

# Comprehensive Client Discovery

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### Discovery Questions

# Comprehensive Client Discovery

Our process involves discussing your goals, gathering pertinent data, designing solutions, and delivering a cohesive investment advisory or financial plan that you can implement to help you reach your goals. The process begins with understanding you and what you want to achieve.

Client Name

Date

## General Questions

1. How did you get where you are today?

2. What concerns you about your current financial situation?

3. Tell me about the important people in your life.

### Data/Facts



## Quick Links

# Comprehensive Client Discovery cont.

### Discovery Questions

4. Tell me about your prior planning/advisory experiences.

5. What goals are important to you? Can you prioritize them for me?

### Data/Facts

6. What financial changes do you anticipate in the next 6 months? 12 months? 24 months?



## Quick Links

# Expenses

### Discovery Questions

1. What are your after-tax living expenses on a monthly basis (including mortgage, food, etc.)?

2. After all bills are paid and monies are saved each month, how much is generally left over on average? What amount of this excess would you consider available to allocate towards your goals? Are there areas of your expenses you may be willing to review / modify to help meet your goals?

### Data/Facts

3. Cash Reserves, 3 to 6 months of living expenses is generally recommended, what level would you feel comfortable with?



## Quick Links

# Expenses cont.

### Discovery Questions

4. Let's review your current expenses and how they may change over time. Would you be willing to track your expenses in a budget worksheet?

5. What large purchases / investments are anticipated over the foreseeable future (e.g. vacation, home remodeling, second home or rental property, renovations, new car, college funding, boat, wedding, etc.)? Let's review amount and timing for each.

### Data/Facts



## Quick Links

# Retirement

## Discovery Questions

1. What do you ideally want your retirement to look like?

a. Would you want the same level of after-tax monthly living expenses you have now? Or would you want more or less? Why? (More travel, gifts, etc.?)

## Data/Facts

b. What rate of return would you like to assume you could earn on assets in retirement? What level of inflation would you want to assume?

2. Who is with you? Where will you live?

3. What age would you like to retire? Is it important to retire at that time?



## Quick Links

# Retirement cont.

## Discovery Questions

4. Would you continue to work in a part-time or consulting capacity?  
How much might you earn and for how long?

5. What concerns do you have about potentially retiring in \_\_\_\_\_ years?

## Data/Facts

6. If we find you are not on track to meet the time frame or lifestyle goal you have outlined, what are you willing to change to get on track?

7. How important is having guaranteed income to meet some or all of your retirement expenses?

8. What percentage of your investment accounts do you think is reasonable to take out each year?



## Quick Links

# Protection: Life Insurance

## Discovery Questions

1. Who would you need or want to provide for in the event of a premature death?

a. Would you want to provide the same level of after-tax living expenses for your family in the event of your death?

## Data/Facts

b. What rate of return would you want to assume? What level of inflation?

c. How long might the survivor take off from work to be with family?

2. What amount would you like to provide for your parents, siblings, charities, or other, in addition to your spouse and children?





## Quick Links

# Protection: Life Insurance cont.

## Discovery Questions

3. Do you feel general living expenses and other expenses for your family would change in the event of premature death?

4. Education goals: Would you like to provide funds for children's college education in the event of your premature death? What school or type of school do you have in mind?

## Data/Facts

5. Mortgage and other debts: Which of these obligations would you like to pay off for your family?

6. What Social Security survivor benefits may your family be entitled to?

7. What other income sources should be assumed for your family, including changes in income for your spouse?



## Quick Links

## Discovery Questions

# For Existing Life Policies:

1. For each policy, we would like to understand ownership, premium, term remaining (if term), conversion options, ability to add coverage through employer, portability of employer policies.

2. We would like to obtain in force illustrations for all permanent policies to help assess the policy.

## Data/Facts

3. What motivated you to obtain your existing coverage?



## Quick Links

## Discovery Questions

# Protection: Disability/Long Term Care

1. Do you think your monthly expenses would increase or decrease if you are disabled?  
How might they change?

2. How much of your liquid capital would you want to use to provide income during a disability?

## Data/Facts

3. What does your employer offer as far as group disability and/or long term care insurance? Would you be able to provide me the benefit outlines?

4. Do you have individual disability income or long term care insurance?



## Quick Links

## Discovery Questions

# Protection: Disability/Long Term Care cont.

5. Are you aware of differences in tax treatment between group and individual policies?

6. Do you know anyone who is disabled or needs long term care? Tell me about their situation.

## Data/Facts

7. How much do you think long term care costs for nursing care or in home care?  
How do you think this might impact your plans for retirement?



## Quick Links

# Protection: Health Insurance\*

## Discovery Questions

1. Tell me what you (and your family) do to take care of your health.

2. Would you be able to provide me details on your current health insurance coverage? Premiums, co-pays, deductibles, limits, etc.

## Data/Facts

3. What care providers do you and your family see outside of network? How much are you spending out of pocket annually? What medications/treatments do you have to pay for?

\*



## Quick Links

# Protection: Health Insurance cont.

## Discovery Questions

4. How much have your premiums increased over the last year? Last 5 years?

5. What concerns do you have about health insurance now? In retirement?

## Data/Facts

6. If you are participating in a high-deductible plan, are you contributing to a Health Savings Account? If so, please provide a recent statement.  
How are you intending to use the HSA funds?



## Quick Links

# Investments

## Discovery Questions

1. How might you respond when you experience investment losses? Tell me about your experience in 2008 (or 2000), how did your investments perform and how did you react?

2. How comfortable are you with investments that will periodically decline in value if there is a potential for high returns?

## Data/Facts

3. Inflation can have a significant negative impact on the purchasing power of your income stream. What are your thoughts on the risk-return trade offs regarding the affect inflation can have on purchasing power?

4. What process have you used in making investment decisions (friend, Morningstar, Advisors, prospectus)?

5. What has been your criteria for selecting investments (1-year returns, 10-year returns, portfolio manager, tax efficiency, general feeling)?



## Quick Links

# Investments cont.

### Discovery Questions

6. What would you say is your primary investment objective (growth, income, tax savings, liquidity)?

7. If some of your investments could be repositioned to be more competitive or more in line with your financial plan, would you be open to changes? Are there any investments in particular you wish to receive feedback on?

### Data/Facts

8. Is there any investment(s) in particular you are attached to?

9. How important is having an investment portfolio that "beats the market"?





## Quick Links

# Investments cont.

## Discovery Questions

10. Would you be comfortable in having an investment portfolio focused on meeting your specific goals as opposed to maximizing returns?

11. What portion of your income and/ or investments would you ideally like to be guaranteed?

## Data/Facts



## Quick Links

# Estate/Legacy

## Discovery Questions

1. What kind of legacy do you wish to leave? Who is important to you that you might like to assist financially?

2. What kind of role would you like to play in your children/ grand children's future?

## Data/Facts

3. Tell me about your philanthropic intentions.

4. Have you established an estate plan? When was this last reviewed?  
Please describe ideally how you would like your assets to pass.



## Quick Links

# Estate/Legacy cont.

## Discovery Questions

5. Who would care for your children if you died? Who would manage your assets?

6. Do you have any family members who have special needs?  
Can you describe their situation?

## Data/Facts

7. Was a summary of your estate documents provided by your attorney?  
If so, please provide a copy for review.



## Quick Links

# Estate Continued: For Business or Real Estate Owners/Higher Net Worth Clients

## Discovery Questions

1. Who would get your business if you died? If it is a large part of your estate, what would you leave other children who are not involved in the business?

2. Would your spouse need to rely on your business income if you died or become disabled?

## Data/Facts

3. Would your spouse feel comfortable signing a personal guarantee for your business debt if you died or became disabled?



## Quick Links

# Estate Continued - For Business or Real Estate Owners/Higher Net Worth Clients

## Discovery Questions

4. How do you want to pay the estate tax or debts on your business or real estate holdings? Can you show me which assets you would use? (If applicable)

5. How do you feel about ensuring the assets your spouse and children receive are protected from: 1. Future Estate Tax; 2. Law Suits; 3. Divorcing Spouses

## Data/Facts

6. Do you have individuals or charities you would like to leave a bequest to at your death? Tell me about these goals.



## Quick Links

# Business

### Discovery Questions

1. What would you like to have happen in the event of your (or another owner's) death, retirement, or disability?

a. What legal and financial plans are in place to ensure this occurs?

### Data/Facts

2. How much debt does your business or real estate ventures have against them?

3. Do you have personal guarantees in place? Would those continue if you died or became disabled? Please describe those guarantees.

4. Does your loan document(s) allow for the loan(s) to be called in the event of your death or disability?



## Quick Links

# Client Information

## Discovery Questions

Some basic information about you:

Prefix: Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐

Name		Date of birth	U.S. Citizen
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address	City	State	Zip code
Contact number		Email	
Occupation		Employer	

## Co-Client

Prefix: Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐

Name		Date of birth	U.S. Citizen
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address	City	State	Zip code
Contact number		Email	
Occupation		Employer	

## Data/Facts

## Family and Other Relevant Individuals

Name	Date of birth	Relationship Type*	Citizenship	Include in Plan?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Date of birth	Relationship Type*	Citizenship	Include in Plan?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Date of birth	Relationship Type*	Citizenship	Include in Plan?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Date of birth	Relationship Type*	Citizenship	Include in Plan?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Date of birth	Relationship Type*	Citizenship	Include in Plan?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Date of birth	Relationship Type*	Citizenship	Include in Plan?
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Daughter, Son, Mother, Father, Business Partner, etc.

## Client Information

[Discovery Questions](#)

### Professional Advisors

Attorney	Business Name	Address	Phone
Accountant	Business Name	Address	Phone
Insurance Agent	Business Name	Address	Phone
Other	Business Name	Address	Phone

[Data/Facts](#)





## Quick Links

# Assets

## Discovery Questions

**Personal Assets:** Please include any personal assets that you own including residences, automobiles, collections, artwork, jewelry, etc.

Personal Assets	Owner	Value

**Investments:** Please include all non-qualified investments such as bank accounts, brokerage accounts, and investment holdings and indicate the annual contribution you plan to make to each.

Investments	Owner	Value/Cost Basis	Annual Contribution
Checking			
Savings			
CDs			
Brokerage			

## Data/Facts

**Retirement Assets:** Please include all qualified investments such as IRAs/Roth IRAs, 401(k), 457, and SEP accounts. Indicate your annual contribution to each account and contributions from your employer.

Retirement Assets	Owner/ Beneficiary	Value	Annual Contributions	Employer Contributions



## Quick Links

# Assets cont.

## Discovery Questions

**Real Estate Holdings:** Please include all real estate holdings by location and indicate any future plans to sell the holdings.

Real Estate Location	Owner	Current Market Value	Basis	Plan to Sell? When?

## Data/Facts

**Business Interests:** Please list all business interests in which you own part or all of the interest. *\*See additional questions in the Business Planning section*

Business Name	Business Name 1	Business Name 2	Business Name 3
Owner(s)			
Business Type*			
Base Value			
Tax Basis			
Pass Thru (Yes/No)			

\*Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp



Quick Links

Liabilities

Discovery Questions

We would like to understand details for all mortgages, HELOCs, student loans, credit cards, etc. Original loan amount, term, rate, current balance, breakdown of P&I, insurance, taxes for mortgages, etc.

In general, what are your feelings about debt?

Data/Facts

Current Liabilities:

Liability Name/ Original Balance	Current Balance	Periodic Payment (Break out -P&I, tax, insurance)	Payment Frequency	Interest Rate	Year of Maturity



## Quick Links

# Income

## Discovery Questions

Please include income you receive with the exception of income related to business interests.

Income	Client	Co-Client	Joint	Any anticipated changes?
Annual salary				
Bonus				
Self Employment				
Dividends/Interest				
Rentals				
Inheritance				

**Social Security Benefits:** Please include your most recent Social Security statement.

## Data/Facts

Client Normal Monthly Retirement Benefit	\$	Co-Client Normal Monthly Retirement Benefit	\$

**Pensions/Guaranteed Income Annuities:** Please include all you are eligible to receive

	Client	Co-Client
Start Age		
Monthly Amount		
Annual Inc. %		
Survivor %		



## Quick Links

## Expenses

Monthly expenses: I spend about \$ \_\_\_\_\_ a month on everything.

## Discovery Questions

[illegible]

## Data/Facts



# Education

Discovery Questions

List any education goals or expenses anticipated for yourself, your children, and/or your grandchildren including primary school, private school, trade schools, colleges, and universities.

Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund

Data/Facts



Quick Links

# Life Insurance

Discovery Questions

Includes group, term, whole life, universal life, variable, or other custom policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Life Insurance					
Insured					
Owner					
Beneficiary					
Face amount					
Annual premium					
Cash value					

Data/Facts



## Quick Links

# Disability Policies

## Discovery Questions

Includes group and Individual policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Disability income					
Insured					
Monthly benefit					
Annual Premium					
Waiting period					
Length of benefit					
Cost of living adjustment (COLA)					

## Data/Facts





## Quick Links

# Long Term Care Insurance

## Discovery Questions

**Long Term Care Insurance:** includes group and individual policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Long term care					
Insured					
Annual premium					
Daily benefit					
Waiting period					
Length of benefit					
Cost of living adjustment (COLA)					
COLA method*					

\*Simple or Compound

## Data/Facts



## Quick Links

# Estate

### Discovery Questions

	Client	Co-Client
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it updated last?		
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of trust?		
What is the goal of the trust?		
Heirs from a previous marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Directives/Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your children are minors, do you have a guardian nomination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Data/Facts



## Quick Links

# Business Cash Flow

## Discovery Questions

	Business 1	Business 2	Business 3
Income			
Expenses			
Distribution			
Distribution Amount			
Distribution (% of income)			

## Data/Facts



## Quick Links

# Related Business Questions

### Discovery Questions

	Business 1	Business 2	Business 3
Client active in the business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse active in the business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of children involved			
Future Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shareholder, Partnership or Operating Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does current agreement permit gifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy/Sell Agreement among owners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy/Sell Agreement funded with life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of coverage if applicable?			

### Data/Facts



Quick Links

## Recap of Client Goals

Discovery Questions

Retirement

Protection

Data/Facts

Investments

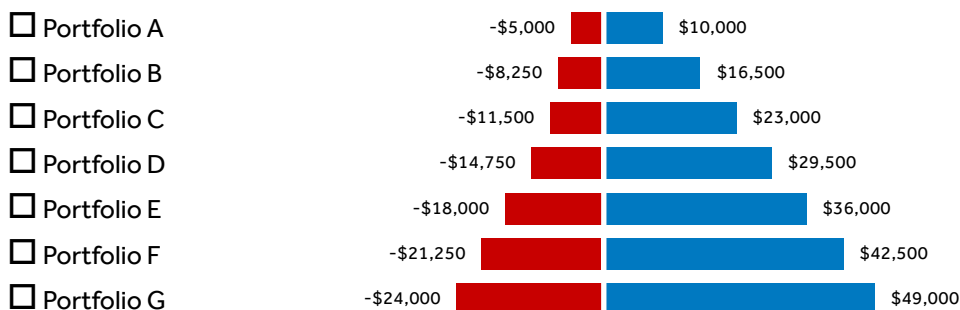
Estate



# Risk Tolerance Questionnaire

## Discovery Questions

1. The graph above shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?



## Data/Facts

2. Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its potential impact on your investments?

- |  |   |
|--|---|
| <input type="checkbox"/> You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns. | <input type="checkbox"/> You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to pursue that goal. |
| <input type="checkbox"/> You would like your investments to outpace inflation. You are willing to  |   |

3. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your securities behaved in a similar fashion)?

- |   |  |
|---|--|
| <input type="checkbox"/> Sell all the securities in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.                          | <input type="checkbox"/> Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'.  |
| <input type="checkbox"/> Sell half of the securities in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss. | <input type="checkbox"/> Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the securities will potentially regain their previous value or increase in value. |



## Risk Tolerance Questionnaire cont.

### Discovery Questions

**4. Once again, assume you have a substantial portion of your investment portfolio in securities. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 24% of its value over a year, which of the following would you do?**

- |   |   |
|---|---|
| <input type="checkbox"/> Sell the securities in your portfolio and realize the 24% loss. You wish to avoid the risk of further loss.                  | <input type="checkbox"/> Invest more now because securities are selling for approximately 24% less than they were 12 months ago. You believe that the securities will potentially regain their value or possibly appreciate even higher over the long-term. |
| <input type="checkbox"/> Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss. |   |
| <input type="checkbox"/> Do nothing. You are comfortable waiting for the securities to regain their previous value or to increase in value.           |   |

**5. Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?**

- |   |   |
|---|---|
| <input type="checkbox"/> You want to minimize the possibility of loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuation. | <input type="checkbox"/> You can tolerate the risk of moderate losses in order to pursue potentially favorable returns.     |
|   | <input type="checkbox"/> You can tolerate the risk of large losses in your portfolio in pursuit of greater potential gains. |

**6. What is the investment time horizon on these investable assets?**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 6 – 9 years |
| <input type="checkbox"/> 3 – 5 years       | <input type="checkbox"/> 10+ years   |



## Quick Links

# Document Checklist

### Discovery Questions

	Needed	Document	Received		Returned		Initials
			Quantity	Date	Quantity	Date	
Bank & Brokerage Statements	<input type="checkbox"/>	Checking/ Account					
	<input type="checkbox"/>	Savings/CD/ Money Market					
	<input type="checkbox"/>	Brokerage Statements					
	<input type="checkbox"/>	Credit Card Statements					
	<input type="checkbox"/>	IRA/Roth IRA Statements					
	<input type="checkbox"/>	Other					

### Data/Facts

	Needed	Document	Quantity	Date	Quantity	Date	Initials
Employment Documents	<input type="checkbox"/>	Pay Statement					
	<input type="checkbox"/>	Employee Benefits					
	<input type="checkbox"/>	Group Term Life Insurance					
	<input type="checkbox"/>	Group Disability Insurance					
	<input type="checkbox"/>	Qualified Accounts					
	<input type="checkbox"/>	Pension Plan					
	<input type="checkbox"/>	Stock Option Plan					
	<input type="checkbox"/>	Other					

	Needed	Document	Quantity	Date	Quantity	Date	Initials
Insurance Documents	<input type="checkbox"/>	Life Insurance Statement					
	<input type="checkbox"/>	Auto Insurance					
	<input type="checkbox"/>	Health Insurance					
	<input type="checkbox"/>	Disability Statement					
	<input type="checkbox"/>	Long Term Care					
	<input type="checkbox"/>	Homeowner Insurance					
	<input type="checkbox"/>	Umbrella/ Excess Liability					
	<input type="checkbox"/>	Other					





## Quick Links

# Document Checklist cont.

### Discovery Questions

	Needed	Document	Quantity	Date	Quantity	Date	Initials
Tax & Legal Documents	<input type="checkbox"/>	Tax Returns					
	<input type="checkbox"/>	Wills					
	<input type="checkbox"/>	Trust Documents					
	<input type="checkbox"/>	Power of Attorney					
	<input type="checkbox"/>	Other					

	Needed	Document	Quantity	Date	Quantity	Date	Initials
Business Documents	<input type="checkbox"/>	Buy-Sell Agreements					
	<input type="checkbox"/>	Succession Planning					
	<input type="checkbox"/>	Other					

### Data/Facts

I (We) have provided copies of the documents listed on the Document Checklist to the Financial Adviser listed below for the purpose of preparing a financial plan.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



Quick Links

## Notes

Discovery Questions

Data/Facts



Quick Links

## Notes cont.

Discovery Questions

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## Notes cont.

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## **Quick Links**

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## **Discovery Questions**

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This fact-finder is intended to gather initial information in the financial planning process. Please note that if you decide to engage in any software-base financial planning process, you may need to also complete the applicable questionnaire.

At implementation, if any, a separate application and/or Investor Profile will need to be submitted for any financial or insurance product you ultimately decide to purchase and will result in their own suitability and underwriting analyses. In the event that there is an inconsistency between the information you provided in this material and application/investor Profile, the information in the application/Investor Profile shall govern.

### **Eagle Strategies**

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## **Data/Facts**