\_\_\_

Current or Most Recent Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Start Date/Year: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Community Involvement:  Charities  Volunteerism  Other: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

**Professional Advisors**

**Prior Financial Advisor's Name:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

What did you like/dislike about working with him/her? \_\_\_\_\_

**Attorney's Name:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**Accountant's Name:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**Insurance Agent's Name:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Please list any advisors you have a preference for or a commitment to working with, if applicable: \_\_\_\_\_



**Personal Finances**

**Income**

Client 1 Name: \_\_\_\_\_ Annual Income Salary: \$ \_\_\_\_\_

Bonus: \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

Client 2 Name: \_\_\_\_\_ Annual Income Salary: \$ \_\_\_\_\_

Bonus: \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

**Savings**

How much do you have in an emergency fund?

Short-term (cash equivalents) \$ \_\_\_\_\_ (which is \_\_\_\_\_ months at your current spending)

Mid-term (liquid investments) \$ \_\_\_\_\_ (which is \_\_\_\_\_ months at your current spending)

On average, how much do you save per month, including in retirement accounts? \$ \_\_\_\_\_

How many times per year do you dip into savings/investments to pay for expenses? \_\_\_\_\_

**Expenses**

How much do you spend each month?

Debt \$ \_\_\_\_\_

Necessities \$ \_\_\_\_\_

Lifestyle expenses \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

What life stage are you in (e.g., accumulating, retired, gifting)? \_\_\_\_\_

Do you expect any special expenses within the next five years? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Balance of Outstanding Personal Debt/Liabilities**

Car loans: \$ \_\_\_\_\_ Credit cards: \$ \_\_\_\_\_

Student loans: \$ \_\_\_\_\_ Other misc. loans: \$ \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_

**Net Worth**

Total estimated assets \$ \_\_\_\_\_

Total estimated liabilities - \$ \_\_\_\_\_

Total net worth = \$ \_\_\_\_\_



**Insurance**

What type(s) of insurance do you have?

Client 1 Name: \_\_\_\_\_

Client 2 Name: \_\_\_\_\_

	Yes	No	Uncertain		Yes	No	Uncertain
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Auto (P&C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home and Auto (P&C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Investment Assets**

Please check the range below that most accurately reflects the total of your investments in each category:

**Non-Retirement Investments**

- \$100,000–\$250,000                       \$500,001–\$1,000,000                       \$5,000,001+
- \$250,001–\$500,000                       \$1,000,001–\$5,000,000

*Please provide a current statement for all accounts.*

**Retirement Plan Investments (IRA, 401(k), 403(b))**

- \$100,000–\$250,000                       \$500,001–\$1,000,000                       \$5,000,001+
- \$250,001–\$500,000                       \$1,000,001–\$5,000,000

*Please provide a current statement for all accounts.*

**Stock Purchase Plan**

Client 1:  Yes  No

Client 2:  Yes  No

**Stock Options**

Client 1:  Yes  No

Client 2:  Yes  No



**Estate Planning**

- 1. Do you have updated wills?  Yes  No  Uncertain
- 2. Have you established any trusts?  Yes  No  Uncertain
- 3. Are you the beneficiary of any trusts?  Yes  No  Uncertain
- 4. Will you receive a significant inheritance?  Yes  No  Uncertain
- 5. Have you adequately considered estate taxes?  Yes  No  Uncertain
- 6. Have you provided adequate estate liquidity for your heirs?  Yes  No  Uncertain
- 7. Is proper titling a concern?  Yes  No  Uncertain
- 8. Have you or your spouse made any gifts of cash or property?  Yes  No  Uncertain
- 9. Are your important documents secure and in one location?  Yes  No  Uncertain

**Concerns**

Please list any concerns you have:

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**Personal Views**

1. What are your top priorities in life?

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2. What are your biggest fears in life?

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3. What is your vision for your future?

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**Client 1 Name:** \_\_\_\_\_

**Life Values**

Please choose five of the goals below and rank them in order, 1 as the most important and 5 as the least important:

- \_\_\_ **Achievement:** To accomplish something in life
- \_\_\_ **Adventure:** To experience variety and excitement
- \_\_\_ **Aesthetics:** To be able to appreciate and enjoy beauty
- \_\_\_ **Authority:** To be a key decision-maker, directing priorities
- \_\_\_ **Autonomy:** To be independent and have freedom
- \_\_\_ **Friendship:** To have close personal relationships; to share with family and friends
- \_\_\_ **Health:** To be physically, mentally, and emotionally well
- \_\_\_ **Integrity:** To be honest and straightforward, just and fair
- \_\_\_ **Pleasure:** To experience enjoyment and satisfaction from my activities
- \_\_\_ **Recognition:** To be seen as successful and receive acknowledgment for achievement
- \_\_\_ **Security:** To feel stable and comfortable, with few changes or anxieties in my life
- \_\_\_ **Service:** To contribute to other people's quality of life
- \_\_\_ **Spirituality/growth:** To be in harmony with the infinite source of life
- \_\_\_ **Wealth:** To acquire an abundance of money/possessions; to be financially independent
- \_\_\_ **Wisdom:** To have insight; to be able to pursue new knowledge

**Personal Financial Goals**

Which item(s) would you like help with?

- Financial security at retirement
- Investing and accumulating wealth to increase my standard of living
- Reducing my tax budget
- Debt management
- Paying for the college education of my children and/or grandchildren
- Providing for my family in the event of my (or my spouse's) death
- Minimizing the cost of probate and estate taxes
- Controlling the distribution of assets to my heirs/developing an estate plan
- Planning for long-term care
- Buying a house and/or seasonal house
- Charitable giving
- Other (Explain): \_\_\_\_\_

If you could change two things about your current financial situation, what would you change?

1. \_\_\_\_\_

2. \_\_\_\_\_



**Client 2 Name:** \_\_\_\_\_

**Life Values**

Please choose five of the goals below and rank them in order, 1 as the most important and 5 as the least important:

- \_\_\_\_\_ **Achievement:** To accomplish something in life
- \_\_\_\_\_ **Adventure:** To experience variety and excitement
- \_\_\_\_\_ **Aesthetics:** To be able to appreciate and enjoy beauty
- \_\_\_\_\_ **Authority:** To be a key decision-maker, directing priorities
- \_\_\_\_\_ **Autonomy:** To be independent and have freedom
- \_\_\_\_\_ **Friendship:** To have close personal relationships; to share with family and friends
- \_\_\_\_\_ **Health:** To be physically, mentally, and emotionally well
- \_\_\_\_\_ **Integrity:** To be honest and straightforward, just and fair
- \_\_\_\_\_ **Pleasure:** To experience enjoyment and satisfaction from my activities
- \_\_\_\_\_ **Recognition:** To be seen as successful and receive acknowledgment for achievement
- \_\_\_\_\_ **Security:** To feel stable and comfortable, with few changes or anxieties in my life
- \_\_\_\_\_ **Service:** To contribute to other people's quality of life
- \_\_\_\_\_ **Spirituality/growth:** To be in harmony with the infinite source of life
- \_\_\_\_\_ **Wealth:** To acquire an abundance of money/possessions; to be financially independent
- \_\_\_\_\_ **Wisdom:** To have insight; to be able to pursue new knowledge

**Personal Financial Goals**

Which item(s) would you like help with?

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- Debt management
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- Controlling the distribution of assets to my heirs/developing an estate plan
- Planning for long-term care
- Buying a house and/or seasonal house
- Charitable giving
- Other (Explain): \_\_\_\_\_

If you could change two things about your current financial situation, what would you change?

1. \_\_\_\_\_
2. \_\_\_\_\_





**Factors affecting your financial planning**

**Retirement**

Client 1 Name: \_\_\_\_\_

At what age would you like to retire? \_\_\_\_\_

Are you considering a career change prior to retirement? (If yes, explain.)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Client 2 Name: \_\_\_\_\_

At what age would you like to retire? \_\_\_\_\_

Are you considering a career change prior to retirement? (If yes, explain.)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**Educational Funding**

Do(es) your child(ren) currently attend private school?  Yes  No

If yes, will this continue through high school?  Yes  No

Do you anticipate that your child(ren) will attend a four-year  private college or  public college?  Yes  No

Do you anticipate paying for the full cost of college for your child(ren)?  Yes  No

**Other Objectives**

Do you have any additional objectives requiring capital or income? (If yes, explain.)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want most from financial planning? (In order of priority, summarize your objectives.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



**Economic Fears**

What economic fears or concerns do you have? (Check all that apply.)

**Client 1 Name:** \_\_\_\_\_

- Loss of job
- Cost of living increasing faster than my income Inability to save regularly
- Threat of retiring on inadequate resources
- Effect of health on my career or assets Ineffective investment programs
- Economic effect of premature death
- Paying too much in taxes
- Heirs will not handle money properly
- Current financial plan won't meet overall objectives

**Client 2 Name:** \_\_\_\_\_

- Loss of job
- Cost of living increasing faster than my income Inability to save regularly
- Threat of retiring on inadequate resources
- Effect of health on my career or assets Ineffective investment programs
- Economic effect of premature death
- Paying too much in taxes
- Heirs will not handle money properly
- Current financial plan won't meet overall objectives



**Investment Attitude Risk Questionnaire**

**Client 1 Name:** \_\_\_\_\_

Please choose a number under each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

2. How important is growth?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

3. How important is low volatility?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

4. How important is inflation protection?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

5. How important is cash flow?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

6. How much risk are you willing to take to achieve a high return?

Not at all				Moderately important				Very important
1	2	3	4	5	6	7	8	9

What average annual rate of return do you want to earn on your portfolio to reach your financial goals? \_\_\_\_\_%\*

\*This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment, and there is no guarantee you will actually receive this rate.



**Client 2 Name:** \_\_\_\_\_

Please choose a number under each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

2. How important is growth?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

3. How important is low volatility?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

4. How important is inflation protection?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

5. How important is cash flow?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

6. How much risk are you willing to take to achieve a high return?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

What average annual rate of return do you want to earn on your portfolio to reach your financial goals? \_\_\_\_\_%\*

\*This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment, and there is no guarantee you will actually receive this rate.

The preceding information reflects an accurate picture of my financial position at this time.

Client Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Client Signature 2 \_\_\_\_\_ Date \_\_\_\_\_