

FINANCIAL ARCHITECTURE™

Client Profile Questionnaire

This comprehensive, personal financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future. At Reyes Financial Architecture, our goal is to help you make the right decisions for your financial future. The information you provide in this questionnaire will assist us in making sound recommendations with confidence.

BASIC INFORMATION:					
Your Name		Nickname		Age	Birth date (mm/dd/yyyy)
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Spouse's Name		Nickname		Age	Birth date (mm/dd/yyyy)
Residence Address			City	State	Zip
Mailing Address			City	State	Zip
Home Phone	Cell Phone	Fax		E-mail Address	Spouse E-mail Address
How did you hear about Reyes Financial Architecture?				Wedding Anniversary	(mm/dd/yyyy)
CHILDREN:					
Name				Age	
Name				Age	
Name				Age	
				<i>6</i> -	
Name				Age	
OCCUPATION:					
Your Job Title	Employer (la	sst, if retired)		# of Years	Retirement Date
Spouse's Job Title	Employer (la	st, if retired)		# of Years	Retirement Date

FAMILY ASSETS:			
PERSONAL	Owner*	Purpose**	Current Value
Primary residence			\$
Vacation home/second residence			\$
Rental #1			\$
Rental #2			Φ.
Other personal assets			
Total personal assets			\$
LIQUID AND INVESTMENT			
Cash			\$
Fixed			
Bonds and bond mutual funds			\$
Bonds and bond mutual funds			<u> </u>
Equity			
Stocks and stock mutual funds			<u> </u>
Stocks and stock mutual funds			\$
Other investment assets			\$
Total liquid and investment assets			\$
RETIREMENT	Owner*	Purpose**	Current Value
IRA			\$
IRA			\$
Qualified retirement plan (e.g., 401(k))			Φ.
Qualified retirement plan (e.g., 401(k))			
Annuities			\$
Other retirement assets			<u> </u>
Total retirement assets			\$
TOTAL ASSETS (add personal assets, liquid and investment assets, and retirement assets)			\$
* Indicate whether the asset is owned by you, a second personal second persona	son, or jointly.		

FAMILY LIABILITIES:

	Current balance	Mortgage Payment
Mortgage on first residence	\$	\$
Mortgage on second residence	\$	\$
Mortgage on Rentals	\$	\$
Other liabilities	\$	\$
TOTAL LIABILITIES	\$	

^{**} Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal, or retirement.

FAMILY INCOME:					
ANNUAL INCOME	Н	ead of Househol	d	Spouse	
Employment (wages, salaries, bonuses)	\$			\$	
Self-employment/business income	\$			\$	
Social Security benefits	\$			\$	
IRA Distributions	\$			\$	
Taxable investment income	\$			\$	
Nontaxable investment income	\$			\$	
Pensions (if currently receiving)	\$			\$	
Rental Income				\$	
Other income	\$			\$	
Total annual income	\$			\$	
COMBINED TOTAL ANNUAL INCOME				\$	
FAMILY EXPENSES: Fixed Estin Variable TOTAL	mated cash flow r	needed for reti	rement		_
GENERAL:					
Are you anticipating any major lifestyle changes? (i.e., marriage, divorce, retirement, moving, etc.) If so, what changes are you expecting?		□ Yes	□ No	☐ Uncertain	
Are you comfortable with your current cash flow?		□ Yes	□ No	☐ Uncertain	
Do you anticipate any significant changes in your case	sh flow?	□ Yes	□ No	☐ Uncertain	
Do you anticipate any major expenditures in the near	future?	□ Yes	□ No	☐ Uncertain	
If so, what expenditures are you expecting?					

LIFE INSURANCE & ANNUITIES:

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FACE AMOUNT	CONTINGENT BENEFICIARY	BENEFICIARY	OWNER	INSURED	COMPANY
VALUES:							VALUES:

If working with Reyes Financial Architecture as an advisory firm were	e to be a happ	y experie	nce, what would need to happen?
What does the word conservative mean to you?			
What financial concerns cause you to lose sleep at night?			
DDOTECTION.			
PROTECTION:	□ Yes	- N-	□ Uncertain
Do you have any current health problems? Do you have adequate medical coverage?	□ Yes	□ No □ No	□ Uncertain
Do you have disability coverage?	□ Yes	□ No	□ Uncertain
Do you have disability coverage? Do you have personal liability coverage?	□ Yes	□ No	□ Uncertain
Amount?	⊔ 1 CS		- Oncertain
Do you feel you have enough life insurance?	□ Yes	□ No	□ Uncertain
Do you have an emergency fund (money set aside in savings)?	□ Yes	□ No	□ Uncertain

ESTATE PLANNING:				
Do you have updated/adequate w	rills?	□ Yes	□ No	□ Uncertain
Have you established any trusts?		□ Yes	□ No	□ Uncertain
Will you be receiving a significant		□ Yes	□ No	□ Uncertain
Have you adequately considered		□ Yes	□ No	□ Uncertain
Have you provided adequate estate liquidity for your heirs?		□ Yes	□ No	□ Uncertain
Is proper titling a concern?		□ Yes	□ No	□ Uncertain
Do you have long-term health care coverage?		□ Yes	□ No	□ Uncertain
CURRENT ADVISORS:				
CPA/Accountant:	Phone:		_Email: _	
Financial Planner:	Phone:		_Email:_	
Estate Planning Attorney:	Phone:		_Email:	
Stock Broker:	Phone:		_Email:	
Insurance Advisor:	Phone:		_Email:	
CONCERNS:				
Please list any other concerns you	nay have:			
		·		

GOALS:

Investment Goals	I	Low Pr	iority				ŀ	Iigh P	riority	
Return should exceed inflation rate	1	2	3	4	5	6	7	8	9	10
Principal should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax-free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10