

## Aligning **YOUR WEALTH** with **YOUR VALUES**

The privacy and confidentiality of your personal information is very important to us. We adhere to all privacy and confidentiality requirements for all entities

whose products or services we offer.

DATE: \_\_\_\_/\_\_\_/

**PERSONAL & CONFIDENTIAL INFORMATION** You Spouse/Partner Name: \_\_\_\_\_ Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Date: Birth Place: Birth Place: Health Status: \_\_\_\_\_ Health Status: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: Email: Address: \_\_\_\_\_ Children (Name & birth date) What role would you like a financial advisor to play in your life? What prompted you to seek advice from an advisor? What is your vision for retirement (age, lifestyle, activities)? Do you have any anxieties or specific concerns about your overall current financial situation? What specific questions would you like to have answered in our first conversation? What are your most important financial goals? (Rate 1-5) \_\_\_\_ Retirement \_\_\_\_ Family Security \_\_\_\_ Wealth Accumulation \_\_\_\_ Education Planning \_\_\_\_ Debt Reduction \_\_\_\_ Estate Planning \_\_\_\_ Investment Strategy \_\_\_\_ Special Purchase (e.g. 2<sup>nd</sup> Home) \_\_\_\_ Other \_\_\_\_\_ Do you expect to pay a fee for advice if you engage an advisor? Yes No Do you have an attorney? Yes No Do you have an accountant? Yes No Please list your existing advisors (if any) below:



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Employment & Income								
You	Spouse/Partner							
Occupation:		Occupation:						
Employer:	Employer:							
Base salary: \$	Base salary: \$							
Bonus: \$	Bonus: \$							
Equity Compensation: \$	Equity Compensation: \$							
How Long:		How Long:						
Other sources of income (annual ar	mounts)							
Rental Income \$		Social Security \$						
Investment Income \$		Annuity \$						
Pension Income \$		,						
NON-QUALIFIED ASSETS (e.g., broke	erage accounts, sa	vings, checking, CDs, s	stock holdings, re	stricted stock and options)				
, , , , , , , , , , , , , , , , , , , ,				, ,				
Type / Institution Name		Current Value		Owner				
RETIREMENT ASSETS (e.g., 401K, IRA	A, Roth IRA, Annui	ities, Deferred Compe	nsation)					
Type / Institution Name	Current Value	Current Annual Contribution	Employer Match	Owner				



**REAL ESTATE & PERSONAL PROPERTY** 

Current

## Aligning **YOUR WEALTH** with **YOUR VALUES**

Mortgage

Mortgage

Interest

Monthly

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Date of

Original Mortgage

Name	Value	Ва	lance	Ter	m	Ra	te	Payme	ent	Mortgage		Amount	
OTHER LIABILITIE	ES / LOANS	(e.g., au	ıto, stu	dent loar	ns, cre	dit caı	rds)						
Interest Monthly													
Loan	Loan Instituti		ion Balance		Rate		Term		Pay	Payment		Owner	
													$\overline{}$
LIFE INSURANCE													
	Face Annual												
Company	Company Insu		Policy T				ount					Policy Date	
	l		I		I			I		1		I	
DISABILITY / LON	IC TERM C	ADE INICI	IDANC										
DISABILITY / LON	IG-TERIVI CA	AKE IIVSU	JKANC	<b>E</b>	I			1					
Company		acurad	urod		Policy Type		Coverage Amount			Annual Premium			
Соттрату	<u>'</u>	Insured			Policy Type		Amount		Freiiiidiii				
ESTATE PLANNIN	IG												
Will(s)? YES / NO Year drafted: Powers of Attorney / Health Care Directives: YES / NO													
Trust(s)? YES / 1	<u>VO</u> Year	drafted	:		. Pu	ırpose	:						



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William F. Lyon and Robert Nienaber III are registered representatives offering securities through NYLIFE Securities LLC, member FINRA/SIPC, 4357 Ferguson Drive, Suite 240, Cincinnati, Ohio 45245 (513) 753-9966. Financial advisers offering investment advisory services through Eagle Strategies LLC, a registered investment adviser. The Lyon Group, LLC is not owned or operated by NYLIFE Securities, LLC or Eagle Strategies, LLC.SMRU 4997722.3 exp 12/31/2027