

570 Hammill Lane Reno, NV 89511 775.332.7000 Phone 800.288.2772 Toll Free 775.332.7010 Fax

In our first visit with you there are two objectives

- 1. You need to learn about us so you can decide if we are the right financial advisor for you. We want to make sure that you understand what we do, how we work and what the benefits to you would be of choosing American Wealth Management as your "financial coach." We will try to answer any questions you may have about working with us, the costs involved and what your experience with us would be like.
- 2. We need to learn about you in order to determine how we might best serve you. We'll want to know about your financial circumstances, your goals, your values, your concerns and what you want out of an advisory relationship. Since you play an important role in the process, we also want to make sure you understand your responsibilities if our relationship is to be a success. For starters, we ask you to complete and return this form to us before we meet.

Since our initial visit will be used by both of us to learn about the other and no substantial financial advice will be offered by us, there will be no charge for this first meeting (which should last for about 90 minutes). To facilitate our conversation and make our time together as productive as possible, please take a few moments to provide us with the following information:

Overview Questionnaire

Please describe your primary financial concerns. Why are you looking for a financial advisor?			
What are you looking for in an advisor? What would a good relationship look like?			
Referred by:			



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Basic Information about you

	You		Spouse / Partne	
Full Name				
Name You Prefer We Use				
Social Security Number				
Birthdate				
Cell Phone				
Home Address				
Home Phone				
Home Email				
Home Fax / Web page				
Mailing Address				
Employer				
Title/Position				
Work Address				
Work Phone				
Work Email				
Work Fax				
Preferred Way for Us to Contact You	O Cell Phone O Work O Home Phone O Work O Home Email	c Phone c Email		
Marriage Anniversary	Prior Marriages for You		Pior Marriages	for Spouse
Alimony	You?		Spouse / Partne	er?
Dependent Children/Grandchildren & A	Ages			
First, Middle Initial, Last Name	Social Security Number	Birthdate		Dependent Until Age
Education Planning				
Existing College Savings? O Yes O No		Percent of Colle	ege Costs Plan to	o Pay %



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To give us an overview of your financial situation, please give us your best estimate of

Credit Cards	Assets		Liabilities			
S	Investments (non-retirement)		Short-term	Short-term		
S	Cash in bank or money market accounts	\$	Credit Cards	\$		
\$ Margin debt or investment loans \$ Cother \$ Security \$	Stocks/bonds/mutual funds	\$	Notes	\$		
S	Bonds	\$	Car loans	\$		
Long-term	Mutual Funds	\$	Margin debt or investment loans	\$		
\$ Home (mortgage) \$ \$ Business \$ \$ Additional Property \$ \$ Other \$ \$ Total \$ \$ \$	Other	\$	Other	\$		
\$ Business \$ \$ Additional Property \$ \$ Other \$ \$ Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Investments (retirement)		Long-term			
\$ Additional Property \$ \$ Other \$ \$ Total \$ \$<	IRA	\$	Home (mortgage)	\$		
S	401(k)	\$	Business	\$		
S	403(b)	\$	Additional Property	\$		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Profit Sharing	\$	Other	\$		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Annual income Spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Deferred Compensation	\$	Total	\$		
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\$ \$ \$ \$ You Annual income Spouse \$ Salary \$ \$ Bonuses \$ \$ Social Security \$ \$ Pension \$	Other	\$				
You Annual income Spouse \$ Salary \$ \$ Bonuses \$ \$ Social Security \$ \$ Pension \$	Business	\$				
You Annual income Spouse \$ Salary \$ \$ Bonuses \$ \$ Social Security \$ \$ Pension \$	Real Estate	\$				
You Annual income Spouse \$ Salary \$ \$ Bonuses \$ \$ Social Security \$ \$ Pension \$						
\$ Salary \$ \$ Bonuses \$ \$ Social Security \$ \$ Pension \$	Other	\$				
\$ Salary \$ \$ Bonuses \$ \$ Social Security \$ \$ Pension \$						
\$ Bonuses \$ \$ Social Security \$ \$ Pension \$	Total Family Income Statement	\$	Annual income	Spouse/Partn		
\$ Pension \$	Total Family Income Statement Annual income	\$ You		<u> </u>		
\$ Pension \$	Total Family Income Statement Annual income Salary	You \$	Salary	\$		
\$ Interest & Dividends \$	Family Income Statement Annual income Salary Bonuses	You \$ \$	Salary Bonuses	\$		
	Family Income Statement Annual income Salary Bonuses Social Security	You \$ \$ \$ \$ \$ \$	Salary Bonuses Social Security	\$ \$ \$		
\$ Gift & Trust Income \$	Family Income Statement Annual income Salary Bonuses Social Security Pension	You \$ \$ \$ \$	Salary Bonuses Social Security Pension	\$ \$ \$		
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\$ Total \$ Annual Savings	Family Income Statement Annual income Salary Bonuses Social Security Pension Interest & Dividends Gift & Trust Income Renatal Income (net of expenses) Other Total Annual Expenses Mortgage	You \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Salary Bonuses Social Security Pension Interest & Dividends Gift & Trust Income Renatal Income (net of expenses) Other Total Annual Savings Retirement Plan Contributions	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
\$ Total \$ Annual Savings Retirement Plan Contributions \$	Family Income Statement Annual income Salary Bonuses Social Security Pension Interest & Dividends Gift & Trust Income Renatal Income (net of expenses)	You \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Salary Bonuses Social Security Pension Interest & Dividends Gift & Trust Income Renatal Income (net of expenses) Other Total Annual Savings Retirement Plan Contributions College Savings	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		



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Check box if you have the following	You	Spouse/Partner
Life	0	0
Health	0	0
Is Employer providing health insurance during retirement?	0	0
Long-term Care	0	0
Disability	0	0
Home owners	0	0
Auto	0	0
Umbrella	0	0
Business	0	0

Estate Planning

Check the box if you have any of the following	You	Spouse/Partner
Will	0	0
Revocable Living Trust	0	0
Irrevocable Life Insurance Trust	0	0
Durable General Power of Attorney	0	0
Living Will	0	0

Personal Advisors

Attorney	Name	Firm
Accountant	Name	Firm
Insurance Agent	Name	Firm

Please bring the following documents to our meeting:

Income - Both spouses' tax returns from the previous two years

Retirement plans - 401 (k), Keogh, SEP, IRA, RRSP, TSA, and other statements

Saving accounts - Statements for bank accounts, money market funds, CDs, etc.

Brokerage accounts - Statements for stocks, bonds, mutual funds

Insurance - Policies/contracts for life insurance, disability insurance, annuities

Real Estate - Residence, vacation ownership, investment property (appraisals, loan information, statements)

Business owner's balance sheets, P&L Statements - current and previous four years, buy/sell agreements, etc.

Expected inheritances

Social Security statements



Your Name

In Preparation for Our First Meeting

Date

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Financial Satisfaction Survey

Please note: if there are two of you, print ou	ut two copies so you each can complete	your own Financial Satis	faction Survey
Directions: The statements below will help y	you think about and assess how satisfied	d you are with many aspe	ects of your financial life.
Select and record your level of satisfaction f	or each statement (scoring between 1 a	nd 5, with 5 being "very	satisfied" and 1 being "not
satisfied"). Please add the numbers and rec	ord the total.		
I am satisfied			
Not Satisfied	Somewhat Satisfied		Very Satisfied
1 2	3	4	5
Cash Flow Management			
1with my ability to meet my fina	ancial obligations.		
2 with the income my current jo	b or career provides me.		
3 with my spending habits.			
4with the level of debt that I car	rry.		
5with the "extras" that I am abl	e to buy for myself and/or loved ones.		
Risk Management / Investments / Benefits			
6 with the amount and types of	insurance protection I currently have.		
7 with the amount of money tha	at I save and invest on a regular basis.		
8 with my current investment ch	oices.		
9 that I am on track to satisfy m	y retirement accumulation needs.		
10 with the level and quality of e	employer/government benefits I receive.		
Management / Estate / Education			
11 with my personal bookkeepin	g and financial records management.		
12 with my ability to provide fina	incial help to family members.		
13 with my estate plan.			
14 with my level of charitable giv	ving.		
15 with my current level of finance	cial education.		
Qualitative Issues			
16 with how I respond emotiona	lly to difficult financial circumstances.		
17with my ability and willingness	s to communicate about my finances.		
18 with the level of satisfaction I	have with my financial situation.		
19 that financial issues do not ca	use stress or strain in the relationships.		
20 with the working relationships	s I have with my financial professionals.		
Total Score	(Maximum s	score is 100)	