



FINANCIAL PLANNING QUESTIONNAIRE

Please send completed form to the Financial Planning team at fpteam@amgteam.com or you can mail it to your nearest office listed on page three of this form.

PERSONAL INFORMATION

Client One

Full Name _____ Birthdate _____ Gender _____

Address _____

Phone Number _____ E-mail _____

Marital Status _____ Retirement Age/Date _____

As as investor, what is your risk tolerance? Conservative Moderate Aggressive

Client Two / Spouse

Full Name _____ Birthdate _____ Gender _____

Address (If different from above) _____

Phone Number _____ E-mail _____

Retirement Age/Date _____

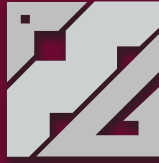
As as investor, what is your risk tolerance? Conservative Moderate Aggressive

ASSETS

Account & Owner	Type	Value	After Tax Basis

CONTRIBUTIONS

Account	Amount	Employer Match & Amount	Frequency	Account Owner



FINANCIAL PLANNING QUESTIONNAIRE - CONTINUED

INCOME NEEDS

Type of Expense (Retirement, Travel, Add. Home, Etc.)	Amount	When to Start	When to End	Frequency

INCOME - CURRENT & FUTURE

Type of Income	Recipient	Amount	Starting	Ending	Frequency

SOCIAL SECURITY BENEFITS - *Please include a copy of your Social Security Statement from SSA.gov*

Client One

Are you receiving social security benefits now? Yes No Age to Start Benefit _____

Amount of Benefit at Starting Age _____

Client Two / Spouse

Are you receiving social security benefits now? Yes No Age to Start Benefit _____

Amount of Benefit at Starting Age _____

COLLEGE PLANNING

Child Name	Date of Birth	Annual Amount to Pay / Contribute



FINANCIAL PLANNING QUESTIONNAIRE - CONTINUED

PLAN DETAILS

In the space below, please tell us a little about your financial goals or what you would like to accomplish through your financial plan.

LA CROSSE- DOWNTOWN

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