



*Financial Planning for Generations*

Retirement Planning • Estate Planning • Tax Planning • Investment Management • Insurance

## CLIENT PROFILE

Name: \_\_\_\_\_

***Headquarters***

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***Locations***

Boca Raton, FL

La Vernia, TX

# YOU AND YOUR FAMILY

Client Name (1) \_\_\_\_\_ Spouse Name (2) \_\_\_\_\_

Legal Address \_\_\_\_\_ Alternate Address (summer/winter home) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone (1) \_\_\_\_\_ Alt. Phone (2) \_\_\_\_\_

Cell Phone (1) \_\_\_\_\_ Cell Phone (2) \_\_\_\_\_

Email Address (1) \_\_\_\_\_ Email Address (2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SS# (1) \_\_\_\_\_ SS# (2) \_\_\_\_\_

DOB (1) \_\_\_\_\_ DOB (2) \_\_\_\_\_

Driver's License ID (1) \_\_\_\_\_ Driver's License ID (2) \_\_\_\_\_

\_\_\_\_\_ State Issued \_\_\_\_\_ State Issued \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expired \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expired \_\_\_\_\_

Emergency Contact Information: (close friend or relative, in the event we are unable to reach you):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

### CHILDREN/BENEFICIARIES

(Please use an additional sheet if necessary)

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_ SS# \_\_\_\_\_

Gender \_\_\_\_\_ Gender \_\_\_\_\_ Gender \_\_\_\_\_

Previous Marriage \_\_ Yes \_\_ No Previous Marriage \_\_ Yes \_\_ No Previous Marriage \_\_ Yes \_\_ No

Special Needs \_\_ Yes \_\_ No Special Needs \_\_ Yes \_\_ No Special Needs \_\_ Yes \_\_ No

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

# YOU AND YOUR FAMILY

## GRANDCHILDREN/BENEFICIARIES

(Please use an additional sheet if necessary)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Gender \_\_\_\_\_  
Previous Marriage \_\_ Yes \_\_ No  
Special Needs \_\_ Yes \_\_ No  
Marital Status \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Gender \_\_\_\_\_  
Previous Marriage \_\_ Yes \_\_ No  
Special Needs \_\_ Yes \_\_ No  
Marital Status \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Gender \_\_\_\_\_  
Previous Marriage \_\_ Yes \_\_ No  
Special Needs \_\_ Yes \_\_ No  
Marital Status \_\_\_\_\_

Name \_\_\_\_\_  
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State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Gender \_\_\_\_\_  
Previous Marriage \_\_ Yes \_\_ No  
Special Needs \_\_ Yes \_\_ No  
Marital Status \_\_\_\_\_

Name \_\_\_\_\_  
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Phone \_\_\_\_\_  
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Gender \_\_\_\_\_  
Previous Marriage \_\_ Yes \_\_ No  
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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
Gender \_\_\_\_\_  
Previous Marriage \_\_ Yes \_\_ No  
Special Needs \_\_ Yes \_\_ No  
Marital Status \_\_\_\_\_

## ADDITIONAL FAMILY INFORMATION

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## EMPLOYMENT

Employer Name (Client 1) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title/Position \_\_\_\_\_ Years employed there \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Full time or part time \_\_\_\_\_ Type of work you do \_\_\_\_\_

Do you own this company?  Yes  No Are you self employed?  Yes  No

Filing Status (single, married filing separately, married filing jointly or head of household) \_\_\_\_\_

Employer Name (Client 2) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title/Position \_\_\_\_\_ Years employed there \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Full time or part time \_\_\_\_\_ Type of work you do \_\_\_\_\_

Do you own this company?  Yes  No Are you self employed?  Yes  No

Filing Status (single, married filing separately, married filing jointly or head of household) \_\_\_\_\_

## INCOME

Salary/Bonuses	Client 1				Client 2			
Annual Amount								
Stock Options								
Restricted Stock								

Social Security	Client 1				Client 2			
Benefit Begins at Age	62	66	67	70	62	66	67	70
Estimated Monthly								

Other Income (Pension/Settlement/Inheritance)	Client 1				Client 2			
Other Income Name								
Type								
Tax Treatment (Excluded from income tax)								
Annual Amount								



## ***INVESTMENT EXPERIENCE***

Enter investment experience for each investment category: (1) None (2) Occasional (3) Frequent (4) Extensive

Stocks\_\_\_ Bonds\_\_\_ Mutual Funds\_\_\_ Options\_\_\_ Annuities\_\_\_ Insurance\_\_\_ REITs/DDPs/LPs\_\_\_

How much investment experience do you have? Please check box which best applies.

None\_\_\_ Limited (1-3 years)\_\_\_ Fair (3-5 years)\_\_\_ Extensive (5+ years)\_\_\_

Do you have current income needs from your investments? Yes\_\_\_ No\_\_\_ Amount \$\_\_\_\_\_

## ***YOUR INVESTMENT PHILOSOPHY***

Do you feel you will achieve financial security through retirement? \_\_\_ Yes \_\_\_ No

Do you need to make any special financial provisions for any member of your family? \_\_\_ Yes \_\_\_ No

Are you willing to invest effort/money if a financial plan reduces/eliminates tax? \_\_\_ Yes \_\_\_ No

What is your largest obstacle in achieving your financial goals? \_\_\_\_\_

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## ***OBJECTIVES*** (Please rate the importance of each item)

### **Retirement/Investment**

Low Med High

	Low	Med	High
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle			
Having all of your portfolios consolidated and analyzed to make sure your plan is on track			
Generating a guaranteed retirement income stream			
Reviewing your investment performance against your plan			
Reviewing alternative retirement methods			
Minimizing the taxes on your investment accounts			
Asset protection in the result of serious illness			
Protecting assets in the event that you require long term care in the future			
Receiving adequate income in the event of disability during your working years			
Planning for income for your spouse in the event of your premature death			
Planning for income for your children in the event of your premature death			
Liquidity needs			

## **OBJECTIVES** (Please rate the importance of each item)

### **Estate Planning**

Low Med High

	Low	Med	High
Writing or updating your will or trust			
Reviewing different methods of meeting your estate tax liabilities			
Minimizing estate taxes			
Charitable planning to your estate's planning			
Contributing annually to charity			
Giftng to your children while you are alive if it doesn't interfere with your financial independence			
Planning for your grandchildren's education/support			

## **PROPERTY**

### **Real Estate Holdings**

	<b>PRIMARY RESIDENCE</b>	<b>SECONDARY RESIDENCE</b>	<b>INVESTMENT PROPERTY</b>
Property Name			
Purchase Year			
Purchase Amount			
Market Value			
Owner(s)			

### **Mortgage(s)**

Loan Type (Mortgage, Home Equity Loan)			
Original Loan Amount			
Date of Loan			
Current Balance			
Interest Rate			
Loan Term (Years)			







## **ATTORNEY/CPA**

Do you have Power of Attorney? \_\_\_ No \_\_\_ Yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Living Will and Health Care Proxy? \_\_\_ Yes \_\_\_ No

Do you have an Estate Planning Attorney? \_\_\_ Yes \_\_\_ No

Is your Attorney a key decision maker for you? \_\_\_ Yes \_\_\_ No

Do you have a CPA/Accountant? \_\_\_ Yes \_\_\_ No

Is your CPA/Accountant a key decision maker for you? \_\_\_ Yes \_\_\_ No

### **Advisors:**

<b>Attorney</b>	<b>CPA/Accountant</b>
Name	Name
Firm	Firm
Address	Address
Phone	Phone
Fax	Fax
E-mail	E-mail

May we contact your Advisors listed above? \_\_\_ Yes \_\_\_ No

## **EDUCATIONAL SEMINARS** (Please indicate which topics are of interest to you):

- |  |  |
|--|--|
| <input type="checkbox"/> Investing During Retirement                     | <input type="checkbox"/> Reducing My Tax Liability     |
| <input type="checkbox"/> Taking Retirement Plan or Pension Distributions | <input type="checkbox"/> Protecting My Assets          |
| <input type="checkbox"/> Preserving My Estate for My Heirs               | <input type="checkbox"/> Giving and Gifting Strategies |
| <input type="checkbox"/> Benefiting from Social Security and Medicare    | <input type="checkbox"/> Other                         |

## ***NOTES/COMMENTS***

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## ***FOLLOW UP***

Next Meeting:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Advisor name: \_\_\_\_\_

Client Signature _____	Date _____
Client Signature _____	Date _____

**PERSONAL AND CONFIDENTIAL:** American Investment Planners LLC, a registered investment advisor, respects the privacy of any nonpublic, personal information that clients provide in order for us to open and service their accounts. We are committed to safeguarding that information by holding it in the strictest confidence. We gather only information that is necessary for us to effect, administer, or enforce a transaction that a client authorizes or requests. It will not be used for any other purpose than to assess a client's financial goals.

Any projections provided by the advisor are based on assumptions and do not represent guarantees. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies.



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