

**Leahy Wealth Management**  
**Robert P. Leahy, CFP, AEP, ChFC**

*(301) 990-9290*

	Client	Client / Spouse
Full Name:	_____	_____
Social Security Number:	_____	_____
Date of Birth:	____ / ____ / ____	____ / ____ / ____
Home Address:	_____ _____	
Home Phone:	_____	
Office Phone:	_____	_____
Prefer to be called at:	Home / Office	Home / Office
E-mail	_____	_____

Please complete the following for each child:

<b>Name</b>	<b>Age</b>	<b>Dependent</b>
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no

Please list grandchildren and their approximate age. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. What is the objective of your portfolio?

- a. Retirement planning: \_\_\_\_\_ years until retirement: \_\_\_\_\_ yrs.
  - b. Retirement Income:
  - c. other: \_\_\_\_\_ years until objective: \_\_\_\_\_ yrs.
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2. The overall financial objective of this Portfolio is to:

- a. Avoid long-term erosion of capital (preservation of capital).
- b. Keep pace and possibly outperform inflation (security of purchasing power).
- c. Produce tax-free income.
- d. Produce current income.
- e. Produce a combination of income and capital appreciation.
- f. Achieve capital appreciation (growth of capital with little or no income).

3. Which range of returns listed below most closely reflects the characteristics of an investment portfolio that you could tolerate?

Investment	Return Characteristics	
<input type="checkbox"/> A (T-Bills)	Range of annual returns: Largest consecutive 4-quarter decline: Average annual return	+0.2% to 5% +.05% +3.0%
<input type="checkbox"/> B	Range of annual returns: Largest consecutive 4-quarter decline: Average annual return	0% to 10% -12% +5.0%
<input type="checkbox"/> C	Range of annual returns: Largest consecutive 4-quarter decline: Average annual return	-14% to 14% -22% +7%
<input type="checkbox"/> D (S&P 500)	Range of annual returns: Largest consecutive 4-quarter decline: Average annual return	-28% to 25% -50% +9.2%
<input type="checkbox"/> E	Range of annual returns: Largest consecutive 4-quarter decline: Average annual return	-40% to 40% -85% +11%

4. Which of the following statements best describes your level of comfort with negative stock or bond market fluctuation and its possible impact on the value of your assets? (choose one)

- a. I can tolerate only occasional, minor losses.
- b. I can tolerate negative fluctuations spanning two or three quarters during difficult periods of a market cycle.
- c. I can tolerate negative fluctuations spanning a year or more during difficult periods of a market cycle.

5. If given a choice between a guaranteed return of 5.5% over five years, or a 70% probability that you could earn 12% over five years and at worst you'd lose no principal which would you choose?

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6. Tax rates:                      Federal Tax                      State Tax  
   \_\_\_\_\_%                      \_\_\_\_\_%

7. Is there a **minimum** level of annual income needed from your portfolio.  
If yes, please indicate the dollar amount:      \$\_\_\_\_\_

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## Description of Income and Assets

	Husband	Wife
<u>Income</u>		
Salary	_____	_____
Other	_____	_____
<hr/>		
<hr/>		
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**Monthly / Annual Budget** - Please provide your total monthly and annual budget. An accurate budget is crucial to the planning process. For your convenience a budget worksheet is included on the website [leahywealthmanagement.com](http://leahywealthmanagement.com) on the financial planning page.

**Qualified Retirement Assets / Pension plans** (List all – OR – **Attach statements**)

**Current Value:**

IRA Plan	_____	_____
401K/ Hr-10 Keogh Plan	_____	_____
Qualified Pension/Profit Sharing Plan	_____	_____

**If statements are not available please list how the above qualified assets are invested?**

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**Social Security Calculations:** (Please list estimates – OR – **Attach estimate statements**)

*\* To obtain a precise estimate contact SSA at 800-772-1213 request social security form 7004.*

*\*\* If you do not know your benefit amounts, an amount will be calculated based on your annual income.*

\_\_\_\_\_

\_\_\_\_\_

## Assets

(Please do not include Qualified Retirement Assets from previous page)

Savings Accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Checking Accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certificates of Deposit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Money Market Accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. Government Bonds / Savings Bonds

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Residence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vacation Home(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Automobiles \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Tangible Personal Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Insurance**

**Life Insurance:** (Don't forget your employer coverage) List details – OR – **Attach statements**

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

Long Term Care Insurance: Please list details – OR – **Attach statements**

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Disability Insurance: Please list details – OR – **Attach statements**

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**Asset Protection, Liability Insurance, Property Casualty**

This is a very important area that is often overlooked in the financial planning process. Given the litigious world that we live liability protection is absolutely crucial to your future financial security. Please list the detailed liability coverage on your home(s), auto(s), boats(s), etc.

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## Debt Obligations

Mortgages (terms, rates)

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Other Loans

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***Closely Held Business Interests***

**Business #1**

a) Type of Interest:       Sole Owner / Partnership / Corporation S or C

b) Name of Business:       \_\_\_\_\_

c) Percentage of Ownership:       \_\_\_\_\_

d) Fair Market Value:       \_\_\_\_\_

Description of Company:

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Is there a buy/sell agreement (death protection)?

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Is there a business succession plan, or sale arrangement / consideration?

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Future Objectives / Additional Information:

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