

# Personal Review

O · U · T · L · I · N · E

We strongly advise that you *invest your time before you invest your money.*<sup>®</sup> This Personal Review Outline (PRO<sup>SM</sup>) presents an opportunity for you to do so. The purpose of this review is to assist us in understanding your financial concerns. By addressing your specific objectives, we can help plan a financial strategy that is tailored to all your needs. Please return this completed PRO to your Financial Consultant. If you do not have a Financial Consultant with us, and would like one to help you with your PRO, please call the Branch Manager at our branch office nearest you.

PLEASE PRINT

## General Information

☐ Married ☐ M ☐ F Your Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ If Existing Client, Enter Primary Acct. Number \_\_\_\_\_  
 Your Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Your Occupation (Title) \_\_\_\_\_  
 Spouse's Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Spouse's Occupation (Title) \_\_\_\_\_  
 Your Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 Home Street Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 City, State and ZIP Code \_\_\_\_\_

## Investment Concerns and Objectives

1. What kind of investor are you?

☐ Conservative ☐ Moderate ☐ Aggressive

2. ...in regard to your *retirement* assets?

☐ Conservative ☐ Moderate ☐ Aggressive

3. Check any of these items that are of special importance.

☐ Providing for Retirement ☐ Meeting Educational Expenses  
☐ Reducing Income Taxes ☐ Protection Against Disability/Death  
☐ Saving for a Major Purchase ☐ Leisure Activities

INCOME: Dividend and interest income that is paid to you now.

GROWTH: Value of asset increases over time with little or no current income.

Check the box that represents the balance of *growth* and *income* that you want to achieve in your portfolio.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% Growth 0% Income	80% Growth 20% Income	60% Growth 40% Income	50% Growth 50% Income	40% Growth 60% Income	20% Growth 80% Income	0% Growth 100% Income	
GROWTH						INCOME	

☐ I have not yet established the growth-income ratio best suited to achieve my goals.

For INCOME investments, I prefer

☐ TAX-FREE income.  
☐ TAXABLE income.

If uncertain, please do not check a box.

**Confidential**

# Annual Household Income and Income Taxes

<b>Yours</b>	<b>Spouse's</b>	
\$ _____ /yr	\$ _____ /yr	Earned Income
_____ /yr	_____ /yr	Social Security Benefits
_____ /yr	_____ /yr	Pension and Ret. Plan Income
_____ /yr	_____ /yr	Taxable Interest/Dividends
_____ /yr	_____ /yr	Tax-free Interest
_____ /yr	_____ /yr	Partnership Income (Loss)
_____ /yr	_____ /yr	Income from Self-Employment
_____ /yr	_____ /yr	Other Income

Taxable Income Form 1040 Line 38 \$ \_\_\_\_\_

If you expect to spend a large sum drawn from your present assets soon, please estimate amount. \$ \_\_\_\_\_

If you expect to receive a large sum soon, please estimate amount. \$ \_\_\_\_\_

## Debts (Excluding Mortgages)

Margin Loans	\$ _____
Life Insurance Loans	_____
Lines of Credit	_____
Other Debts	_____
_____	_____
_____	_____
_____	_____

Please enter mortgages in Real Estate section

If you now rely on income from securities investments to meet living expenses, how much do you need annually?

\$ \_\_\_\_\_

## Review of Investments (Excluding IRAs and Keoghs)

Retirement Plan assets should be entered on Page 4.

Do you have a Central Assets Account? ☐ No ☐ Yes, with (Name of Financial Institution) \_\_\_\_\_

Taxable Money Market Funds \$ _____	Tax-free Money Market Funds \$ _____	Checking, Savings, Other Cash Assets \$ _____
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### Certificates of Deposit

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

Amount	Maturity Mon/Year	Amount	Maturity Mon/Year
\$ _____	_____	\$ _____	_____
_____	_____	_____	_____

### U.S. Treasury Bills

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

Amount	Maturity Mon/Year	Amount	Maturity Mon/Year
\$ _____	_____	\$ _____	_____
_____	_____	_____	_____

## Stocks

<b>Totals must be entered</b> →	Common Stock Total Market Value \$ _____	Preferred Stock Total Market Value \$ _____	Utility Stock Total Market Value \$ _____
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Company Name	No. of Shares	Company Name	No. of Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Bonds

<b>Totals must be entered</b> →	Zero Coupon Municipal Bonds Total Market Value \$ _____	Mortgaged-Backed Securities (e.g. GNMA) Total Market Value \$ _____	Zero Coupon Government Bonds Total Market Value \$ _____
	Other Municipal Bonds Total Market Value \$ _____	Corporate Bonds Total Market Value \$ _____	Other Government Bonds Total Market Value \$ _____

Issuer	No. of Bonds	Face Value	Issuer	No. of Bonds	Face Value
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Mutual Funds

Totals must be entered →	Stock Funds Total Market Value \$	Municipal Bond Funds Total Market Value \$	Corporate Bond Funds Total Market Value \$
	U.S. Government Bond Funds Total Market Value \$	Other Growth Funds Total Market Value \$	Other Income Funds Total Market Value \$

Fund Name	Number of Shares	Fund Name	Number of Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Unit Trusts

Totals must be entered →	Stock Unit Trusts Total Market Value \$	Municipal Bond Unit Trusts Total Market Value \$	Corporate Bond Unit Trusts Total Market Value \$
	U.S. Government Unit Trusts Total Market Value \$	Other Growth Unit Trusts Total Market Value \$	Other Income Unit Trusts Total Market Value \$

Trust Name	Number of Units	Trust Name	Number of Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Limited Partnerships

Totals must be entered →	Real Estate Amount Invested \$	Oil/Gas Amount Invested \$	Cable TV Amount Invested \$	Other Partnerships Amount Invested \$
	_____	_____	_____	_____

Partnership Name	Face Amount	Partnership Name	Face Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

## Life Insurance

List Your Policies			List Your Spouse's Policies				
	Amount of Death Benefit	Cash/Investment Value		Amount of Death Benefit	Cash/Investment Value		
Universal Life	\$ _____	\$ _____		\$ _____	\$ _____	Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Variable Life	_____	_____		_____	_____	If Yes, has it been reviewed recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whole Life	_____	_____		_____	_____		
Term Life	_____	_____		_____	_____	Does spouse have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single Prem. Life	_____	_____		_____	_____	If Yes, has it been reviewed recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional Asséts

Market Value	Type of Investment	Market Value	Type of Investment
\$ _____	Futures/Commodities	\$ _____	Employer Stock Options
_____	Listed Puts and Calls	_____	Deferred Compensation
_____	Annuities Annuities: <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable ? held in <input type="checkbox"/> IRA or <input type="checkbox"/> Non-IRA ?	_____	Other Assets
_____	Retirement Plan(s)(non - IRA/Keogh)		

## Business Interests

Description	% You Own	Mkt. Val. of Your Share
_____	_____	\$ _____
_____	_____	\$ _____

Do you or your spouse plan to sell your business soon? ☐ Yes ☐ No

## Real Estate

Market Value	Mortgage Bal.	
\$ _____	\$ _____	Primary Residence
_____	_____	Vacation Property
_____	_____	Investment Properties

## Review of IRAs and Keoghs

Your IRA	Spouse's IRA	Keogh	Other (401(k))	
\$ _____	\$ _____	\$ _____	\$ _____	Savings/Money Market Funds
_____	_____	_____	_____	Certificates of Deposit
_____	_____	_____	_____	Zero Coupon Gov't Bonds
_____	_____	_____	_____	Other Government Bonds
_____	_____	_____	_____	Income Funds/Unit Trusts
_____	_____	_____	_____	Stock Funds/Unit Trusts
_____	_____	_____	_____	Corporate Bonds
_____	_____	_____	_____	Stocks
_____	_____	_____	_____	Annuities: <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable?
_____	_____	_____	_____	Other (income-oriented)
_____	_____	_____	_____	Other (growth-oriented)

### Retirement Planning

Are you retired now? ☐ Yes ☐ No  
 If No, at what age do you plan to retire? \_\_\_\_\_

Is spouse retired now? ☐ Yes ☐ No  
 If No, at what age does spouse plan to retire? \_\_\_\_\_

## Educational Funding

List names of individuals for whom you plan to provide educational funding.

Name	Age	Amount Presently Invested	Name	Age	Amount Presently Invested
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Other Financial Concerns

Are you interested in...

- evaluating retirement plan distribution options? ☐ Yes ☐ No
- providing for children's education? ☐ Yes ☐ No
- borrowing opportunities (line of credit, home equity loan, etc.)? ☐ Yes ☐ No
- using the services of a professional money manager? ☐ Yes ☐ No

On whom do you rely most for investment advice?

Number in order of importance (e.g., "1" = most important; "5" = least important).

- |  |                                 |   |   |
|--|---------------------------------|---|---|
| <input type="checkbox"/> Financial Consultant<br>whose name is below | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Financial<br>Planner | <input type="checkbox"/> Myself/<br>Friends |
| <input type="checkbox"/> Accountant                                  | <input type="checkbox"/> Banker | <input type="checkbox"/> Insurance<br>Agent   | <input type="checkbox"/> Other<br>Broker    |

Do you...

- manage the cash or investments of a business? ☐ Yes ☐ No
- need guidance in the sale of restricted stock or the exercise of employer stock options? ☐ Yes ☐ No
- currently manage, or are you the beneficiary of, a trust? ☐ Yes ☐ No
- want to or have you established a trust? ☐ Yes ☐ No

Who prepares your tax returns?

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 ( )

Does this person do tax planning for you? ☐ Yes ☐ No

Please mail your Personal Review Outline to:

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