



MARCHESO & ASSOCIATES  
WEALTH MANAGEMENT

CLIENT PROFILE & INTAKE FORM

INSTRUCTIONS: Please spend some time to complete this client profile and intake form and return to our office before your scheduled meeting. All information provided is considered confidential and will not be shared with others unless required by law.

Date Completed: \_\_\_\_\_

VISION • INTEGRITY • PURPOSE

Marcheso & Associates Wealth Management  
320 E. Neider Ave., Suite #103 • Coeur d'Alene, ID 83815 • (208) 665-5894

*Securities and advisory services offered through Centaurus Financial, Inc., Member FINRA & SIPC, Registered Broker-Dealer and a Registered Investment Advisor. Marcheso & Associates Wealth Management and Centaurus Financial, Inc. are not affiliated.*

# PERSONAL INFORMATION

	CLIENT #1		CLIENT #2	
<b>Name:</b>				
<b>Nickname:</b>				
<b>Date of Birth:</b>		Age: _____		Age: _____
<b>Social Security #:</b>				
<b>Home Address:</b>				
<b>City, St, Zip:</b>				
<b>Mailing Address:</b> <i>(if different)</i>				
<b>City, St, Zip:</b>				
<b>Home Phone #:</b>				
<b>Mobile Phone #:</b>				
<b>Preferred Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Mobile	
<b>Email:</b>				
<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner	
<b>Citizenship:</b>	<input type="checkbox"/> USA <input type="checkbox"/> Other _____		<input type="checkbox"/> USA <input type="checkbox"/> Other _____	
<b>Type of ID:</b>	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military <input type="checkbox"/> Other _____		<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military <input type="checkbox"/> Other _____	
<b>ID Number:</b>				
<b>Date Issued/Expires:</b>	Issued: _____	Expires: _____	Issued: _____	Expires: _____
<b>Place of ID Issuance:</b>				
<b>DEPENDENTS:</b>	Please list any dependents you have, including children, grand-children, elderly parents, or others who rely on your financial assistance:			
<b>Name:</b>			Relationship: _____	Age: _____
<b>Name:</b>			Relationship: _____	Age: _____
<b>Name:</b>			Relationship: _____	Age: _____
<b>Name:</b>			Relationship: _____	Age: _____
<b>Name:</b>			Relationship: _____	Age: _____
<b>Name:</b>			Relationship: _____	Age: _____

## PRIMARY CONCERNS

To better serve you, please indicate any primary concerns you would like us to be prepared to discuss further with you such as **current financial situation, potential changes in your life, tax issues, social security benefits, healthcare, etc.:**

1.)		3.)	
2.)		4.)	

## RETIREMENT GOALS & OBJECTIVES

Please indicate how you plan to spend your time during retirement and if you have any specific goals or objectives.

1.)		3.)	
2.)		4.)	

## NOTES & ADDITIONAL INFORMATION

Please include any notes and additional information you would like to discuss further during our meeting(s).

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## EMPLOYMENT INFORMATION

	CLIENT #1	CLIENT #2
<b>Employment Status:</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other _____
<b>Employer Name:</b>		
<b>Annual Income:</b>		
<b>Current or Former Employer Information:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Former (please complete below)	<input type="checkbox"/> Current <input type="checkbox"/> Former (please complete below)
<b>Occupation:</b>		
<b>Employer Address:</b>		
<b>City, St, Zip:</b>		
<b>Employer Phone:</b>		
<b>Work Email:</b>		

## ANNUAL INCOME FROM ALL SOURCES

Please indicate your gross annual income from all sources such as employment, alimony, social security, investment income, etc. For Joint Accounts, use your combined income:

	CLIENT #1	CLIENT #2
<b>Gross Annual Income:</b>		
<b>Total Gross Income:</b>	<input type="checkbox"/> \$0 - \$24.9k <input type="checkbox"/> \$25k - \$49.9k <input type="checkbox"/> \$50k - \$74.9k <input type="checkbox"/> \$75k - \$99.9k <input type="checkbox"/> \$100k - \$249.9k <input type="checkbox"/> \$250k - \$499.9k <input type="checkbox"/> \$500k - \$999.9k <input type="checkbox"/> \$1 mm +	

## NET WORTH & LIQUID ASSETS

Please indicate your estimated net worth excluding your Primary Residence and Personal Property. Net worth is the value of your assets minus your liabilities. Assets include retirement accounts, stocks, bonds, mutual funds, other securities, bank accounts, real estate and other property:

<b>Net Worth:</b>	<input type="checkbox"/> \$0 - \$49.9k <input type="checkbox"/> \$50k - \$99.9k <input type="checkbox"/> \$100k - \$249.9k <input type="checkbox"/> \$250k - \$499.9k <input type="checkbox"/> \$500k - \$999.9k <input type="checkbox"/> \$1 mm - \$1.999 mm <input type="checkbox"/> \$2 mm +
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Please indicate your estimated liquid assets. A liquid asset is any cash on hand, bank account, or any other asset that can be readily converted and/or sold to cash such as stocks, mutual funds, ETFs, etc.:

<b>Liquid Assets:</b>	\$
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## TAX BRACKET

Please indicate your estimated tax bracket:

- 0 – 15%   
  16 – 25%   
  26 – 30%   
  31 – 35%   
  Over 35% +

## INVESTMENT EXPERIENCE

Please indicate your investment experience in each category by years. If none, please put a 0:

<b>Advisory:</b>		<b>Annuities:</b>		<b>Alternatives:</b>		<b>Bonds:</b>		<b>Stocks:</b>	
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<b>ETFs:</b>		<b>Mutual Funds:</b>		<b>Real Estate:</b>		<b>Other:</b>		_____
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## INVESTMENT OBJECTIVES

Please select your primary investment objective(s) below. Please select all that apply:

- Income/Retirement Income   
  Growth   
  Aggressive Growth/Speculation   
  Tax Advantages  
 Other: \_\_\_\_\_

## TIME HORIZON

Please indicate the expected time frame to invest and work towards achieving your financial goals.

- Under 1 year   
  2 - 3 years   
  4 - 5 years   
  6 - 10 years   
  Over 10 years

## INVESTMENTS, RETIREMENT & OTHER ACCOUNTS

Please list the current value of any investments, retirement and other accounts you currently own.

Type	Acct. Value \$	Contribute % or \$	Match % or \$	Held at	Owner
Checking/Savings					
Checking/Savings					
Brokerage					
Brokerage					
Roth IRA					
Roth IRA					
Traditional IRA					
Traditional IRA					
Other IRAs					
Other IRAs					
Company 401k/403b					
Company 401k/403b					
Type	Acct. Value \$	Contribute % or \$	Match % or \$	Held at	Owner
	<b>Total Values \$</b>				

## LIQUIDITY NEEDS

Please indicate the importance of your liquidity needs for your investments and/or retirement accounts.

Does not matter     Somewhat important     Important     Very important

## EXPENSES

Please indicate your estimated expenses from all sources such as mortgage, rent, utilities, donations, food, healthcare, transportation, hobbies, personal, etc.:

<b>Monthly Expenses:</b>	\$	<b>Annual Expenses:</b>	\$
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## SOCIAL SECURITY

Please indicate your estimated monthly Social Security benefits when eligible. This information can be found on your most recent Social Security statement, or you can obtain this information at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)

	CLIENT #1	CLIENT #2
<b>Estimated benefits at @ 62:</b>	\$	\$
<b>Estimated benefits at @ Full Retirement Age:</b>	\$	\$
<b>Estimated benefits at @ 70:</b>	\$	\$

## PENSION PLANS

Please indicate your estimated monthly Pension Plan benefits, age when eligible and surviving spouse benefit %:

	CLIENT #1		CLIENT #2	
<b>Pension #1</b>	\$	Age when eligible: _____	\$	Age when eligible: _____
	What % continues to Spouse at death: _____%		What % continues to Spouse at death: _____%	
<b>Pension #2</b>	\$	Age when eligible: _____	\$	Age when eligible: _____
	What % continues to Spouse at death: _____%		What % continues to Spouse at death: _____%	

## OTHER PROFESSIONALS

Please provide us with information regarding other professionals you may already be working with:

	Current	Name	Company
<b>Attorney</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>CPA/Tax Advisor</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Financial Planner</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

## ESTATE PLANNING

Please provide us with information regarding any estate planning documents you may already have in place:

	Completed	Yr. Completed	Representative/Agent/Attorney in Fact
Wills	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Living Trusts	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Durable Powers of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Health Care Directives	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Community Property Agreement	<input type="checkbox"/> No <input type="checkbox"/> Yes		

## RETIREMENT PLANNING

	CLIENT #1	CLIENT #2
Are you currently retired:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Desired retirement age:		
What is your desired <u>monthly income</u> during retirement:	\$	
What % of retirement income do you want guaranteed or protected from risk: <i>(includes pensions, Social Security and guaranteed income)</i>	%	
Indicate desired funds for any short-term objectives (12 months or less): <i>(includes emergency funds, vacation, vehicle, tuition, etc.)</i>	\$	
What % of retirement income is needed after the death of first person:	%	

## REAL ESTATE

Please list the estimated present value and outstanding debt for any real estate assets.

Type	Current Value \$	Current Debt Owed \$	Owner
Primary Home			
Rental Home			
Other			
Other			
Other			
	<b>Total Values \$</b>	<b>Total Debt Owed \$</b>	

## OTHER DEBTS

Please list any outstanding debts such as credit cards, vehicles, loans, etc.

Type of Debt	Current Debt Owed \$	Owner
	<b>Total Debt Owed \$</b>	

## LIFE INSURANCE, LONG TERM CARE & DISABILITY POLICIES

Please list any life insurance, long-term care (LTC) and disability policies you currently own.

LIFE INSURANCE				
Type of Policy	Cash Value \$	Death Benefit	Beneficiary	Owner
	<b>Total Values \$</b>	<b>Total Death Benefit</b>		

LONG TERM CARE				
Company	Cash Value \$	Mon. Benefit \$	Beneficiary	Owner
	<b>Total Values \$</b>	<b>Total Benefit \$</b>		

DISABILITY				
Company	Premium \$	Mon. Benefit \$	Beneficiary	Owner
	<b>Total Premium \$</b>	<b>Total Benefit \$</b>		



# RISK PROFILE QUESTIONNAIRE

Question	Score	Total
<b>1) What is your investment time horizon?</b> <input type="checkbox"/> More than 20 years <input type="checkbox"/> 15 to 20 years <input type="checkbox"/> 10 to 14 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> Under 5 years	10 8 6 4 2	_____
<b>2) For how long have you been investing in mutual funds, stocks, bonds, exchange traded funds (ETFs) or other investments?</b> <input type="checkbox"/> More than 10 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 3 to 4 years <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> Less than a year	10 8 6 3 1	_____
<b>3) How many dependents do you have, including grown children and elderly parents, who depend on your financial assistance?</b> <input type="checkbox"/> None <input type="checkbox"/> 1 to 2 <input type="checkbox"/> 3 to 4 <input type="checkbox"/> 5 or more	10 8 6 2	_____
<b>4) How do you expect your employment income will change over the next several years?</b> <input type="checkbox"/> I anticipate a steadily growing income. <input type="checkbox"/> I expect a fairly level income. <input type="checkbox"/> I anticipate my income will probably trend downward. <input type="checkbox"/> I do not have employment income or anticipate any in the near future.	9 8 6 1	_____
<b>5) How would you describe your financial "reserves" to meet unexpected emergencies?</b> <input type="checkbox"/> More than adequate. I have more than enough cash to meet my needs. I may even carry more reserves than I require. <input type="checkbox"/> Adequate. I have ample liquid assets. I have enough reserves and my monthly obligations are manageable. <input type="checkbox"/> Borderline. I have a modest amount of cash and some reserves. I may need to dip into my investments or borrow in an emergency. <input type="checkbox"/> Inadequate. My reserves are insufficient at the present time.	5 4 3 1.5	_____
<b>6) How important is a regular stream of investment income to you at this time?</b> <input type="checkbox"/> Unimportant. My goal is to build up a nest egg over the long haul. <input type="checkbox"/> Somewhat important for peace of mind. I prefer a modest income from my portfolio even though I don't really need it. I simply feel more comfortable holding investments that generate income. <input type="checkbox"/> Important. Investment income helps make ends meet, but I'm not totally dependent on it. <input type="checkbox"/> Highly important. Investment income provides for the majority of my needs. I want investments that produce income on a predictable basis.	5 4 3.5 1	_____

<p><b>7) Which statement best describes how you plan to add or subtract money from your investment portfolio in the near future?</b></p> <p><input type="checkbox"/> I expect to add a significant amount of cash regularly to my portfolio.</p> <p><input type="checkbox"/> I think I can add only modest amounts of cash on an infrequent basis.</p> <p><input type="checkbox"/> I do not plan to funnel any more money into my portfolio, but I don't anticipate making any withdrawals either.</p> <p><input type="checkbox"/> I will withdrawal modest sums from my portfolio on a regular basis to help meet living expenses.</p>	<p>9</p> <p>7</p> <p>5</p> <p>2</p>	<p>_____</p>
<p><b>8) Which statement best describes your knowledge about investing?</b></p> <p><input type="checkbox"/> Highly knowledgeable. I have a very good understanding about how the stock market works, and I spend considerable time keeping up with investments.</p> <p><input type="checkbox"/> Somewhat knowledgeable. I have a fair comprehension of investing and would like to know more.</p> <p><input type="checkbox"/> Minimal knowledge. I don't know much about investing.</p> <p><input type="checkbox"/> Novice. I know virtually nothing about investing.</p>	<p>5</p> <p>4</p> <p>3</p> <p>1.5</p>	<p>_____</p>
<p><b>9) Which of the following statements best describes your investment experience?</b></p> <p><input type="checkbox"/> Extensive. I have invested in a variety of vehicles such as stocks, bonds, mutual funds or exchange traded funds (ETFs) and have experienced a bear market or two.</p> <p><input type="checkbox"/> Average. I have average investment experience. I typically do my own research but sometimes use the advice of others</p> <p><input type="checkbox"/> Limited. I have limited investment experience and primarily rely on financial professionals to guide me.</p> <p><input type="checkbox"/> Very Limited. I have very limited investment experience and mostly utilize bank savings vehicles and certificates of deposit.</p> <p><input type="checkbox"/> No experience. I'm new to the area of investing.</p>	<p>5</p> <p>4</p> <p>3</p> <p>2</p> <p>1</p>	<p>_____</p>
<p><b>10) Which of the following statements best describes your tolerance for risk?</b></p> <p><input type="checkbox"/> I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.</p> <p><input type="checkbox"/> I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.</p> <p><input type="checkbox"/> I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.</p> <p><input type="checkbox"/> I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.</p>	<p>9</p> <p>7</p> <p>4</p> <p>2</p>	<p>_____</p>
<p>To determine your Risk Profile, add the associated score from each of the 10 questions above to determine your total risk score. Below you will find a suggested Risk Profile based on your computed score:</p> <p><input type="checkbox"/> Conservative – <b>15 to 22</b></p> <p><input type="checkbox"/> Moderately Conservative – <b>23 to 32</b></p> <p><input type="checkbox"/> Moderate – <b>33 to 45</b></p> <p><input type="checkbox"/> Moderately Aggressive – <b>46 to 60</b></p> <p><input type="checkbox"/> Aggressive – <b>61 +</b></p>	<p style="text-align: center;"><b>Total Risk Score</b></p> <p style="text-align: center;">_____</p>	