



By providing the requested information below, you may be offered information regarding the purchase of insurance and investment products.

Hamilton Wealth Advisors offers securities through Hamilton Capital Advisors, LLC, a state-Registered Investment Advisor, both located at 1 Chase Corporate Drive Suite #400 Birmingham, AL 35244 (205) 313-6464.

PERSONAL INFORMATION

Client legal name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Spouse legal name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ If married, anniversary date: \_\_\_\_\_

Client cell phone: \_\_\_\_\_ Spouse cell phone: \_\_\_\_\_

Client email: \_\_\_\_\_ Spouse email: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

EMPLOYER INFORMATION

Client

Employer (last if retired): \_\_\_\_\_

Occupation: \_\_\_\_\_

Business type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Planned retirement date: \_\_\_\_\_

If retired, date: \_\_\_\_\_

Spouse

Employer (last if retired): \_\_\_\_\_

Occupation: \_\_\_\_\_

Business type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Planned retirement date: \_\_\_\_\_

If retired, date: \_\_\_\_\_

# FINANCIAL QUESTIONNAIRE

What are your primary financial concerns (list in order of importance)?

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

What are your primary hobbies or passions?

\_\_\_\_\_

What charities or significant causes are you involved in?

\_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What do you think a reasonable rate of return is? You \_\_\_\_\_ % Spouse \_\_\_\_\_ %
  2. What percentage or dollar amount of your money would you be OK with losing?  
You: \_\_\_\_\_ % \$ \_\_\_\_\_ Spouse: \_\_\_\_\_ % \$ \_\_\_\_\_
  3. What is your risk tolerance on a scale of 1-99? You \_\_\_\_\_ Spouse \_\_\_\_\_
  4. How much short-term, immediate cash do you want available? You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
  5. Please rank the following items from 1-3 based on what is most important to you.  
(1 = most important, 2 = important, 3 = least important)  
Protection from Loss: \_\_\_\_\_ Return: \_\_\_\_\_ Liquidity: \_\_\_\_\_
  6. There are four things you can do with your nest egg. Which two are the most important to you and your spouse?  
\_\_\_\_\_ Spend it \_\_\_\_\_ Purchase financial products with risk of loss to principal  
\_\_\_\_\_ Pass it on to family through inheritance or gifting \_\_\_\_\_ Purchase financial products, including insurance products, without the risk of loss to principal
- Insurance products, including annuities, are intended for retirement or other long-term needs. Guarantees are backed by the financial strength of the issuing company. Annuities are not bank or FDIC insured.*
7. What I REALLY want from my financial professional is:  
You \_\_\_\_\_  
Spouse \_\_\_\_\_

# RISK ASSESSMENT QUESTIONNAIRE

General Information (Please circle the appropriate answer)	Financial Planning Objectives (Rank the following according to your level of concern with 10 being highest)
Do you have a financial advisor?                      Yes      No If yes, what company? _____	Outliving My Money 1   2   3   4   5   6   7   8   9   10
Do you have an attorney?                              Yes      No If yes, who? _____	Cash Flow in Retirement 1   2   3   4   5   6   7   8   9   10
Do you have an accountant?                          Yes      No If yes, who? _____	Reducing Current Income Taxes 1   2   3   4   5   6   7   8   9   10
Do you have a Will?                                      Yes      No	Security – Protection of Principal 1   2   3   4   5   6   7   8   9   10
Do you have a Trust?                                    Yes      No	Growth – Maximum Investment Return 1   2   3   4   5   6   7   8   9   10
Do you want to leave money to your children?    Yes      No	Estate Planning 1   2   3   4   5   6   7   8   9   10
Do you have any income from real estate?        Yes      No	Long-Term Care 1   2   3   4   5   6   7   8   9   10
If you own rentals, do you like being a landlord? Yes      No	Health Care Insurance Costs 1   2   3   4   5   6   7   8   9   10
Do you expect to care for a child or parent?    Yes      No	Inflation 1   2   3   4   5   6   7   8   9   10
Do you have life insurance?                          Yes      No If yes, does it have a cash value? \$ _____	Stock Market Crash 1   2   3   4   5   6   7   8   9   10

# RISK ASSESSMENT QUESTIONNAIRE

The Risk Assessment Questionnaire can help to determine an appropriate mix of financial vehicles for a financial strategy, based on the answers given to the questions below. This page must be completed for compliance purposes.

*(Please only check one box for each question.)*

**Long-Term Goals and Expectations** — Your views of how a financial vehicle should perform over the long term.

---

1. What is your goal for this financial vehicle?

- |  |  |
|--|--|
| <input type="checkbox"/> To grow aggressively  | <input type="checkbox"/> To grow with caution  |
| <input type="checkbox"/> To grow significantly | <input type="checkbox"/> To avoid losing money |
| <input type="checkbox"/> To grow moderately    |  |

2. Suppose the stock market performs poorly over the next decade, what would you expect from this financial vehicle?

- |   |  |
|---|--|
| <input type="checkbox"/> To lose money                  | <input type="checkbox"/> To make a modest gain                                     |
| <input type="checkbox"/> To make very little or nothing | <input type="checkbox"/> To be little affected by what happens in the stock market |
| <input type="checkbox"/> To make out with a little gain |  |

**Short-Term Risk Attitude** — Your attitude toward short-term volatility.

---

3. Which of these statements would best describe your attitude about the next 12 months' performance of this financial vehicle?

- |   |  |
|---|--|
| <input type="checkbox"/> I don't mind if I lose money                     | <input type="checkbox"/> If I suffered a loss of greater than 10 percent I'd get concerned |
| <input type="checkbox"/> I can tolerate a small loss                      | <input type="checkbox"/> I'd have a hard time stomaching any losses                        |
| <input type="checkbox"/> I wouldn't worry about losses in that time frame |  |

## CONCERNS AND OBJECTIVES

Which of the following are your top three concerns?

- |  |   |
|--|---|
| <input type="checkbox"/> Market volatility   | <input type="checkbox"/> Long-term care expenses                      |
| <input type="checkbox"/> Tax efficient strategies                                  | <input type="checkbox"/> Outliving nest egg                           |
| <input type="checkbox"/> Considering retirement and not sure if I/we can afford to | <input type="checkbox"/> Leaving a legacy for loved ones              |
| <input type="checkbox"/> Not having a reliable income plan for retirement          | <input type="checkbox"/> Evaluation of current retirement income plan |

What are your Financial Objectives? (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Income                                | <input type="checkbox"/> Develop a more conservative portfolio | <input type="checkbox"/> Pass Assets to Beneficiaries |
| <input type="checkbox"/> Protect Assets from Market Volatility | <input type="checkbox"/> Reduce Fees                           | <input type="checkbox"/> Reduce Taxes                 |

Other \_\_\_\_\_

# FINANCIAL INFORMATION

Please provide information on all monthly income sources listed below.

**Client**

Monthly salary: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Investments: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

R.M.D.: \$ \_\_\_\_\_

Real Estate: \$ \_\_\_\_\_

Total monthly: \$ \_\_\_\_\_

**Spouse**

Monthly salary: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Investments: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

R.M.D.: \$ \_\_\_\_\_

Real Estate: \$ \_\_\_\_\_

Total monthly: \$ \_\_\_\_\_

Are you comfortable with your current cash flow?  Yes  No

What are your current monthly living expenses? \$ \_\_\_\_\_

# IRA BENEFICIARIES ANALYSIS

Please complete the following form with the IRA owner's name, date of birth and approximate balance of all IRAs (including 401(k), 403(b), 457 and TSA). List the beneficiaries by name, relationship and age.

**BENEFICIARIES**

Name:	Date of birth:	Relationship:	Percentage
			%
			%
			%
			%
			%
			%

# ASSET INFORMATION

## AMOUNTS IN BANKS, CREDIT UNIONS AND SAVINGS & LOANS (NON-IRA) (i.e., checking, savings and money market)

Name of Institution	Type of account:	Maturity date:	Interest rate:	Approximate balance:
1.				\$
2.				\$
3.				\$
			Total	\$

---

## IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS (Please bring in your latest reports/statements)

Account Type & Location (i.e., bank, broker, employer, etc.)	Type: (i.e., 401(k), IRA, TSA, etc.)	Approximate market value:
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
	Total	\$

---

## NON QUALIFIED / INVESTMENT ACCOUNTS (Where you hold the certificates yourself)

Name of stock or bond:	Number of shares:	Approximate market value:
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
	Total	\$

# ASSET INFORMATION

## LIFE INSURANCE (Please bring in policies and latest statements)

Company	Name of insured:	Type of insurance (whole life, term):	Death Benefit:	Loan against?:
1.			\$	\$
2.			\$	\$
3.			\$	\$
		Total	\$	\$

## OTHER ASSETS

1.	\$
2.	\$
3.	\$
Total	\$

## RESIDENCE & OTHER REAL ESTATE OWNED (Use another sheet if more space is needed)

Property address:	Original cost:	Approx. value:	Debt:	Net Cash Flow:
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

