

Personal Profile/Risk Tolerance Questionnaire

Prepared Exclusively For:

Thank you for the opportunity to prepare for you a personal financial plan. To ensure your plan is thorough, it is imperative that we fully understand your current needs and situation.

Please complete this questionnaire with as much detail as possible. If you have questions about particular sections or are unsure how to respond, leave those areas blank; we'll discuss them during our meeting. The information you provide will remain strictly confidential.

During our meeting, we'll review your questionnaire and discuss the specifics of your financial situation, including goals, time horizon and past investing experience. Then we'll move forward in developing a personalized financial plan designed to help you achieve your financial goals.

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RAYMOND JAMES®

Oaks Wealth Partners

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PERSONAL INFORMATION

Your Full Name:	_____	Spouse's Full Name:	_____
Date of Birth:	_____	Date of Birth:	_____
Social Security #:	_____	Social Security #:	_____
Best Phone #:	_____	Best Phone #:	_____
Email Address:	_____	Email Address:	_____
Home Address:	_____	City, ST, Zip:	_____

CHILDREN AND GRANDCHILDREN

CHILDREN INFORMATION			EDUCATION PLANNING			
Name	Date of Birth	Social Security #	Claimed as Dependent	# of Years in College	Location	Type
			<input type="checkbox"/> Yes		<input type="checkbox"/> In State	<input type="checkbox"/> Public
			<input type="checkbox"/> No		<input type="checkbox"/> Out of State	<input type="checkbox"/> Private
			<input type="checkbox"/> Yes		<input type="checkbox"/> In State	<input type="checkbox"/> Public
			<input type="checkbox"/> No		<input type="checkbox"/> Out of State	<input type="checkbox"/> Private
			<input type="checkbox"/> Yes		<input type="checkbox"/> In State	<input type="checkbox"/> Public
			<input type="checkbox"/> No		<input type="checkbox"/> Out of State	<input type="checkbox"/> Private
			<input type="checkbox"/> Yes		<input type="checkbox"/> In State	<input type="checkbox"/> Public
			<input type="checkbox"/> No		<input type="checkbox"/> Out of State	<input type="checkbox"/> Private
			<input type="checkbox"/> Yes		<input type="checkbox"/> In State	<input type="checkbox"/> Public
			<input type="checkbox"/> No		<input type="checkbox"/> Out of State	<input type="checkbox"/> Private

Number of Grandchildren:	Ages:

Your Employment: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Company Owner <input type="checkbox"/> Employee <input type="checkbox"/> Retired	
Company Name:	
Occupation:	Years with Company:
Spouse's/partner's Employment: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Company Owner <input type="checkbox"/> Employee <input type="checkbox"/> Retired	
Company Name:	
Occupation:	Years with Company:

ADVISORS			
Type	Name	Phone Numbers	Email Address
CPA			
Attorney			
Banker			
Insurance Agent			
Trust Officer			

PLEASE NOTE..... Only include those assets that are NOT held at Raymond James		
ASSETS		
Bank accounts		
Name of Accounts	Owner	Balance
Checking:		
Money Market / Savings:		\$
All CD's:		\$
Other:		\$
How much of the above amount do you want earmarked for retirement?		\$

RETIREMENT ACCOUNTS

List tax-deferred accounts separately and include accounts labeled: 401(k), 403(b), 457, ESOP, SEP, Profit sharing, TSA, Annuities, Traditional IRA and Roth IRA. Please attach copies of most recent statements.

Name of Account	At	Owner	Balance
<i>Example: Lifespan 403(b)</i>	<i>Franklin</i>	<i>Mary</i>	<i>\$42,000.00</i>
			\$
			\$
			\$
			\$
			\$

TAXABLE ACCOUNTS

List accounts separately and include: brokerage accounts, joint accounts, trusts, TODs, PODs, non-qualified annuities and accounts in an individual name. Please attach copies of most recent statements.

Name of Account	At	Owner	Balance
<i>Example: Individual Account</i>	<i>American Funds</i>	<i>John</i>	<i>\$51,000.00</i>
			\$
			\$
			\$
			\$
			\$

ASSETS HELD FOR EDUCATION

List separately for each child and include 529 Plans, Coverdell IRAs, Custodial Accounts, Education savings Bonds, Mutual Fund Accounts, etc.

Name of Account	At	Beneficiary	Balance
<i>Example: CollegeBoundFund</i>	<i>529 Plan</i>	<i>Julia</i>	<i>\$15,000.00</i>
			\$
			\$
			\$
			\$

BUSINESS OWNERSHIP			
Include businesses in which you direct ownership			
Name of Business	Owner	Business Type	Appraisal (your share)
<i>Example: Peter's Painting Co.</i>	<i>Peter</i>	<i>S-Corp</i>	<i>\$250,000.00</i>
			\$
			\$
Do you plan to sell your business to create retirement assets?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, in what approximate year?			
Desired annual growth rate of business: (If left blank, we will grow your business by 8% until sold.)			%

REAL ESTATE			
For additional properties, please attach a separate sheet.			
Property	Investment or Personal	Owner	Value
<i>Example: 212 Windham</i>	<i>Personal Residence</i>	<i>Joint</i>	<i>\$315,000.00</i>
	Personal Residence		\$
	Second Home		\$
	Investment Property (1)		\$
	Investment Property (2)		\$
	Other:		\$
How much pre-tax income do you receive each year from your investment properties?			\$
Which of these real estate properties is available to be sold with the proceeds used for retirement?			
In what year would you like to sell the property?			

LIABILITIES			
Mortgages			
Mortgages	Balance Remaining	Term Remaining	Payment Amount
Primary Residence	\$		%
Second Home	\$		%
Investment Property (1)	\$		%
Other:	\$		%
Other:	\$		%
Home Equity Line of Credit Balance:			%
Amount Available:			%

OTHER DEBT		
Debt	Balance	Interest Payment(s)
Vehicle	\$	%
Vehicle	\$	%
All Credit Cards	\$	%
Student Loans	\$	%
Other	\$	%

INCOME AND RETIREMENT ANALYSIS	
Your Current Annual income?	\$
What are your monthly expenses, excluding debt listed above?	\$
At what age do you expect to retire? <i>(If you are already retired, put in your current age.) (We will use this age to run your retirement projections.)</i>	
At what age does your spouse/partner expect to retire? <i>(If she/he has already retired, put in her/his current age.)</i>	
How much do you contribute to your retirement plans each year? <i>(Include the amount your employer adds through a profit sharing or matching program.)</i>	\$
How much does your spouse/partner contribute to her/his retirement plans each year? <i>(Include the amount her/his employer adds through a profit sharing or matching program.)</i>	\$
How much will you need to spend each month in retirement? <i>(Include taxes and think in terms of today's dollars.) (If you leave this question blank, we will assume you will need 85% of your current income.)</i>	\$
Additional Annual savings:	\$
Type of Account:	

PENSIONS				
Client Name	Monthly Amount at start	Age at start	inflation COLA	
<i>Example: Mary</i>	<i>\$1,200</i>	<i>65</i>	<i><input type="radio"/> Yes</i>	<i><input type="radio"/> No</i>
	\$		<input type="radio"/> Yes	<input type="radio"/> No
	\$		<input type="radio"/> Yes	<input type="radio"/> No
	\$		<input type="radio"/> Yes	<input type="radio"/> No
What payout option does this pension represent? <i>(We will assume joint and 50% survivor unless otherwise indicated.)</i>				
<input type="radio"/> Single Life	Name Applicable Pension(s):			

<input type="radio"/> Joint and 50% Survivor	Name Applicable Pension(s):	
<input type="radio"/> Joint and 50% Survivor	Name Applicable Pension(s):	
SOCIAL SECURITY		
<i>(If left blank, we will calculate social security payments based on current income and full retirement age.)</i>		
Client Name	Age to start Payments	Anticipated Monthly Payment
<i>Example: John</i>	<i>66</i>	<i>\$1,436</i>
		\$
		\$

OTHER INCOME AND EXPENSES			
Do You expect to work part-time during retirement?		<input type="radio"/> Yes	<input type="radio"/> No
If so, for how many years?		At what salary (in current dollars)?	\$
Does your spouse/partner expect to work part-time during retirement?		<input type="radio"/> Yes	<input type="radio"/> No
If so, for how many years?		At what salary (in current dollars)?	\$
What is the value of any expected inheritance/gifts?		\$	
In what year would you estimate that you might receive this inheritance?			
What is the value of any anticipated expenses or major purchases (other than education)?		\$	
In what year should these expenses be applied?			

Is there anything else we should know about when we plan for your retirement?

INSURANCE ANALYSIS	
For how many years will you need life insurance? <i>(If you leave blank, we will assume until the first year of retirement.)</i>	

LIFE INSURANCE: TERM Policies				
Please attach your latest statement.				
Face Value	Insured	Group or Individual	Term Remaining	Premium per Year
<i>Example: \$500,000</i>	<i>John</i>	<i>Individual</i>	<i>10 years</i>	<i>\$700</i>

\$				
\$				
\$				

LIFE INSURANCE: PERMANENT Policies

Please attach your latest statement.

Face Value	Type	Year Purchased	Insured	Cash Value	Premium per Year
<i>Example: \$100,000</i>	<i>Whole Life</i>	<i>1998</i>	<i>Mary</i>	<i>\$10,000</i>	<i>\$1,000</i>
\$				\$	\$
\$				\$	\$
\$				\$	\$

LONG TERM DISABILITY INSURANCE

Please attach your latest statement.

Name	Monthly Benefit	Group or Individual	Premium per Year

LONG TERM CARE INSURANCE

Please attach policies if available

Name	Daily Benefit	Inflation Rider?		Term	Premium per Year
<i>Example: Mary</i>	<i>\$150</i>	<i><input type="radio"/> Yes</i>	<i><input type="radio"/> No</i>	<i>3 Years</i>	<i>\$1,500</i>
		<input type="radio"/> Yes	<input type="radio"/> No		
		<input type="radio"/> Yes	<input type="radio"/> No		

FUNDING NEEDS FOR CHILDREN AND OTHER DEPENDENTS

We will use the college savings information from the Assets section to determine our education funding projections.

Name	Date of Birth	College start Year	Years to Fund

ANNUAL COST

What is the annual cost of college you are willing to fund for each child?
Keep in mind that your children may get financial aid or choose to take out student loans to help pay for expenses. Therefore, list only the amount you are willing to pay in current dollars. For instance, if you expect a year of college (graduate school) to cost \$15,000 and you plan to pay two-thirds of that amount, then you would give "\$10,000" as your estimated cost.

\$

Annual Expenses for Other Dependents (for example, parents):

\$

ESTATE PLANNING

Do you have updated wills? Yes No

Do you have powers of attorney? Yes No

Have you executed health care proxies? Yes No

Have you established any trusts? Yes No

When were these documents last updated?

RISK TOLERANCE

1. Risk Tolerance- Before you make a decision on any investment, you need to consider how you feel about the prospect of principal. This is a basic principle of investing: *the higher return you seek, the more risk you face*. Based on your feelings about risk and potential returns, your goal is to:

- A. Potentially increase my portfolio's value as quickly as possible while accepting higher levels of risk.
- B. Potentially increase my portfolio's value at a moderate pace while accepting moderate to high levels
- C. Income is of primary concern while capital appreciation is a secondary goal.
- D. Take as little risk as possible with my investment principal.

2. Investment Approach- Which of the following statements best describes your overall approach to investing as a means of achieving your goals?

- A. Seeking a relative level of stability in my overall investment portfolio.
- B. Attempting to moderately increase my investment value while reducing the potential for loss of principal.
- C. Pursue investment growth, accepting moderate to high levels of risk and principal fluctuation.
- D. Seek maximum long-term returns while accepting maximum risk with maximum principal fluctuation.

3. Volatility- The value of most investments fluctuates from year to year as well as over the short-term. How would you feel if an investment you had committed to for ten years lost 20% of its value during the first year?

- A. I would be extremely concerned and would sell my investment.
- B. I would be concerned and may consider selling my investment.
- C. I would be concerned, but I would not consider selling my investment.
- D. I would not be overly concerned given my long-term investment philosophy.

4. Investment Experience- What is your overall knowledge of investments?

- A. LOW – I have very little investment experience outside of bank savings accounts, money market funds and certificates of deposit (CDs).
- B. MEDIUM – I have some experience investing in mutual funds or individual stocks and bonds.
- C. HIGH – I have been an active participant in the stock market and understand that all investments, including international markets, can be volatile and unpredictable.

5. Primary Goal- Please indicate approximately how many years from today until you reach your primary goal.

- A. Within 1 to 4 years
- B. Within 5 to 10 years
- C. Within 11 to 20 years
- D. More than 20 year

6. Secondary Goal-Some investors have a multi-stage time horizon with several goals for their portfolio.

- A. Not applicable, I only have a single stage time horizon.
- B. Within 1 to 4 years
- C. Within 5 to 10 years
- D. More than 10 years

7. Investment Earnings- Based on your current and estimated future income needs, what percentage of your investment earnings do you think you would be able to reinvest?

- A. Reinvest 100 percent of my investment earnings
- B. Reinvest 20 to 80 percent of my investment earnings
- C. Reinvest 0% (receive all investment earnings for cash flow)
- D. My investment earnings will not be sufficient and I will need to withdraw principal

8. Living Expense-Emergencies such as accidents, illnesses, hospitalizations, job loss, etc. can occur. In the event you faced an emergency, how many months of your total annual living expenses could be covered by your current liquid investments such as savings/checking accounts, CDs with maturities less than six months, etc.)?

- A. More than 12 months, or not a concern
- B. Between 4 and 12 months
- C. Less than 4 months, or already withdrawing

9. Income Saving- The percentage of your total income that you currently save is approximately.

- A. I do not currently save any income.
- B. Between 2% - 7%
- C. Between 7% - 12%
- D. Greater than 12%

10. Future Earnings-In the next five years, you expect that your earned income will probably:

- A. Decrease
- B. Stay about the same
- C. Increase modestly
- D. Increase significantly

Disclosures

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your financial planning process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal or tax advisor concerning such matters, as needed, to answer the following questionnaire.

Investment and insurance products are not insured by the FDIC or other governmental agencies and are subject to investment risk, including possible loss of the principal amount invested.

Client Acknowledgement

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate portrayal of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise Oaks Wealth Partners.

I further acknowledge that the results of my financial plan will be based on the information I provide, which may include both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

I assume sole responsibility to decide whether to implement the advice contained in the financial plan and to determine whether the recommendations have been implemented correctly.

I understand that the financial plan will include financial projections and make certain assumptions based on historical data that serve as a useful and reasonable basis to develop recommendations. I further acknowledge that there is no guarantee that my experience will match the projections prepared for me.

I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of the recommendations remains my sole obligation.

Client Signature

Date

Client Signature

Date