



New Client Information Kit

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Thank you for requesting a consultation. Gathering this information into one document will provide us with vital knowledge regarding your financial needs, plans, and preferred investing style. It will allow us to have a meaningful dialogue about your current financial situation. Approximates and best estimates are fine for now. We encourage you to complete this kit and return it via regular mail, fax to 770-214-9933, or email to Sherri@grilloandassociates.com prior to our appointment, or bring it with you.

All information, whether verbal or written, is completely and permanently confidential.

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Date: _____

Client A

Full legal name _____

Nickname _____ Maiden name _____

Gender: ☐ Male ☐ Female Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address _____

Mailing address (if different) _____

Cell phone _____ Home phone _____

Email address _____

Social Security # _____ Birth date _____

Driver's license # and state of issue _____

Driver's license issue date _____ Driver's license expiration date _____

Primary Bank _____

☐ Retired ☐ Self-employed Occupation/Title _____

Employer _____ Work phone _____

Address _____

Client B

Full legal name _____

Nickname _____ Maiden name _____

Gender: ☐ Male ☐ Female Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address _____

Mailing address (if different) _____

Cell phone _____ Home phone _____

Email address _____

Social Security # _____ Birth date _____

Driver's license # and state of issue _____

Driver's license issue date _____ Driver's license expiration date _____

Primary Bank _____

☐ Retired ☐ Self-employed Occupation/Title _____

Employer _____ Work phone _____

Address _____

Children or other dependents

Full legal name _____ Social Security # _____

Birth date _____ Relationship _____

Full legal name _____ Social Security # _____

Birth date _____ Relationship _____

Full legal name _____ Social Security # _____

Birth date _____ Relationship _____

Full legal name _____ Social Security # _____

Birth date _____ Relationship _____

Current professional advisors

Name _____ Type _____

Firm name _____

Phone _____

Name _____ Type _____

Firm name _____

Phone _____

Name _____ Type _____

Firm name _____

Phone _____

Name _____ Type _____

Firm name _____

Phone _____

Income and expenses

Client A

Annual earned income	\$ _____
Annual income from investments	\$ _____
Other income (describe)	_____
	\$ _____
Social Security income	\$ _____
Disability income	\$ _____
Pension or retirement income	\$ _____
Do you have an emergency fund? (3-6 months of living expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current emergency fund balance	\$ _____
Current net take home pay	\$ _____
Estimated monthly expenses **	\$ _____

Client B

Annual earned income	\$ _____
Annual income from investments	\$ _____
Other income (describe)	_____
	\$ _____
Social Security income	\$ _____
Disability income	\$ _____
Pension or retirement income	\$ _____
Do you have an emergency fund? (3-6 months of living expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current emergency fund balance	\$ _____
Current net take home pay	\$ _____
Estimated monthly expenses **	\$ _____

** Or complete Monthly Living Expenses on the following page

Monthly Living Expenses

	Monthly Amount (\$)	
Housing Expenses	Mortgage or rent	
	Homeowners or renters insurance	
	Taxes	
	Electricity and gas	
	Phone and cell plan	
	Cable and internet	
	Water, sewage, and waste	
	Furnishings and home decor	
	Home improvements	
	Pest control and home security	
	Lawn and garden care	
	Housekeeping and nanny	
	Homeowner's association	
Family Care	School tuition	
	Clubs or organizations	
	Day care	
	Alimony	
	Support of children or dependents	
	Supplies	
Transportation	Auto loan or lease payment	
	Gas	
	Maintenance	
	Auto insurance	
	Parking and public transportation	
Food and Beverage	Groceries	
	Dining out (restaurants, bars, and coffee shops)	
	Subtotal	

Monthly Living Expenses

	Monthly Amount (\$)	
Personal Care	Clothing	
	Dry cleaning and laundry	
	Personal care (haircuts, nails, etc.)	
	Toiletries	
	Gym and club memberships	
	Pet care and veterinarian expenses	
	Spending cash	
Health Care and Insurance	Medical expenses	
	Dental expenses	
	Vision expenses	
	Insurance premiums	
	Out-of-pocket expenses (prescriptions, therapies, etc.)	
Recreation, Education, and Self-Improvement	Organization, club, and membership fees	
	Hobbies	
	Entertainment (movies, theater, sporting events)	
	Professional associations and classes	
	Travel and vacations	
Debt/Installment Payments	Credit card	
	Dues	
	Subscriptions	
	Loans (personal, student, etc.)	
Charitable Donations	Charitable donations – religious	
	Charitable donations – other	
	Gifts	
Subtotal		
Total		

Assets

Cash and Cash Equivalents	
Checking accounts	\$
Savings accounts	\$
Money market funds	\$
Certificates of deposits (CDs)	\$
Life insurance cash value	\$
Other cash reserves	\$
Tangible Assets	
Residence	\$
Vacation home	\$
Furnishings	\$
Automobiles	\$
Rental real estate	\$
Land	\$
Art, jewelry, other valuables	\$
Investable Assets	
Stocks	\$
Mutual funds	\$
Annuities	\$
Limited partnerships	\$
Business interests	\$
US government bonds	\$
Municipal bonds	\$
Corporate bonds	\$
Notes receivable	\$

Liabilities

Description	Monthly Payment	Current Balance	Interest Rate
Home mortgage	\$	\$ Term	%
Other mortgage	\$	\$ Term	%
Home equity line of credit	\$	\$ Term	%
Automobile loans	\$	\$ Term	%
Student loans	\$	\$ Term	%
Bank loans	\$	\$ Term	%
Personal loans	\$	\$ Term	%

Rental Real Estate Income and Expense

Description	Annual Income	Current Rental Status	Annual Expenses
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$
	\$	Leased Vacant Term	\$

	Client A	Client B
What is your current annual earned income?	\$	\$
What earned income growth rate do you expect on your current income?	%	%
At what age do you plan to retire?		
At what age do you expect your retirement to end?		
Do you plan on working after retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, at what income?	\$	\$
What average income tax rate* (federal and state) do you want to assume? (pre-retirement)	%	%
What average income tax rate* (federal and state) do you want to assume? (post-retirement)	%	%
What annual inflation rate do you want to assume?	%	%
What amount would you like to spend annually during retirement (after-tax)?	\$	\$

*Figure this rate by dividing the total dollar amount of income taxes you paid last year (federal, state and local, as applicable) by your income.

Government Programs

	Client A	Client B
Are you covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years will you have contributed to Social Security by retirement?		
At what age do you want your benefits to begin?		
What do you expect your annual Social Security benefit amount to be? (www.ssa.gov)		
Other Government Programs		
What is the name of the government program?		
What annual income (before tax) do you expect the first year this income begins?	\$	\$
How many years until this income begins?		
How many years will this income continue?		
At what rate will this income increase each year?	%	%
Defined Benefit Pension		
What do you expect your annual pension amount to be?	\$	\$
If you don't know the first year benefit amount, how many years will you have participated by retirement?		

Retirement Plans (401(k)s, IRAs, Roth IRAs, etc.)

Plan One	Client A	Client B
What is the plan type?		
What is the name of your retirement plan?		
What is your plan's current balance?	\$	\$
How much do you contribute annually?	\$	\$
How much does your employer contribute annually?		
At what rate will you increase your contribution?	%	%
What annual rate of return (before tax) do you want to assume?	%	%
If needed to fund your retirement spending goal, how much more are you willing to contribute each month?	\$	\$
Plan Two	Client A	Client B
What is the plan type?		
What is the name of your retirement plan?		
What is your plan's current balance?	\$	\$
How much do you contribute annually?	\$	\$
How much does your employer contribute annually?		
At what rate will you increase your contribution?	%	%
What annual rate of return (before tax) do you want to assume?	%	%
If needed to fund your retirement spending goal, how much more are you willing to contribute each month?	\$	\$
Plan Three	Client A	Client B
What is the plan type?		
What is the name of your retirement plan?		
What is your plan's current balance?	\$	\$
How much do you contribute annually?	\$	\$
How much does your employer contribute annually?		
At what rate will you increase your contribution?	%	%
What annual rate of return (before tax) do you want to assume?	%	%
If needed to fund your retirement spending goal, how much more are you willing to contribute each month?	\$	\$

Insurance Planning and Estate Planning

Policy One			
Insured party	<input type="checkbox"/> Client A <input type="checkbox"/> Client B		
Type	<input type="checkbox"/> Group	<input type="checkbox"/> Term	<input type="checkbox"/> Whole life
	<input type="checkbox"/> Universal life	<input type="checkbox"/> Variable life	<input type="checkbox"/> Other
Insurer name			
Owner			
Beneficiary			
Face amount	\$		
Death benefit	\$		
Current cash value	\$		
Annual premium	\$		

Policy Two			
Insured party	<input type="checkbox"/> Client A <input type="checkbox"/> Client B		
Type	<input type="checkbox"/> Group	<input type="checkbox"/> Term	<input type="checkbox"/> Whole life
	<input type="checkbox"/> Universal life	<input type="checkbox"/> Variable life	<input type="checkbox"/> Other
Insurer name			
Owner			
Beneficiary			
Face amount	\$		
Death benefit	\$		
Current cash value	\$		
Annual premium	\$		

Policy Three			
Insured party	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	
Type	<input type="checkbox"/> Group	<input type="checkbox"/> Term	<input type="checkbox"/> Whole life
	<input type="checkbox"/> Universal life	<input type="checkbox"/> Variable life	<input type="checkbox"/> Other
Insurer name			
Owner			
Beneficiary			
Face amount	\$		
Death benefit	\$		
Current cash value	\$		
Annual premium	\$		

Long-term Care Insurance

	Client A	Client B
Do you have long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much?	\$	\$
Annual premium	\$	\$

Estate Planning

	Client A	Client B
Do you have an updated last will and testament?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have updated powers of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you established any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the beneficiary of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think estate taxes would affect you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Planning

Student name _____

Years until need _____ Years of need _____

Institution name _____

Annual Cost _____ Percent of schooling to fund _____

Student name _____

Years until need _____ Years of need _____

Institution name _____

Annual cost _____ Percent of schooling to fund _____

Student name _____

Years until need _____ Years of need _____

Institution name _____

Annual cost _____ Percent of schooling to fund _____

Student name _____

Years until need _____ Years of need _____

Institution name _____

Annual cost _____ Percent of schooling to fund _____

Student name _____

Years until need _____ Years of need _____

Institution name _____

Annual cost _____ Percent of schooling to fund _____

What education inflation rate do you want to assume? _____ %

What is the balance of your current education assets? \$ _____

How much are you funding annually? \$ _____

How many years will your current funding continue? _____

At what rate will your current funding increase annually? _____ %

1. What best describes your current situation?

- ☐ Income and expenses are expected to rise and investable assets are accumulating (e.g., early career)
- ☐ Income and expenses are relatively steady and savings are growing modestly (e.g., mid/late career)
- ☐ Income and expenses are relatively steady and savings are growing significantly (e.g., mid/late career)
- ☐ Income and expenses are declining and/or savings are being used to maintain desired lifestyle (e.g., retirement)

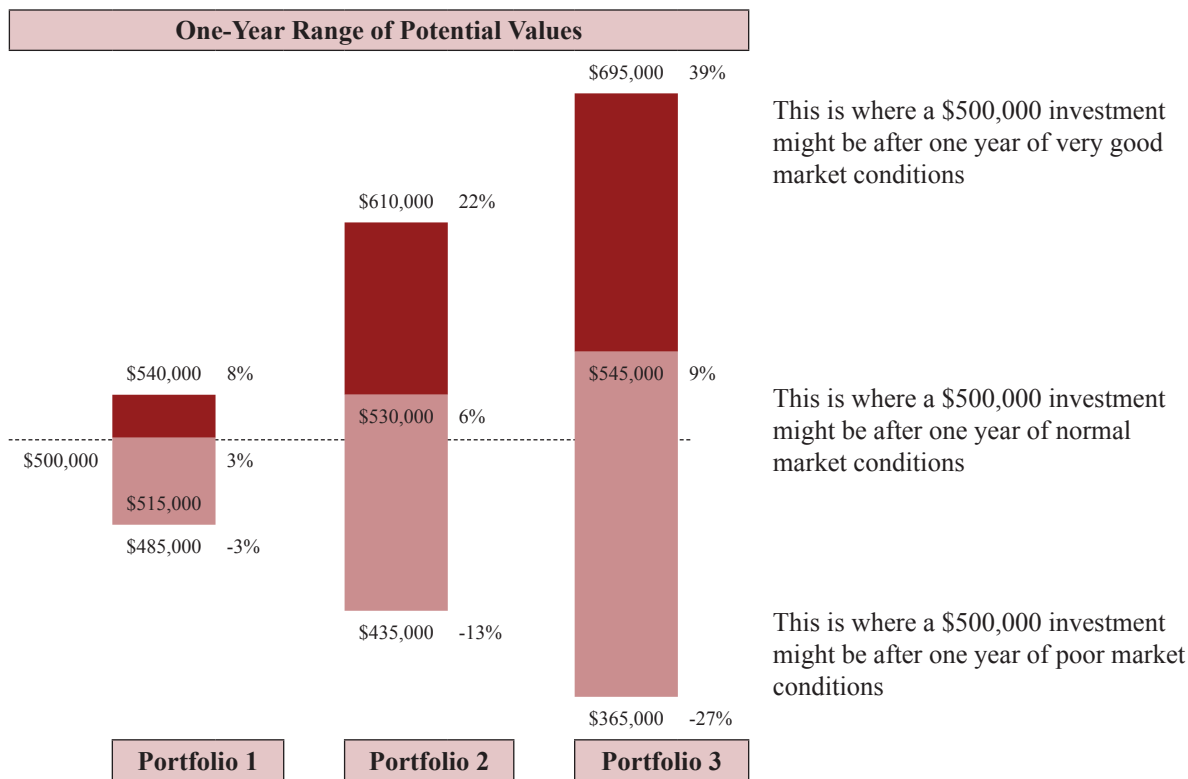
2. What is your greatest concern?

- ☐ Failure to have the same (or better) performance than a market benchmark or other relative measure of success
- ☐ Not growing my assets significantly over time; I am willing to assume higher risk for higher return potential
- ☐ Losing money in a market downturn along the way
- ☐ Losing more money than a certain amount within a given time frame
- ☐ Not having certainty around achieving my wealth goal in the remaining time

3. Each year, the value of your portfolio fluctuates as markets change.

If you invested \$500,000, which of the following portfolios below would you choose?

- ☐ Portfolio 1
- ☐ Portfolio 2
- ☐ Portfolio 3



These portfolios are strictly hypothetical and for illustrative purposes only.

4. What describes you best?

- ☐ I am a long-term investor focused on growing my assets.
- ☐ I am focused on preserving current wealth and have little tolerance for losses.
- ☐ I want to plan long-term but have a hard time shrugging off moderate to severe losses.
- ☐ I need stable cash flows to meet my living expenses.
- ☐ I am focused on preserving capital; I don't mind if this approach sacrifices return potential.

5. If I look at my account statement and there is a moderate loss, my primary reaction is:

- ☐ How did my portfolio compare with the market benchmark or other relative measures of success?
- ☐ I lost money and I am unhappy, but am willing to stick it through until a recovery.
- ☐ I don't mind dips in portfolio value as long as I am still on track to meet my goal(s).
- ☐ I worry about losses if they greatly increase the risk that I won't be able to meet my living expenses.
- ☐ I can tolerate short-term losses as long as I have a specific amount of money at a specific time in the future.

6. For the purpose of assessing your overall risk tolerance, which of the following investments would you feel comfortable owning? Select all that apply: (the response to this question will not, by itself, establish the assets that will comprise your strategy.)

- ☐ Cash and money market
- ☐ Government bonds, U.S. corporate bonds and municipal funds
- ☐ U.S. stocks
- ☐ International securities (stocks and bonds)
- ☐ Emerging markets (stocks and bonds)
- ☐ Illiquid investments (private equity, venture capital, hedge funds)

7. What is your primary objective for this portfolio?

- ☐ Accumulation (attempting to build up the value of a portfolio. Dividends and capital gains are also reinvested during this process)
- ☐ Maintenance (primary goal is to prevent the loss of an investments' total value)
- ☐ Liquidity (short-term in nature; ability to quickly transfer assets to cash)
- ☐ Distribution (income generated from an investment is distributed to the investor or beneficiary through periodic distributions)

8. What percentage of your entire investable assets will this portfolio represent?

- ☐ A modest percentage, and the rest of my assets are invested conservatively (e.g., cash and money markets, U.S. stocks and bonds).
- ☐ A modest percentage, and the rest of my assets are invested aggressively (e.g., international securities, emerging markets, alternative investments).
- ☐ A significant percentage, and the rest of my assets are invested conservatively.
- ☐ A significant percentage, and the rest of my assets are invested aggressively.
- ☐ Substantially all of my assets.

9. From what source will this portfolio be obtained?

- ☐ Investment activities, personally taking market risks
- ☐ Entrepreneurial activities, personally taking business risks
- ☐ Inheritance or other large, one-time payment
- ☐ Accumulated savings over a long period of time

10. If this proposed portfolio suffered a temporary decline, could you cover your immediate cash flow (i.e., expenses) needs from other sources of assets?

- ☐ No. There are no other assets that I could use to cover my immediate cash flow needs.
- ☐ Yes. I have other assets that I could use to cover my immediate cash flow needs, but it would be difficult to access them.
- ☐ Yes. I have other assets that I could use to cover my immediate cash flow needs.
- ☐ This portfolio is not expected to fund any spending.

11. What is your primary financial goal for this portfolio?

- ☐ Wealth preservation
- ☐ Retirement planning
- ☐ Wealth accumulation

12. What is the time frame for you to achieve your financial goal?

- ☐ 0 - 5 years
- ☐ 5 - 10 years
- ☐ 10 years or more

13. How many years before investment funds are likely to be withdrawn?

- ☐ 0 - 5 years
- ☐ 5 - 10 years
- ☐ 10 years or more

14. How many years before retirement funds are likely to be withdrawn?

- ☐ 0 - 5 years
- ☐ 5 - 10 years
- ☐ 10 years or more

15. What rate of return do you expect to average from your portfolio over your investment time horizon?

- ☐ 3 - 5%
- ☐ 6 - 8%
- ☐ 9 - 11%
- ☐ 12% or more

16. How satisfied are you with your current arrangements in the following areas?

Present estate planning documents and distribution arrangements

Current life insurance policies and amount of protection

Current disability plan policies and amount of income replacement

Current long-term care coverage for nursing home and convalescence

Current amount of anticipated retirement income

Current education funding

Current amount of savings

[illegible]

Notes: _____

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Collect the below items and bring to our first meeting:

- ☐ Most recent financial statement
- ☐ Personal, corporation, or partnership tax returns (federal and state)
- ☐ Most recent retirement plan statements (401(k), IRA, Roth IRA, profit sharing, pension, Keogh, deferred compensation, or other retirement plan)
- ☐ Current statements for individual investment accounts (stock, bond, mutual fund, annuity, etc.)
- ☐ Current statements for individual checking and savings accounts
- ☐ Savings bonds, stock certificates, other investments held in “paper” form
- ☐ Current statements of significant children’s assets (529 or other education plans)
- ☐ Most recent employee benefit booklets or summaries
- ☐ Stock option agreements, stock incentive plans, restricted shares, other stock awards
- ☐ Loan documents or statements for loans (auto, consumer, lines of credit, etc.)
- ☐ Legal documents (wills, trusts, divorce decree, QDRO, pre-nuptial agreement, etc.)
- ☐ Business documents (buy-sell agreements, employee contracts, deferred compensation agreements, time share contracts, other agreements)
- ☐ Mortgage documents and most recent statement for home, property, or business
- ☐ Insurance policies and most recent statements for insurance (life, health, auto, home, disability, long-term care, liability)
- ☐ Most recent employee paystubs and stubs for retirement or other benefits, such as pension
- ☐ Current Social Security benefit statement
(must obtain from www.ssa.gov online – they no longer send printed statements)
- ☐ Completed monthly living expenses worksheet (provided within)
- ☐ Websites for financial institutions and investment accounts (e.g., www.fidelity.com)

Other documents as noted below:

- ☐ _____
- ☐ _____
- ☐ _____



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This information is based on assumptions provided by you (the client). If any of the assumptions are incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

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