





# CONTACT

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Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_  
Primary Mobile Phone Spouse Mobile Phone Fax

Primary Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation (If retired, previous occupation): \_\_\_\_\_

Length of employment: \_\_\_\_\_

Spouse's Work Address: \_\_\_\_\_  
Street City State Zip

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation (If retired, previous occupation): \_\_\_\_\_

Length of employment: \_\_\_\_\_

**Preferred method of contact:**  Home phone  Cell phone  Email

# ADVISORS

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Financial Advisor: \_\_\_\_\_  
Name Firm Name City/State

Do you have a preference for or commitment to this advisor? yes / no

Attorney: \_\_\_\_\_  
Name Firm Name City/State

Do you have a preference for or commitment to this advisor? yes / no

Accountant: \_\_\_\_\_  
Name Firm Name City/State

Do you have a preference for or commitment to this advisor? yes / no

Insurance Agent: \_\_\_\_\_  
Name Firm Name City/State

Do you have a preference for or commitment to this advisor? yes / no

# ASSETS

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<b>INVESTMENTS (NON-RETIREMENT)</b>	Stocks/Bonds/Mutual Funds	\$ _____
	Stock Options	\$ _____
	Other	\$ _____
<b>INVESTMENTS (RETIREMENT)</b>	IRA	\$ _____
	401(k)/403(b)	\$ _____
	Annual Contribution	\$ _____
	Employer Match	\$ _____
	Other	\$ _____
<b>BUSINESS</b>	Business Valuation	\$ _____
<b>REAL ESTATE</b>	Home	\$ _____
	Second Home	\$ _____
	Rental Property	\$ _____
	Other	\$ _____

# LIABILITIES

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<b>SHORT TERM</b>	Credit Cards	\$ _____
	Car Loans	\$ _____
	Other	\$ _____
<b>LONG TERM</b>	Home	\$ _____
	Business	\$ _____
	Additional Property	\$ _____
	Other	\$ _____

# INCOME

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<b>ANNUAL INCOME</b>	Earned Income	\$ _____
	Pension	\$ _____
	Social Security	\$ _____
	Investment Income	\$ _____
	Other	\$ _____
	<b>TOTAL</b>	\$ _____
<b>ANNUAL EXPENSES</b>	<b>TOTAL</b>	\$ _____

# INSURANCE

## LIFE INSURANCE

Company		Individual or Group Policy		Type	Owner	Insured
Face Amount	Cash Value	Premium	Contract Date	Beneficiaries		
Company		Individual or Group Policy		Type	Owner	Insured
Face Amount	Cash Value	Premium	Contract Date	Beneficiaries		
Company		Individual or Group Policy		Type	Owner	Insured
Face Amount	Cash Value	Premium	Contract Date	Beneficiaries		

## LTC INSURANCE

Company	Insured	Benefit Amount	Premium	Benefit Period
Company	Insured	Benefit Amount	Premium	Benefit Period

## DISABILITY INSURANCE

Company	Individual or Group Policy	Type	Insured	Benefit	Elimination	Benefit Period	Premium
Company	Individual or Group Policy	Type	Insured	Benefit	Elimination	Benefit Period	Premium

What are the most important things money can do for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you could change two things about your current financial situation, what would they be?

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

How can we help the most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect from IronGate Partners? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should we expect from you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RISK / VOLATILITY

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To determine the proper Allocation for your Investment Portfolio, you must determine how much Risk/Volatility you are willing to accept. This is called your risk tolerance.

Please circle the one that best fits you. ( 1 = very important, 4 = moderately important, 9 = not at all )

How important is capital preservation?

1 2 3 4 5 6 7 8 9

How important is inflation protection?

1 2 3 4 5 6 7 8 9

How important is growth?

1 2 3 4 5 6 7 8 9

How important is current cash flow?

1 2 3 4 5 6 7 8 9

How important is low volatility?

1 2 3 4 5 6 7 8 9

How much risk are you willing to take to achieve a higher return?

1 2 3 4 5 6 7 8 9

# GOALS

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How can we help you? On a scale of 1 to 10 (1 being high and 10 being low) please rate the following:

Increase my net worth by \_\_\_\_\_%

1 2 3 4 5 6 7 8 9 10

Reduce my tax burden

1 2 3 4 5 6 7 8 9 10

Purchase real estate

1 2 3 4 5 6 7 8 9 10

Plan for long term care

1 2 3 4 5 6 7 8 9 10

Financial security at retirement

1 2 3 4 5 6 7 8 9 10

Fund a charitable endeavor

1 2 3 4 5 6 7 8 9 10

Pay education expenses for my children or grandchildren

1 2 3 4 5 6 7 8 9 10

Provide for my family in the event of my (or my spouse's) death

1 2 3 4 5 6 7 8 9 10

Minimize the cost of probate and estate taxes

1 2 3 4 5 6 7 8 9 10

Control the distribution of assets to my heirs

1 2 3 4 5 6 7 8 9 10

Other Goals:

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# DOCUMENT CHECK LIST

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For your fact-finding meeting, please send or bring all of the following documents that apply to you and your spouse (if applicable)

Place a check by the documents enclosed

- Income tax returns and gift tax returns, federal and state, for at least one year (the three previous years if readily available)
- Recent bank and investment statements
- Recent insurance company statements for annuities, variable life, etc.
- Will (yours and spouses if applicable), Trusts, Powers of Attorney
- Social Security Statement
- Balance and payment information on mortgages, equity lines, personal loans, credit cards, etc.
- Leases on property for which you are the lessor or lessee
- All Beneficiary Designations
- Prenuptial or postnuptial agreements
- Divorce Decrees
- Personal balance sheet and income statement for last year, if any prepared
- Balance sheets, income statements, and/or tax returns for most recent year of all businesses in which you have a proprietary interest
- Closely held corporation buy-sell agreements
- Partnership agreements
- Taxable income projections or limited partnerships in which you have invested
- Copies of employment contracts
- Documents evidencing interests in employer's pension or other benefit plans (including any vesting schedules)

## DECLARATIONS PAGES OF ALL INSURANCE POLICIES

- Life
- Health
- Disability
- Long Term Care
- Homeowners
- Automobile
- Excess Liability

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