



CONFIDENTIAL PROFILE



SHERRILL  WEALTH MANAGEMENT, LLC
1001 3rd Ave W | Suite 375 | Bradenton, FL 34205 | 941.462.2255
gardner@sherrillwealth.com

The purpose of our meeting is to gather some basic information about you so that we can reinforce the positive things that you are doing and discover any possible ways to improve your particular situation. This information is held confidential and will not be released. Without this information, it will not be possible to determine any needs or make any recommendations.

Personal Information

Marital Status Single 1st Marriage 2nd Marriage w/ children from prior Divorced Widowed

Name _____ Age _____ Birth Date _____

Spouse Name _____ Age _____ Birth Date _____

Florida Domiciled: Yes No – Where _____ Uncertain

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Preferred Contact Method _____

Children

Name _____ Age _____ Number of Children _____

Name _____ Age _____ Number of Children _____

Name _____ Age _____ Number of Children _____

Name _____ Age _____ Number of Children _____

Advisors

Advisor's Name

Firm Name & Address

■ Accountant _____

Do you have a preference or a commitment to this advisor? Yes No

■ Attorney _____

Do you have a preference or a commitment to this advisor? Yes No

■ Financial Planner _____

Do you have a preference or a commitment to this advisor? Yes No

■ Investment Advisor _____

Do you have a preference or a commitment to this advisor? Yes No

■ Life Insurance Advisor _____

Do you have a preference or a commitment to this advisor? Yes No

■ Property Insurance Advisor _____

Do you have a preference or a commitment to this advisor? Yes No



Goals & Objectives

Are you anticipating any major lifestyle changes? Yes No Uncertain
(i.e., marriage, divorce, retirement, moving, etc.)

If so, what changes are you expecting? _____

Do you currently take distributions from your portfolio? Yes No

If no, when do you anticipate taking distributions? _____

What minimum income will you need from your portfolio (in today's dollars) \$ _____

Is there any specific Life Goal that you want to target? _____

How much will it cost? \$ _____ By what date ___ / ___ / _____

Is there any Education Goal that you want to target? _____

How much will it cost? \$ _____ By what date ___ / ___ / _____

What do you feel is an appropriate target rate of return for your portfolio? _____

Rate your risk tolerance on a scale of 1 to 10 with 1 being most conservative: _____

Concerns Please circle 1 through 5 on each below. 1 being of no concern and 5 being most concerned.

	Not Concerned	Not Very	Some What	Very Concerned	Most Concerned
I want to make sure my money last throughout my lifetime.	1	2	3	4	5
I would like to ensure that my assets are protected from losses.	1	2	3	4	5
I would like to reduce taxable income	1	2	3	4	5
I would like to protect myself and my family from catastrophic long-term care costs.	1	2	3	4	5
I would like more income.	1	2	3	4	5
I want to pass on as much as possible to children/heirs.	1	2	3	4	5
I want to see increases in my portfolio.	1	2	3	4	5

Additional Goals or Concerns: _____



Document Checklist

Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___	Term Life Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___
Financial Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___	Other Life Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___
Medical Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___	Umbrella Liability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___
MPOA Electronically Filed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___	Long Term Care Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___
Living Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date ___/___/___	LTC Daily Benefit	\$ _____	

Primary Residence None Owned Rented

Approximate Value if Owned \$ _____ Mortgage \$ _____

Secondary Residence None Owned Rented

Approximate Value if Owned \$ _____ Mortgage \$ _____

Additional Debt: _____

Cash Flow

Client	Spouse	Both	Social Security	Pension	Wages	Other Income	Annual Income:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Approximate Annual Income: \$ _____

Expenses: Approximate Annual Expenses \$ _____



Current Estate & Titling

ASSETS	(Husband)	(Wife)	(Joint Property)
Cash, Bank Accounts & CD's	_____	_____	_____
Notes Receivable	_____	_____	_____
Stocks, Bonds, & Mutual Funds	_____	_____	_____
Retirement Plans (e.g., IRA's)	_____	_____	_____
Beneficiary	_____	_____	_____
Annuities	_____	_____	_____
Beneficiary	_____	_____	_____
Life Insurance (Death Benefit)	_____	_____	_____
Cash Surrender Value	_____	_____	_____
Beneficiary	_____	_____	_____
Interest in any Trusts	_____	_____	_____
Closely Held Business Interests	_____	_____	_____
Real Estate in Florida	_____	_____	_____
Real Estate Outside of Florida	_____	_____	_____
Tangible Personal Property	_____	_____	_____
TOTAL ASSETS	_____	_____	_____
LIABILITIES			
Notes Payable	_____	_____	_____
Mortgages	_____	_____	_____
Life Insurance Loans	_____	_____	_____
Other Liabilities	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____
NET ESTATE	=====	=====	=====

