



CLIENT INFORMATION PACKET

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The Financial Planning Process

Integrated Financial Strategies, LLC will prepare a Comprehensive Financial Plan that is custom designed to reflect your lifestyle and goals while being sensitive to your specific risk levels. Your plan is a written document that gives you a roadmap from where you are today to where you want to be in the future, including strategies on how to get there. The plan includes analysis on net worth/cash flow throughout your life, education planning, retirement planning, protection planning (including disability, life, long term care, automotive, homeowner's and liability insurance), investment planning, estate planning, tax advantage strategies, and any other goals you might have. IFS can help you accomplish your financial goals and plan for the future.

IFS pledges to provide professional, competent, and objective financial planning services that are delivered with integrity. We promise to be fair and reasonable and will protect the confidentiality of all client information. We will always put the client's best interest first.

Here is an overview of the process:

1. Initial Meeting

At the initial meeting, your planner will gather and review financial information per the checklist in the client homework packet and thoroughly discuss your goals. The more information that is gathered at this first meeting, the more efficient the process and the more accurate the financial plan will be. There is no cost for this initial meeting. We will discuss any fees at this time. The meeting is typically 2 hours long.

2. Preliminary Meeting

The financial planner will review all client data and goals as well as discuss initial impressions. Any additional information that is needed will also be collected at this time. This meeting is usually about an hour.

3. Plan Delivery Meeting

At this meeting, your planner will deliver the comprehensive financial plan and thoroughly walk through the entire document. The meeting typically lasts about 2 hours.

4. Action Meeting

The planner will review the recommendations, answer any questions you may have about the plan and develop an action plan for accomplishing your financial goals. This meeting will last one to two hours.

5. Annual Review

It is important to review the financial plan on an annual basis to see how things are going and discuss any changes that have taken place.

Required Documents

- Complete the enclosed worksheets.
- Enclose or have available copies of:
 - most recent investment statements (brokerage, retirement, mutual funds, bonds, annuities).
 - benefits book from employer(s) (including: disability, life, retirement, pension plans).
 - pay stub(s).
 - bank statements (checking, savings, money market, CDs).
 - estate planning documents (wills, trusts).
 - insurance policies and statements (life, disability, long term care, excess liability, homeowners, automobile).
 - most recent federal income tax return.
 - most recent Social Security statement(s).
 - most recent liabilities (mortgages, loans, credit cards).
 - Business Owners: Buy-Sell arrangements, business tax return, etc.

Other:

- _____
- _____
- _____
- _____
- _____

NEXT APPOINTMENT: _____

Financial Planning is conducted through Park Avenue Securities, a Registered Investment Advisor. Representative does not provide legal or tax advice. Please consult with your attorney, accountant, and/or tax advisor for advice concerning your particular circumstances.

Date: _____

PERSONAL PROFILE

GENERAL INFORMATION

FULL NAME: _____ DOB: _____ PLACE OF BIRTH: _____

SEX: _____ SS#: _____ HEIGHT: _____ WEIGHT: _____

DL#: _____ DATE ISSUED: _____ DATE EXP: _____ STATE: _____

HOME ADDRESS: _____ How long: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

IF LESS THAN 2 Years
PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

U.S. CITIZEN?: _____ IF NO WHAT COUNTRY?: _____

TYPE OF VISA: _____

REFERRED TO IFS BY: _____

FAMILY INFORMATION

SPOUSE NAME: _____

DOB: _____ PLACE OF BIRTH: _____ SS#: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

IMPORTANT DATES: (ANNIVERSARIES) _____

SPECIAL INTERESTS/HOBBIES: _____

EMPLOYMENT INFORMATION

EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ PAGER: _____

OCCUPATION: _____ DUTIES: _____

LENGTH OF EMPLOYMENT: _____

IF LESS THAN 2YRS.- PREVIOUS EMPLOYER: _____

ARE YOU CONTEMPLATING AN OCCUPATION CHANGE?: _____

IF YES, PROVIDE DETAILS: _____

FINANCIAL INFORMATION

EARNED INCOME: _____ UNEARNED INCOME: _____

PRIOR YEAR: _____ NET WORTH: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ LAST VISIT- DATE: _____

REASON: _____

BRIEF MEDICAL HISTORY: (FAMILY ILLNESSES, CANCER, ETC.)

CIGARETTE SMOKER?: _____ DATE LAST SMOKED?: _____

DO YOU USE NICOTINE OR TOBACCO IN ANY OTHER FORM?: _____

DO YOU INTEND TO TRAVEL OR RESIDE OUTSIDE OF THE UNITED STATES?: _____

IF YES WHEN/ WHERE?: _____

Date: _____

PERSONAL PROFILE - SPOUSE

GENERAL INFORMATION

FULL NAME: _____ DOB: _____ PLACE OF BIRTH: _____

SEX: _____ SS#: _____ HEIGHT: _____ WEIGHT: _____

DL#: _____ DATE ISSUED: _____ DATE EXP: _____ STATE: _____

HOME ADDRESS: _____ How long: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

IF LESS THAN 2 Years
PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

U.S. CITIZEN?: _____ IF NO WHAT COUNTRY?: _____

TYPE OF VISA: _____

FAMILY INFORMATION

SPOUSE NAME: _____

DOB: _____ PLACE OF BIRTH: _____ SS#: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

CHILDS NAME: _____ DOB: _____ SS#: _____ SEX: _____

IMPORTANT DATES: (ANNIVERSARIES) _____

SPECIAL INTERESTS/HOBBIES: _____

EMPLOYMENT INFORMATION

EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ PAGER: _____

OCCUPATION: _____ DUTIES: _____

LENGTH OF EMPLOYMENT: _____

IF LESS THAN 2YRS.- PREVIOUS EMPLOYER: _____

ARE YOU CONTEMPLATING AN OCCUPATION CHANGE?: _____

IF YES, PROVIDE DETAILS: _____

FINANCIAL INFORMATION

EARNED INCOME: _____ UNEARNED INCOME: _____

PRIOR YEAR: _____ NET WORTH: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ LAST VISIT- DATE: _____

REASON: _____

BRIEF MEDICAL HISTORY: (FAMILY ILLNESSES, CANCER, ETC.)

CIGARETTE SMOKER?: _____ DATE LAST SMOKED?: _____

DO YOU USE NICOTINE OR TOBACCO IN ANY OTHER FORM?: _____

DO YOU INTEND TO TRAVEL OR RESIDE OUTSIDE OF THE UNITED STATES?: _____

IF YES WHEN/ WHERE?: _____

Expense Worksheet

Name: _____ **Date:** _____ Page 1 of 2

So that we may help you meet your financial goals, we need to estimate your annual expenses. We have divided many of these expenses into categories. For those items that apply to you, please fill in the monthly amount or the annual amount. Or, if the expense occurs only once a year, fill in the annual amount and list the month in the Comments column. It is okay to switch from column to column for different items.

Description	Monthly Amount or	Annual Amount	Comments
<i>Housing</i>			
Mortgage (P.I.)	\$	\$	
Home Equity or 2 nd Mortgage (P.I.)	\$	\$	
Rent/Condo Fee	\$	\$	
Utilities/Gas/Water	\$	\$	
Cable	\$	\$	
Internet	\$	\$	
Telephone (Home)	\$	\$	
Telephone (Cell)	\$	\$	
Home Improvements	\$	\$	
Cleaning Services	\$	\$	
Landscaping/Trash	\$	\$	
Maintenance/HOA	\$	\$	
Homeowner's Insurance	\$	\$	
Security/Alarm	\$	\$	
Misc. (Target, Sam's Club, Walmart...)	\$	\$	
<i>Food</i>			
Coffee/Starbucks	\$	\$	
Groceries	\$	\$	
Lunches	\$	\$	
Other	\$	\$	
<i>Transportation</i>			
Auto Payment	\$	\$	
Auto Lease	\$	\$	
Auto Fuel	\$	\$	
Auto Insurance	\$	\$	
Auto Maintenance	\$	\$	
Registration	\$	\$	
Parking/Tolls/Transit	\$	\$	
<i>Entertainment</i>			
Dining Out	\$	\$	
Movies/Theatre/Sport Events	\$	\$	
Entertainment/Hobbies	\$	\$	
Gym/Health Club	\$	\$	
Gifts/Birthdays	\$	\$	
Holidays	\$	\$	
Vacations	\$	\$	
Boating Expense	\$	\$	
Other	\$	\$	

Expense Worksheet

Name: _____ Date: _____

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Description	Monthly Amount or	Annual Amount	Comments
<i>Personal</i>			
Child Support	\$	\$	
Child Allowances	\$	\$	
Personal Care (Barber/Salon/Spa)	\$	\$	
Clothing/Shoes	\$	\$	
Laundry/Dry Cleaning	\$	\$	
Education	\$	\$	
Books/Magazines/Newspapers	\$	\$	
Accounting/Tax Fees	\$	\$	
Financial Planning	\$	\$	
Legal Fees	\$	\$	
Other Professional Fees	\$	\$	
Bank Fees	\$	\$	
Pets	\$	\$	
Credit Card (Old Balances Only)	\$	\$	
Credit Card (Old Balances Only)	\$	\$	
Credit Card (Old Balances Only)	\$	\$	
Student Loan	\$	\$	
Student Loan	\$	\$	
Student Loan	\$	\$	
Other	\$	\$	
<i>Itemized Deductions</i>			
Alimony Payments	\$	\$	
Child Care	\$	\$	
Medical/Dental Premiums	\$	\$	
Out of Pocket Med/Dent. Expenses	\$	\$	
Life Insurance	\$	\$	
Disability Insurance	\$	\$	
Long Term Care Insurance	\$	\$	
Charitable Contributions	\$	\$	
Business Expenses	\$	\$	
Real Estate Tax	\$	\$	
Personal Property Tax	\$	\$	
FSA (Flexible Spending Account)	\$	\$	
Other	\$	\$	

How much is left over in a typical month? \$ _____ per month.

Real Estate Asset Information: Primary and Secondary Residences, Vacation Homes

Include Schedule E with copy of tax return if you have Investment real estate

Ref #	Name or Address of Property	Purchase Amt/Cost Basis	Purchase Date Mo./Yr.	Owner	Current Mkt Value	Growth Rate	Date of Planned Sale (if applicable)
1				C Co Jt CP Other _____			
2				C Co Jt CP Other _____			

Client, Co-Client, Joint, Community Property. If owned by trust, use Other and indicate type (revocable, irrevocable, etc.)

Real Estate Asset Information: Investment/Rental Properties

Ref #	Name or Address of Property	Purchase Amt/Cost Basis	Purchase Date Mo./Yr.	Owner	Current Mkt Value	Growth Rate	Date of Planned Sale (if applicable)	Annual Gross Rental Income	Annual Rental Expense*
3				C Co Jt CP Other _____					
4				C Co Jt CP Other _____					

Client, Co-Client, Joint, Community Property. If owned by trust, use Other and indicate type (revocable, irrevocable, etc.)

* Exclude principal, interest and depreciation.

Real Estate Loan Information

Use Ref# to relate each loan to an asset above (if applicable)

Ref #	Loan Type (M, 2 nd , HE)	Original Principal	Owner	Loan Start Date Mo./Yr.	Interest Rate	Current Balance	Current Bal. Date Mo./Yr.	Term (in months)	Monthly Payment (P&I only)	Extra \$ Towards Principal
			C Co Jt CP Other _____							
			C Co Jt CP Other _____							
			C Co Jt CP Other _____							
			C Co Jt CP Other _____							

Mortgage, 2nd mortgage, Home Equity

Client, Co-Client, Joint, Community Property. If owned by trust, use Other and indicate type (revocable, irrevocable, etc.)

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Personal Use (Lifestyle) Assets

Client, Co-Client, Joint, Community Property. If owned by trust, use Other and indicate type (revocable, irrevocable, etc.)

Ref #	Asset Name	Owner	Purchase Price	Current Market Value
1	Client Auto	C Co Jt CP Other _____		
2	Client Auto	C Co Jt CP Other _____		
3	Co-Client Auto	C Co Jt CP Other _____		
4	Co-Client Auto	C Co Jt CP Other _____		
5	Personal Assets	C Co Jt CP Other _____		
6	Collectibles	C Co Jt CP Other _____		
7	Other:	C Co Jt CP Other _____		
8	Other:	C Co Jt CP Other _____		
	Total			

Loans with Set Terms (Auto, Boat, Student, Bank)

Use Ref# to relate each loan to an asset above (if applicable)

Ref #	Type	Owner	Start Date	Amount	Term	Rate	Current Balance	Balance Date	Monthly Payment
		C Co Jt							
		C Co Jt							
		C Co Jt							
		C Co Jt							

Other Revolving Debts (Credit lines, Credit Card)

Name	Type	Owner	Rate	Current Balance	Monthly Payment
		C Co Jt			
		C Co Jt			
		C Co Jt			
		C Co Jt			
		C Co Jt			
		C Co Jt			
		C Co Jt			

Semi-Regular Expenses

Ref #	Expense	Who	How often does this occur?	How much is the expense?	Lump sum or down payment Amount	When will it occur again? (Mo./Yr.)
1	Client Auto Upgrade or Purchase	C Co Jt	Every ____ years Every ____ mos.			
2	Co-Client Auto Upgrade or Purchase	C Co Jt	Every ____ years Every ____ mos.			
3	Vacation	C Co Jt	Every ____ years Every ____ mos.			
4	Other:	C Co Jt	Every ____ years Every ____ mos.			
5	Other:	C Co Jt	Every ____ years Every ____ mos.			

Client, Co-Client, Joint

Planned or Upcoming Purchases/Expenses

Expense	Who	When (Mo. /Yr.)	How much is the expense?	Lump sum or down payment amount
	C Co Jt			
	C Co Jt			
	C Co Jt			
	C Co Jt			

Such as: appliances (new or replacement), furniture, major household maintenance, repair or upgrade (such as: roof or H/AC system), home computer, etc.

Risk Tolerance Questionnaire

Please select the appropriate point value and enter it in the box provided.

1. Annual income			
[1] Up to \$100,000	[3] \$250,000 – \$500,000		<input type="text"/>
[2] \$100,000 – \$250,000	[4] Above \$500,000		
2. Net worth			
[1] \$ 50,000– \$ 500,000	[3] \$ 1,000,001 – \$ 2,000,000		<input type="text"/>
[2] \$ 500,001 – \$ 1,000,000	[4] Above \$ 2,000,000		
3. Marginal tax bracket (including federal, state, local)			
[1] 0% – 27%	[3] 36% – 45%		<input type="text"/>
[2] 28% – 35%	[4] Over 45%		
4. Age or average age of investors			
[1] Over 55 and retired	[3] 45 – 55	[5] Under 30	<input type="text"/>
[2] Over 55 and working	[4] 30 – 44		
5. How would you describe your knowledge of investments?			
[1] None	[3] Good		<input type="text"/>
[2] Limited	[4] Extensive		
6. Over the next five years, how much money do you expect to invest annually on average from earned income (exclusive of investment income, interest, dividends, capital gains, etc.)?			
[1] up to \$ 5,000	[3] \$ 15,001 – \$ 30,000		<input type="text"/>
[2] \$ 5,001 – \$ 15,000	[4] Above \$ 30,000		
7. What time period will you use to evaluate the performance of investments made through your account?			
[1] Less than 1 year	[3] 5 – 10 years		<input type="text"/>
[2] 1 – 4 years	[4] More than 10 years		
8. An assessment of your income requirements is essential in determining the appropriate asset allocation structure of your account. Please check the box that best approximates the amount of CURRENT income your account portfolio needs to generate annually as a percent of your total income from all sources.			
[1] Over 50%	[3] 16 – 30%	[5] 0-5%	<input type="text"/>
[2] 31 – 50%	[4] 6 – 15%		
9. Your expectation concerning how long it will be before you begin accessing your account portfolio for income is an important variable to consider when determining the appropriate asset allocation for your portfolio. How long will it be before you expect to begin making withdrawals from this account?			
[1] Less than 1 year	[3] 2 – 4 years	[5] More than 6 years	<input type="text"/>
[2] 1 – 2 years	[4] 4 – 6 years		
10. It is likely that a large percentage of the account will be withdrawn in the next 5 years.			
[1] Strongly agree	[3] Somewhat agree	[5] Strongly disagree	<input type="text"/>
[2] Agree	[4] Disagree		
11. Your investment objective summarizes the primary purpose of your account. It serves to define how assets should be managed. Select the objective that best fits the purpose of your account.			
[1] Preserve asset value	[4] Achieve strong asset growth with nominal income		<input type="text"/>
[2] Generate high income	[5] Achieve maximum asset growth		
[3] Achieve asset growth with moderate current income			

Risk Tolerance Questionnaire (Continued)

12. When you think of the word "risk" in a financial context, which of the following words comes to mind first?

- [1] Danger [3] Opportunity
[2] Uncertainty [4] Thrill

13. How do you usually feel about your major financial decisions after you make them?

- [1] Very pessimistic [3] Somewhat optimistic
[2] Somewhat pessimistic [4] Very optimistic

14. When faced with a major financial decision, are you more concerned about the possible losses or the possible gains?

- [1] Always the possible losses [3] Usually the possible gains
[2] Usually the possible losses [4] Always the possible gains

15. U.S. stocks have generated historical returns of about 10-13%, U.S. bonds have returned 5-6%, money markets have returned 3-4%, and U.S. inflation has been approximately 3%. What do you expect the total return of your investment portfolio to be over the long term?

- [1] 3 - 5% [3] 8 - 9% [5] 12 - 14%
[2] 6-7% [4] 10 - 11% [6] more than 15%

16. Which response best represents your view about the following statement?

"In my account portfolio, I am comfortable with investments that may lose money from time to time, if they offer the potential for higher returns."

- [1] Strongly disagree [3] Somewhat agree [5] Strongly agree
[2] Disagree [4] Agree

17. Please check the statement that reflects your preference.

[1] *"I would rather be out of the stock market when it goes down than in the market when it goes up (i.e., I cannot live with the volatility of the stock market)."*

[2] *"I would rather be in the stock market when it goes down than out of the market when it goes up (i.e., I may not like the idea, but I can live with the volatility of the stock market in order to earn market returns)."*

18. Which of the following concerns you most about the money invested in your account?

- [1] Losing money short term [3] Having insufficient assets to meet my obligations
[2] Concern that the market is too high [4] Not participating in rising markets

19. Investments can go up and down in value and experts often say you should be prepared to weather a downturn. By how much could the total value of all your investments go down before you would begin to feel uncomfortable?

- [1] Any fall in value would make me feel uncomfortable [4] 33%
[2] 10% [5] 50%
[3] 20% [6] More than 50%

20. Imagine that the stock market has dropped 20% in value over the last year. A stock or mutual fund that you own has also dropped 20% in value. What is your reaction?

- [1] Sell all my shares [3] Keep all my shares
[2] Sell some of my shares [4] Keep all my shares and buy more shares

21. If you could increase your chances of having a more comfortable retirement by taking more risk, would you be:

- [1] unlikely to take much more risk
[2] willing to take a little more risk with some of your money
[3] willing to take a little more risk with all of your money
[4] willing to take a lot more risk with all of your money

Risk Tolerance Questionnaire (Continued)

22. Liquidity in an investment is the degree to which you can gain access to your money. Investments which have high liquidity are easier to gain access to, while those with low liquidity are harder to gain access to. Which answer below best describes the liquidity needs of your account portfolio? *"I am financially able to accept a low level of liquidity in my portfolio."*

[1] Strongly disagree
[2] Disagree

[3] Somewhat agree
[4] Agree

[5] Strongly agree

23. How frequently would you like to meet with us to discuss your investments?

[1] Annually
[2] Semi-annually

[3] Quarterly
[4] Monthly