Please email or fax the following information at least 3 business days prior to our initial meeting. All information is strictly confidential. Please include your last two tax returns.

Clarity Financial
555 E. Green Meadows Rd., Suite 7
Columbia, MO 65201

Fax 1-800-381-9829
Office 1-573-447-7007
email tim@goclarityfinancial.com

Client 1 name: ___________________ Birth Date: ___________
Client 2 name: ___________________ Birth Date: ___________

YOUR OBJECTIVES **Please list your top 3-5 goals or areas of concern:**

1. ____
2. ____
3. ____
4. ____
5. ____

What motivated you to seek financial advice? (pending retirement, saving for college, inheritance, tax concerns, etc.)

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What are you looking for in a Financial Advisor? ____

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What do you hope to get out of our first meeting? ____

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FINANCIAL SITUATIONS AND OPINIONS

Please rate each statement using a scale of 1–5 (1 = very accurate, 5 = not at all accurate).

		Client 1	Client 2
1.	I have clearly defined goals.	__________	__________
2.	I know how much money I will need to reach my goals.	__________	__________
3.	I am confident that I am saving enough to reach my goals.	__________	__________
4.	(If retired) I am sure I won't outlive my money.	__________	__________
5.	I am certain that I am not under- or over-insured.	__________	__________
6.	I am confident that I have minimized my income taxes.	__________	__________
7.	I feel comfortable with my level of debt.	__________	__________
8.	I know exactly where my money goes each month.	__________	__________
9.	I am saving at least 10% of my income.	__________	__________
10.	I am happy with the home I own.	__________	__________
11.	I have a well-defined investment strategy.	__________	__________
12.	I am confident that my investment expenses are reasonable.	__________	__________
13.	I understand how each of my investments fits into my strategy.	__________	__________
14.	I am sure I reacted appropriately to the recent market declines.	__________	__________
15.	I clearly understand my company retirement plan and other benefits.	__________	__________
16.	I am satisfied with my career path and income.	__________	__________
17.	The various financial aspects of my life are well coordinated.	__________	__________
18.	Money stresses are **not** affecting my personal relationships or me.	__________	__________

ADVISORS

Rate your working relationships with each of the following advisors:

	Dissatisfied		Satisfied		Very Satisfied	Not applicable
Financial Planner	○	○	○	○	○	○
Broker One	○	○	○	○	○	○
Broker Two	○	○	○	○	○	○
Tax Accountant	○	○	○	○	○	○
Accountant (if different)	○	○	○	○	○	○
Attorney	○	○	○	○	○	○
Insurance Agent (life)	○	○	○	○	○	○
Insurance Agent (car/home)	○	○	○	○	○	○

Any comments on these relationships (good or bad):

____

____

____

____

TAXES

Are all Federal, State & Local tax returns up-to-date and filed on time? ☐ Yes ☐ No

Are any of your income tax filings on extension? ☐ Yes ☐ No

Who prepares your tax returns? ☐ CPA or EA ☐ Other paid preparer ☐ Self

INSURANCE

Life Insurance Death Benefits - Term policies only.

	Client 1	Client 2
Employer sponsored	$ ______________________	$ ______________________
Personally owned	$ ______________________	$ ______________________

Other Insurance

Are you covered by the following insurance?	Client 1 Yes	Client 1 No	Client 2 Yes	Client 2 No
Hospitalization, Major Medical, HMO	○	○	○	○
Long- Term Care	○	○	○	○
Short-Term Disability	○	○	○	○
Long-Term Disability	○	○	○	○
Personal Umbrella Liability	○	○	○	○
Professional Liability	○	○	○	○
Automobile	○	○	○	○
Homeowner's or Renter's	○	○	○	○
Medigap/Advantage/other:				

ESTATE PLANNING

	Client 1 Yes	Client 1 No	Client 2 Yes	Client 2 No
Wills				
Do you have a will?	○	○	○	○
If yes, has it been reviewed in the last 3 years?	○	○	○	○
Trusts				
Do you have a revocable trust?	○	○	○	○
If yes, is it funded?	○	○	○	○
Has it been reviewed in the last 3 years?	○	○	○	○
Do you have an irrevocable trust?	○	○	○	○
Has it been reviewed in the last 3 years?	○	○	○	○
Do you have a Durable Power of Attorney?	○	○	○	○
Do you have a Health Care Proxy?	○	○	○	○

Any other estate issues such as a special needs trust or inheritance?

Assets and Liabilities: If you have this information in your own format or would prefer to attach copies of relevant statements, please feel free to do so.

Estimate the value of your financial assets (include safe deposit boxes):

Use fair market value - what you could sell it for to a reasonable buyer

Precious Metals (coins/bullion) $_______________ Jewelry $______________ Artwork $_____________

Other (Home furnishings, collectables, etc.) $________________

Auto 1 $______________

Auto 2 $______________

Auto 3 $______________

Other (Boat, Plane, Motorcycle) $______________

Other Assets: ____

Retirement Assets: (such as 401k, IRA, SIMPLE, Roth, 403b etc.)

Holding Institution	Type of Account	Description	Current Value
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________

Assets held outside of retirement accounts: (Checking, savings, taxable accounts)

Holding Institution	Type of Account	Description	Current Value
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________
________________	______________	_______________________	$_____________

Permanent Life Insurance (such as a Whole Life Policy - do not include term life policies)

Company	Face Value	Cash Value
_________________	_________________	$_____________
_________________	_________________	$_____________

Estimate the value of Real Estate:

Residence $_________________ 2nd Home $__________________ Rental $_________________

Other (farmland, etc) $_________________________

Employee Stock Plans	Client 1 Yes	Client 1 No	Client 2 Yes	Client 2 No	Current Value
Do you participate in a company stock option plan?	○	○	○	○	___________
Do you participate in a company stock purchase plan?	○	○	○	○	___________

LIABILITIES

Credit Cards	Interest Rate*	Average Monthly Payment	Current Balance
______________________	__________%	$____________	$____________
______________________	__________%	$____________	$____________
______________________	__________%	$____________	$____________

**If not paid in full each month*

Loans (mortgages, auto, business, school, other)	Interest Rate	Monthly Payment	Current Balance
______________________	__________%	$____________	$____________
______________________	__________%	$____________	$____________
______________________	__________%	$____________	$____________
______________________	__________%	$____________	$____________
______________________	__________%	$____________	$____________

Other Liabilities:____

____

Other required monthly payments (alimony, child support, judgments, etc.)

____

Have you received a copy of your credit report in the last 6 months?

Client 1 ☐ Yes ☐ No Which Bureau? Not Sure

Client 2 ☐ Yes ☐ No Which Bureau? Not Sure

EMPLOYMENT AND HOUSEHOLD INCOME

Client 1		Client 2	
Client 1 - Occupation	______________	Client 2 - Occupation	______________
Employer:	______________	Employer:	______________
Years with current employer:	______________	Years with current employer:	______________
Anticipated employment changes?	______________	Anticipated employment changes?	______________
Salary:	______________	Salary:	______________
Self-Employment Income:	______________	Self-Employment Income:	______________
Bonus/Commissions:	______________	Bonus/Commissions:	______________
Other Earned Income:	______________	Other Earned Income:	______________
Pension:	______________	Pension:	______________
Social Security Benefits:	______________	Social Security Benefits	______________
Rental Gross __________	Net____________	Rental Gross__________	Net ____________
TOTAL (Current Yr.) =	______________	TOTAL (Current Yr.) =	______________

Clarity Financial, L.L.C.

PRIVACY STATEMENT

As required by Gramm-Leach-Bliley Privacy Act

Clarity Financial has always worked hard to maintain the highest standards of confidentiality and to respect the privacy of our client relationships. In that regard, we are providing this Privacy Statement to all of our individual clients who obtain financial products and services from us for personal, family, or business purposes, in accordance with Title V of the Gramm-Leach-Bliley Act of 1999 and its implementing regulations. This notice supplements any privacy policies or statements that we or our affiliates may provide in connection with specific products or services. As required by law, it will be provided to you in writing on an annual basis.

The Information We Collect About You.

The non-public personal information (your "Information") we collect about you may include information about your personal finances, information about your health to the extent it is needed for the financial planning process, information about transactions between you and third parties, and information from consumer reporting agencies, e.g., credit reports. We use this information to help you meet your personal financial goals.

Our Disclosure Policies.

We do not disclose your Information to anyone, except as permitted by law. This may include sharing your Information with non-affiliated companies that perform support services for your account or process your transactions with us. It may also include sharing your information with our transaction processing and custodial service providers to bring you the full range of services and products available. Additionally, it may include disclosing your information pursuant to your express consent, to fulfill your instructions, or to comply with applicable laws and regulations. Your personal information will never be provided to mailing list vendors or solicitors.

Our Information Security Policies.

We limit access to your Information to those of our employees and service providers who are involved in offering or administering the products or services we offer. We maintain physical, electronic, and procedural safeguards designed to guard your Information. If our relationship ends, we will continue to treat the Information as described in this Privacy Notice.

If for any reason you wish to restrict Clarity Financial from sharing information with any other person or institution, you may ask to "opt out" by writing Clarity Financial, 555 E Green Meadows, Suite 7, Columbia MO 65201 and stating that you do not wish us to share any of your information with any other person or institutions. If you have any questions about these Privacy Policies, if you would like another copy, or if you have any questions regarding your account, please contact us at the above address, call our office at 573-447-7007, or email tim@goclarityfinancial.com.

Sincerely,

Tim Sullivan

Principal Advisor