



Would you please help us by answering the following questions?

HOW DID YOU ORIGINALLY HEAR ABOUT US?

HAVE YOU HEARD US ON THE RADIO? _____

IF YES, DID YOU HEAR US ON [KSL 1160](#) OR [KNRS 570](#)?

HAVE YOU VISITED OUR WEBSITE, WWW.BOSSRETIREMENT.COM?

HAVE YOU SEEN US ON TELEVISION? _____

IF YES, DID YOU SEE US ON [KSL](#), [ABC](#), [FOX NEWS](#), [NBC](#), [CNN](#), [FOX BUSINESS](#) OR [MSNBC](#)?

IF B.O.S.S. RETIREMENT SOLUTIONS DID NOT EXIST WHO WOULD YOU GO TO FOR FINANCIAL ADVICE?

WHAT ARE YOU MOST UNHAPPY WITH AT THIS TIME?



TODAY'S DATE _____

NAME _____ DATE OF BIRTH _____
 NICKNAME _____ AGE _____
 RETIRED: YES NO ACTUAL OR PLANNED YEAR OF RETIREMENT: _____
 SPOUSE'S NAME _____ DATE OF BIRTH _____
 NICKNAME _____ AGE _____
 RETIRED: YES NO ACTUAL OR PLANNED YEAR OF RETIREMENT: _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (HOME) (_____) _____ - _____ PHONE (BUSINESS) (_____) _____ - _____
 PHONE (CELL) (_____) _____ - _____
 EMAIL ADDRESS _____
 NUMBER OF CHILDREN _____ NUMBER OF GRANDCHILDREN _____

CHILDREN	AGE	STATE OF RESIDENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION

(Please circle the appropriate answer.)

Do you have a Financial Advisor? Yes No
 If yes, who? _____
 Do you have an Attorney? Yes No
 Do you have an Accountant? Yes No
 Do you have a will or trust? Yes No
 Do you want to leave money to your children? Yes No
 Do you currently own or rent your home? Own Rent
 Do you have any income from real estate? Yes No
 Do you expect to care for a child or parent? Yes No
 Do you have a pension, 401K, or IRA? Yes No
 Do you have life-insurance? Yes No
 Do you have long-term care protection? Yes No
 Have you had problems with stock brokers? Yes No

FINANCIAL PLANNING OBJECTIVES

*Rank the following according to your level of concern.
 (Please circle the appropriate answer.)*

	<i>Not Concerned</i>					<i>Very Concerned</i>				
Out-living My Money	1	2	3	4	5	6	7	8	9	10
Increasing Current Income	1	2	3	4	5	6	7	8	9	10
Reducing Current Income Taxes	1	2	3	4	5	6	7	8	9	10
Safety of principal	1	2	3	4	5	6	7	8	9	10
Maximum Investment Return	1	2	3	4	5	6	7	8	9	10
Safety of Retirement Money	1	2	3	4	5	6	7	8	9	10
Safety of Non-Retirement Money	1	2	3	4	5	6	7	8	9	10
Estate Planning	1	2	3	4	5	6	7	8	9	10
Rising Healthcare	1	2	3	4	5	6	7	8	9	10
Long-term Care	1	2	3	4	5	6	7	8	9	10

Please respond with each of your opinions

WHAT DO YOU THINK A **REASONABLE** RATE OF RETURN IS? YOU _____% SPOUSE _____%

HOW MUCH **SHORT TERM**, IMMEDIATE CASH DO YOU WANT AVAILABLE? YOU \$ _____ SPOUSE \$ _____

WHAT PERCENTAGE OF YOUR MONEY ARE YOU COMFORTABLE WITH **AT RISK**? YOU _____% SPOUSE _____%

ON A SCALE OF 1-10, WHAT IS YOUR **RISK TOLERANCE**? *(1= ultra conservative, 10=very aggressive)*

YOU: 1 2 3 4 5 6 7 8 9 10

SPOUSE: 1 2 3 4 5 6 7 8 9 10

WHAT % OR DOLLAR AMT. OF YOUR MONEY WOULD YOU BE **OK** WITH LOSING TO A MARKET DECLINE?

YOU \$ _____ OR _____%

SPOUSE \$ _____ OR _____%

WHAT IS YOUR AVERAGE MONTHLY SPENDING?

YOU \$ _____

SPOUSE \$ _____

WHAT IS THE MAIN CONCERN WITH YOUR MONEY?

YOU: _____

SPOUSE: _____

KNOWING WHAT YOU KNOW NOW, WHAT WOULD YOU HAVE DONE DIFFERENTLY WITH YOUR MONEY?

YOU: _____

SPOUSE: _____

