



Help Us Get To Know You

The more we know about you, your current situation, your dreams and your goals, the more quickly we'll be able to help you create an effective plan. The first step in this process is gathering as much relevant information and insights as you can provide.

This completed questionnaire will help us learn more about your goals, your expenses, your income, your assets, and your liabilities. Using this tool, we will work with you to identify, create and set priorities for your financial objectives. Once we have created a plan that suits your goals, your timeline, and your risk tolerance, this tool may be used as a touchstone, or a point of reference to come back and revisit what has changed, what has not changed and what may need to be adjusted. As major life events occur, please keep us informed so that we can revisit and make new recommendations as appropriate.

Your Name(s): _____

Date: _____

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EightPointPlan.com

Securities offered through Registered Representatives of Cambridge Investment Research, Inc., a broker dealer member FINRA/SIPC.
Advisory services through Cambridge Investment Research Advisors, Inc., a Registered Investment Adviser.
Cambridge and **EightPoint** Financial are not affiliated.

Client #1 Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone (home): _____

Phone (business): _____

Phone (mobile): _____

Email: _____

Date of Birth: _____

U.S. Citizen?
(Yes or No) _____

Gender: _____

Marital Status: _____
(Single/Married/Divorced/Widowed)

Employment

Occupation: _____

Job Title: _____

Self-employed?
(Yes or No) _____

Employer Name: _____

Employer Address: _____

Work Phone: _____

Work Email: _____

Years with Current Employer: _____

Best way to reach you: _____
(home or work/email or phone/ etc.)

Client #2 Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone (home): _____

Phone (business): _____

Phone (mobile): _____

Email: _____

Date of Birth: _____

U.S. Citizen?
(Yes or No) _____

Gender: _____

Marital Status: _____
(Single/Married/Divorced/Widowed)

Employment

Occupation: _____

Job Title: _____

Self-employed?
(Yes or No) _____

Employer Name: _____

Employer Address: _____

Work Phone: _____

Work Email: _____

Years with Current Employer: _____

Best way to reach you: _____
(home or work/email or phone/ etc.)

Family

Child/Dependent #1 Full Name: _____

Date of Birth: _____

Relationship: _____

Marital Status: _____

Spouse/Partner Name: _____

Spouse/Partner DOB: _____

Children's Names DOB: _____

Child/Dependent #2 Full Name: _____

Date of Birth: _____

Relationship: _____

Marital Status: _____

Spouse/Partner Name: _____

Spouse/Partner DOB: _____

Children's Names DOB: _____

Child/Dependent #3 Full Name: _____

Date of Birth: _____

Relationship: _____

Marital Status: _____

Spouse/Partner Name: _____

Spouse/Partner DOB: _____

Children's Names DOB: _____

Other Advisors

Full Name: _____

Firm Name: _____

Type:
(Attorney, CPA, Insurance, etc.) _____

Address: _____

Phone: _____

Email: _____

Full Name: _____

Firm Name: _____

Type:
(Attorney, CPA, Insurance, etc.) _____

Address: _____

Phone: _____

Email: _____

Full Name: _____

Firm Name: _____

Type: _____
(Attorney, CPA, Insurance, etc.)

Address: _____

Phone: _____

Email: _____

Goals & Objectives

What are your chief areas of concern (check all that apply)

- Cash Flow and Budgeting
- Investment Review
- Tax Planning
- College Planning
- Retirement Planning
- Estate Planning
- Insurance Review
- Home Purchase
- Other (please describe)

Goal #1 – What is the most important goal you hope to achieve through financial planning?

Goal #2 – What is the second most important goal you hope to achieve through financial planning?

Goal #3 – What is the third most important goal you hope to achieve through financial planning?

Goal #4 – What is the fourth most important goal you hope to achieve through financial planning?

If you were to envision your financial security five years from now, how would it look?

Please list your major financial obligations and planned expenditures WITHIN the next two years.

Please list your major financial obligations and planned expenditures AFTER the next two years.

How comfortable are you at managing your finances? (very, somewhat, not at all)

How satisfied are you with the performance of your investments to date?

Please list any health or other non-financial circumstances that may impact your financial planning.

Income

What is your gross annual income from employment or work?

What is your gross annual income from other sources (real estate, royalties, licensing or other investments)?

Do you anticipate any changes to your employment status? If so, please describe:

Do you anticipate any changes to your income over the next 2-5 years? If so, please describe:

What is your estimated net worth?

Tax Bracket

- 10-15%
- 16-28%
- 29% or more

Assets

Taxable Investment Account #1:

Account Name and Description: _____

Financial Institution: _____

Account Owner: _____

Ownership Type (single, joint, trust) _____

Cost Basis: _____

Market Value: _____

Start Date & Duration: _____

Who are the beneficiaries? _____

Taxable Investment Account #2:

Account Name and Description: _____

Financial Institution: _____

Account Owner: _____

Ownership Type (single, joint, trust) _____

Cost Basis: _____

Market Value: _____

Start Date & Duration: _____

Who are the beneficiaries? _____

Taxable Investment Account #3:

Account Name and Description: _____

Financial Institution: _____

Account Owner: _____

Ownership Type (single, joint, trust) _____

Cost Basis: _____

Market Value: _____

Start Date & Duration: _____

Who are the beneficiaries? _____

Asset Allocation

Please attach statements or complete this section for all non-EightPoint Financial taxable accounts:

Client #1

Cash: _____ %

Equity: _____ %

Fixed Income: _____ %

Taxable: _____ %

Tax-free: _____ %

Real Assets: _____ %

Private Equity: _____ %

Client #2

Cash: _____ %

Equity: _____ %

Fixed Income: _____ %

Taxable: _____ %

Tax-free: _____ %

Real Assets: _____ %

Private Equity: _____ %

Retirement Accounts

Attach statements and/or complete this section for all retirement accounts, including, IRA, Roth IRA, 401(k), KEOGH, Profit-sharing, SEP, SIMPLE)

Retirement Account #1

Description: _____
(Account name and description)

Financial Institution: _____

Account Owner: _____

Account Type: _____
(single, joint, trust)

Cost Basis: _____

Market Value: _____

Mandatory Withdrawals: _____
(if applicable)

Annual Contribution: _____

Start Date/Duration: _____

Employer Match: _____

Match Limit: _____

Retirement Account #2

Description:
(Account name and description) _____

Financial Institution: _____

Account Owner: _____

Account Type:
(single, joint, trust) _____

Cost Basis: _____

Market Value: _____

Mandatory Withdrawals:
(if applicable) _____

Annual Contribution: _____

Start Date/Duration: _____

Employer Match: _____

Match Limit: _____

Retirement Account #3

Description:
(Account name and description) _____

Financial Institution: _____

Account Owner: _____

Account Type:
(single, joint, trust) _____

Cost Basis: _____

Market Value: _____

Mandatory Withdrawals:
(if applicable) _____

Annual Contribution: _____

Start Date/Duration: _____

Employer Match: _____

Education Savings

This section covers all education accounts, including 529 College Savings Plans, Coverdell Education Savings Account, etc.)

Education Savings Account #1

Description:
(Account name and description) _____

Financial Institution: _____

Account Owner: _____

Student Name: _____

Current Account Value: _____

Annual Contribution: _____

Start Date/Duration: _____

Education Savings Account #2

Description:
(Account name and description) _____

Financial Institution: _____

Account Owner: _____

Student Name: _____

Current Account Value: _____

Annual Contribution: _____

Start Date/Duration: _____

Bank Accounts

Bank Account #1

Description:
(Savings, checking, etc.) _____

Financial Institution: _____

Account Owner: _____

Account Type:
(single, joint, trust) _____

Balance: _____

Bank Account #2

Description:
(Savings, checking, etc.) _____

Financial Institution: _____

Account Owner: _____

Account Type:
(single, joint, trust) _____

Balance: _____

Bank Account #3

Description:
(Savings, checking, etc.) _____

Financial Institution: _____

Account Owner: _____

Account Type:
(single, joint, trust) _____

Balance: _____

Bank Account #4

Description:
(Savings, checking, etc.) _____

Financial Institution: _____

Account Owner: _____

Account Type:
(single, joint, trust) _____

Balance: _____

Personal Assets

Please list any business interests/stakes; expected inheritance; cars, boats, real estate, etc.

Please list any stock options you may own and describe:

Expenses

Primary Residence Mortgage Total Outstanding:

Primary Residence Mortgage Monthly Payment:

Property Taxes (annual and monthly):

Secondary Residence Mortgage Total Outstanding:

Secondary Residence Mortgage Monthly Payment:

Property Taxes (annual and monthly):

2nd Mortgage, Equity Loan, Line of Credit (Total):

Education Loan #1 Total Outstanding:

Monthly Payment:

Education Loan #2 Total Outstanding:

Monthly Payment:

Auto Loan/lease #1 Total Outstanding:

Monthly Payment:

Auto Loan/lease #2 Total Outstanding:

Monthly Payment:

Credit Card Balances Total Outstanding:

Monthly Payment(s):

Please list any other loans or debts:

What are your total monthly expenses?

Please list any planned major purchases or expenses along with estimated costs:
(Purchase of real estate, college tuition, weddings, home renovations, other)

Insurance

Life Insurance Policy #1

Description: _____
(Term, Whole, Variable, Universal, etc.)

Insurer: _____

Policy Owner: _____

Type (single, joint, trust): _____

Who is insured? _____

Net Death Benefit: _____

Policy End Date: _____
(if applicable)

Annual Premium: _____

Beneficiary: _____

Life Insurance Policy #2

Description: _____
(Term, Whole, Variable, Universal, etc.)

Insurer: _____

Policy Owner: _____

Type (single, joint, trust): _____

Who is insured? _____

Net Death Benefit: _____

Policy End Date: _____
(if applicable)

Annual Premium: _____

Beneficiary: _____

Long-term Care Insurance Policy #1

Description: _____
(Traditional, Life with LTC Rider, etc.)

Insurer: _____

Policy Owner: _____

Type (single, joint, trust): _____

Who is insured? _____

Year Purchased: _____

Elimination Period: _____

Annual Premium: _____

Annual Benefit: _____

Long-term Care Insurance Policy #2

Description: _____
(Traditional, Life with LTC Rider, etc.)

Insurer: _____

Policy Owner: _____

Type (single, joint, trust): _____

Who is insured? _____

Year Purchased: _____

Elimination Period: _____

Annual Premium: _____

Annual Benefit: _____

Disability Income Insurance Policy #1

Description: _____
(Employer or Individually Owned)

Insurer: _____

Policy Owner: _____

Type (single, joint, trust): _____

Who is insured? _____

Benefit End Age: _____

Annual Premium: _____

Annual Benefit: _____

Disability Income Insurance Policy #2

Description: _____
(Employer or Individually Owned)

Insurer: _____

Policy Owner: _____

Type (single, joint, trust): _____

Who is insured? _____

Benefit End Age: _____

Annual Premium: _____

Annual Benefit: _____

Worksheet – Net Worth

Assets

Cash	Client 1	Client 2	Joint	Total
Checking and Savings				
Money Market Funds				
CDs				
U.S. Savings Bonds				
Other				
TOTAL CASH:				

Taxable Investments	Client 1	Client 2	Joint	Total
Stocks, Bonds, Mutual Funds				
Investment Real Estate				
Other Taxable Accounts or Assets				
TOTAL TAXABLE INVESTMENTS:				

Retirement Investments	Client 1	Client 2	Joint	Total
IRA: Traditional or Rollover				
IRA: Roth, SEP or SIMPLE				
Employer: 401(k), 403b, 457				
Other Retirement Plans				
Pension				
TOTAL RETIREMENT INVESTMENTS:				

Education Investments	Client 1	Client 2	Joint	Total
529 Tuition Savings Plans				
Other Custodial Accounts				
TOTAL EDUCATION INVESTMENTS:				

Personal Property	Client 1	Client 2	Joint	Total
Primary Residence				
Secondary Residence/Property				
Vehicles/Boats/RVs, etc.				
Jewelry, Art, Antiques, etc.				
Household, other property				
TOTAL PERSONAL PROPERTY:				
TOTAL ASSETS:				

Debts

Cash	Client 1	Client 2	Joint	Total
Primary Residence Mortgage				
Secondary Residence Mortgage, 2 nd mortgage, line of credit or equity loans				
Education Loans				
Auto Loans/Leases				
Credit Card Balances				
Other Loans or Debts				
TOTAL DEBTS:				
NET WORTH (Assets – Debts)				

Details of Debts and Liabilities

Creditor and Loan Term	Original Amount	Current Balance	Interest Rate	Monthly Payment
Total:				

Worksheet – Retirement Planner

Preferences

	Client 1	Client 2
Desired Retirement Age		
Current Age		
Stay in Current House?		
What type of home do you want?		
Will you own vehicles, boats, etc.?		
Travel? How often? Where?		
Hobbies?		
Activities? Volunteering, etc.		
Bucket list items?		
Caring for Parents or Grandchildren?		

Concerns

	Client 1	Client 2
Budgeting		
Managing Your Investments		
Tax Planning		
Philanthropy		
Cost of Living/Inflation		
Major Expenses		
Debt		
Health		
Other		

Budgeting – Monthly Income in Retirement

	Current	Post-retirement
Monthly Income from Retirement Plans		
Monthly Income from Pensions		
Monthly Income from Social Security		
Monthly Income from Other Sources		

Budgeting – Monthly Expenses in Retirement

Monthly	Client 1	Client 2	Total
Mortgage/Rent #1			
Mortgage/Rent #2			
Homeowners Insurance			
HOA Fees			
Property Taxes			
Electricity			
Gas/Oil			
Internet			
CATV			
Telephone (Landline and Mobile)			
Water/Sewer			
Health Insurance			
Vision Insurance			
Dental Insurance			
Medical Supplemental			
Co-pays and deductibles			
Life Insurance			
Long-term Care Insurance			
Disability Insurance			
Clothing			
Personal Care (Hair, nails, etc.)			
Groceries			
Household Items			
Auto Payments			
Auto Insurance			
Bus/Transit			
Memberships (Gym, social, athletic, etc.)			
Travel			
Restaurants and Entertainment			
Hobbies and Activities			
Season Tickets (Arts, Music, Athletics)			
Philanthropy			
Other			
TOTAL:			

Estate Planning

Do you have a will? _____

Do you have durable power of attorney? _____

Do you have a Health Care Proxy? _____

Do you have a Trust? _____

Recommendations relating to this questionnaire will be based on the assumption that the answers to this questionnaire are complete, accurate, and reflect your current situation. Please notify your financial professional promptly if your financial situation or any of the information contained in your questionnaire changes. This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms.

Since this completed form may contain personally identifiable information, please make sure to only transmit this to your financial advisor electronically through an encrypted method of transmission or through some other form of secure means.