FINANCIAL & INSURANCE SERVICES, INC.

NEW CLIENT DOCUMENT CHECKLIST

To make the most of our time together, please complete the enclosed client data sheet, Investor Profile Questionnaire and bring them both with you to your scheduled appointment along with the pertinent documents listed below as they pertain to your financial life.

Please Bring These Pertinent Financial Documents

- □ Applicable Investment Property and/or Business Documentation (Income and Expenses)
- □ Insurance Policy Declarations Pages (Home, Auto, Life, LTC, Disability, Medical, etc.)
- □ Retirement Plan Statements (IRA, Roth, 401(k)/PSP, 403(b)/TSA, SEP, SIMPLE, etc.)
- □ Estate Planning Documents (Trusts, Wills, Powers of Attorney, etc.)
- Liability Statements (Mortgages, Credit Cards, Student Loans, etc.)
- □ Social Security Statement(s) can be retrieved at <u>www.ssa.gov</u>
- □ Brokerage, Mutual Fund and/or Money Market Statements
- □ One Form of Identification (Driver's License, Passport, etc.)
- □ Pension Plan Documents (PERS, STRS, FERS, etc.)
- □ Bank, Savings and/or Credit Union Statements
- Most Recently Updated Budget
- Employee Benefits Booklet(s)
- Most Recent Tax Return
- Most Recent Paystub(s)

Electronic PDF copies are welcome for each of the above. If you would like to submit them in advance, we would be happy to establish a secured online vault for you to upload them to. Alternatively, you are welcome to bring original hard-copies to the office, which we will scan in and hand (or mail) back to you; no need to make copies. If you have questions regarding any of the above, please call or email the office in advance of your appointment and we will be happy to walk you through how they may apply to you. We look forward to seeing you.

- Your RedRock Financial Team

RedRock Financial & Insurance Services, Inc.

116 Henshaw Avenue | Chico | CA | 95973



Client		Date Comp	oleted:			FINANCIAL & INSURANCE SERVICES, INC.
Legal Firs	t Name	M.I.	Legal Last Name		Suffix	Nickname
Date of Birth:		Gender:		Social S	ecurity Numbe	er:
Drivers License/I.D.:		State:		Issue Da	ate:	Expiration Date:
Marital Status:		Domestic Pa	rtner:	Previous	Previous Marriages?:	
Birth State:		Citizenship:		Military:		
Home Address:			City:	State:		Zip Code:
Preferred Communication	Method:					
Primary Phone:				Primary	Email:	
Employer Name:				Years Er	mployed:	
Occupation:				Industry	<i>/</i> :	
Employer Address:			City:	State:		Zip Code:
Business Phone:				Business	s Email:	

Co-Client					
Legal First Name	M.I.	Legal Last Name		Suffix	Nickname
Date of Birth:	Gender:		Social Se	ecurity Numbe	er:
Drivers License/I.D.:	State:		Issue Da	ite:	Expiration Date:
Marital Status:	Domestic Par	rtner:	Previous	Marriages?:	
Birth State:	Citizenship:		Military:		
Home Address:		City:	State:		Zip Code:
Preferred Communication Method:					
Primary Phone:			Primary	Email:	
Employer Name:			Years Er	nployed:	
Occupation:			Industry	:	
Employer Address:		City:	State:		Zip Code:
Business Phone:			Business	Email:	

Children					
First Name	M.I.	Last Name	Birth Date	Gender	Social Security #
Spouse's Name:		Special Needs?		From Previous Ma	rriage?
First Name	M.I.	Last Name	Birth Date	Gender	Social Security #
Spouse's Name:		Special Needs?		From Previous Ma	rriage?
First Name	M.I.	Last Name	Birth Date	Gender	Social Security #
Spouse's Name:		Special Needs?		From Previous Ma	I rriage?
First Name	M.I.	Last Name	Birth Date	Gender	Social Security #
Spouse's Name:		Special Needs?		From Previous Ma	rriage?

Grandchildren						
First N	lame	M.I.	Last Name	Birth Date	Gender	Social Security #
						-
First N	lame	M.I.	Last Name	Birth Date	Gender	Social Security #
First N	lame	M.I.	Last Name	Birth Date	Gender	Social Security #
Other Dependents	(Mother, Father, Sibling	, etc.)				

	Enter the letter below that corresponds to the correct range:					
	A. Less Than \$25,000	B. \$25,000 - \$49,999	C.\$50,000 - \$99,999			
	D. \$100,000 - \$249,999	E. \$250,000 - \$499,999	F. \$500,000 - \$749,999			
	G. \$750,000 - \$999,999	H. \$1,000,000 and over				
Financial	Client:	Co-Client:	Joint:			
Annual Income:						
Net Worth:						
Liquid Net Worth:						
Tax Bracket:						

Investment Experience (Number of Years)	Client:	Co-Client:
Annuities:	Years	Years
Mutual Funds:	Years	Years
Partnerships:	Years	Years
Margin:	Years	Years
Stocks:	Years	Years
Bonds:	Years	Years
Options:	Years	Years

Professionals

CPA:	Phone:
Attorney:	Phone:
Insurance Agent:	Phone:
Employer Retirement Account:	Phone:

Trusts & Wills Please attach copies		
Family Trust Name:	Date Trust	Established:
Last Date of Update:		
Will for Client Last Updated:		
Will for Co-Client Last Updated:		
Advanced Health Care Directive Dated:	Client:	Co-Client:
Durable Powers of Attorney for Finances:	Client:	Co-Client:

Investor Profile Questionnaire

Name
Address
Day phone
Evening phone
Email
Financial advisor

T LPL Financial

Investor Profile Questionnaire

Building Your Financial Foundation

The Investor Profile Questionnaire is designed to help you gain an in-depth understanding of your investment objective, which serves as the foundation of your portfolio and guides us in making investment recommendations. Your **investment objective** is based on many factors, including your time horizon, financial goals, and risk tolerance. To build your portfolio, you must clearly define your financial goals. Short-term goals may include buying a house or financing a dream vacation. Long-term goals may include saving for your child's education or planning for your retirement.

Your **time horizon** defines when you hope to achieve a goal. It could be 1 to 5 years, 5 to 10 years, 15 years, 30 years, or more.

Risk is an unavoidable part of investing. Historically, investments with higher return potential have required a higher tolerance for risk. Therefore, by clearly defining your **risk tolerance**, we'll be better prepared to choose the most appropriate investments for your portfolio.

Over time, your goals and financial situation may change. It's important for us to discuss any changes, as your original investment objective may need to be re-evaluated.

Determining Your Investment Objective

This self-scoring questionnaire will help us determine your investment objective. Answer each question by writing the corresponding number in the box to the right of each question, then total the numbers for each section. Fill in the scorecard on the last page to determine your investment objective.

Time Horizon

QUESTION 1

What is your age?

56 and over	1	
46–55	2	
36–45	3	
20–35	4	
20 00		

QUESTION 2

What is your primary financial goal?

Wealth preservation	1
Retirement planning	2
Wealth accumulation	3
	0

QUESTION 3

What is the time frame in which you hope to achieve your financial goals?

0–5 years	.1
5–10 years	.2
10 years or longer	.3

Time Horizon Total

Your score

Financial Goals

QUESTION 4

Which of the following best describes your financial goals?

Preserving principal and earning a moderate amount of current income	1
Generating a high amount of current income	2
Generating some current income and growing assets over an extended time frame	3
Growing assets substantially over an extended time frame	4

QUESTION 5

In five years, how do you expect your standard of living to compare to what it is today?	
Less than it is today	1
The same as it is today	
Somewhat higher than it is today	
Substantially greater than it is today	
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QUESTION 6

Five years from today, you expect your portfolio value to be: Portfolio value is not my primary concern; I am more concerned with current income 1 The same as or slightly more than it is today 2 Greater than it is today 3 Substantially greater than it is today

QUESTION 7

Generating current income from your portfolio is:

A primary concern (only if you are about to retire)	.1
Not important	.2

QUESTION 8

With the income generated from	your portfolio, you plan to:
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Use it for living expenses	1
Use some and reinvest some	2
Reinvest all income	

RiskTolerance

QUESTION 9	
Imagine you've just received a large amount of money. How would you invest it?	
I would invest in something that offered moderate current income and was very conservative	.1
I would invest in something that offered high current income with a moderate amount of risk	.2
I would invest in something that offered high total return (current income plus capital appreciation)	
with a moderately high amount of risk	.3
I would invest in something that offered substantial capital appreciation even though it has	
a high amount of risk	.4

QUESTION 10

Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

I would be very concerned because I can't accept fluctuations in the value of my portfolio	1
If the amount of income I receive was unaffected, it wouldn't bother me.	2
Although I invest for long-term growth, even a temporary decline would concern me	3
Because I invest for long-term growth, I would accept temporary fluctuations due to market influences	4

QUESTION 11

Which of the following investments would you feel most comfortable owning?

Certificates of deposit	1
U.S. Government securities	2
Blue-chip stocks	3
Stocks of new growth companies	

QUESTION 12

Which of the following investments would you least like to own?

Stocks of new growth companies	.1
Blue-chip stocks	
U.S. Government securities	
Certificates of deposit	.4

QUESTION 13

Which of the following investments do you feel are the most ideal for your portfolio?

Certificates of deposit	1
U.S. Government securities	
Blue-chip stocks	3
Stocks of new growth companies	

QUESTION 14

How optimistic are you about the long-term prospects for the economy?	
Very pessimistic	.1
Unsure	
Somewhat optimistic	.3
Very optimistic	
	-

QUESTION 15

Which of the following best describes your attitude about investments outside the U.S.?	
Unsure	1
I believe the U.S. economy and foreign markets are interdependent	2
I believe overseas markets provide attractive investment opportunities.	3

Risk Tolerance Total _____

Your score

Investor Scorecard

Time Horizon Total	x 1 =	
Financial Goals Total	x 2 =	
Risk Tolerance Total	x 3 =	
The total for each section is multiplied by a number that represents the importance of that section when determining your investment objective		

Match your total score with one of the investment objectives listed below. If your score is near the top or bottom of an Adjusted Total Range, you may want to examine the next or previous objective to determine which represents your needs more accurately.

Adjusted Total Range	Investment Objective
34–57	Income with Capital Preservation
58–83	Income with Moderate Growth
84–99	Growth with Income
100–114	Growth
115–125	Aggressive Growth

The investment objectives shown are for illustrative purposes only. Your investment objective is based on many factors including your financial situation, tolerance for risk, time horizon, and other financial needs. Consult your financial advisor if you have any questions.

Income with Capital Preservation	Income with Moderate Growth	Growth with Income	Growth	Aggressive Growth				
INCREASING RISK, VOLATILITY, AND RETURN EXPECTATIONS								
 Need for capital preservation and current income No focus on growth Lowest tolerance for risk Shortest investment horizon 	 Need for current income Moderate focus on growth Low tolerance for risk Short / intermediate investment horizon 	 Equal focus on growth and current income Moderate tolerance for risk Intermediate investment horizon 	 Little need for current income Focus on growth High tolerance for risk Intermediate / long investment horizon 	 No need for current income Focus on aggressive growth Highest tolerance for risk Long investment horizon 				

To the extent you are receiving investment advice from a separately registered independent investment advisor, please note that LPL Financial is not an affiliate of and makes no representation with respect to such entity.

Not FDIC/NCUA Insured Not Bank/Credit Union Guaranteed	May Lose Value	Not Guaranteed by any Government Agency	Not a Bank/Credit Union Deposit
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