



Confidential Client Checklist

Client Name(s): _____

Date Due: _____

Ameriprise[®] Financial Planning Service

You have dreams, you need a plan.
Get started.

Get started

Gathering your financial information is a critical step in the financial planning process. Together, we'll take a closer look at the numbers, never losing focus of your goals and dreams, to create a personalized plan of action.

Gather the documents listed below. If you're collecting information for two people, be sure to gather documents for each individual, when relevant.

- If you can't locate a document, complete the corresponding section referenced below. Providing the requested documents will minimize the amount of information you must complete.
- If a requested document is not relevant to your situation, please indicate that in the last column.

If you are able to gather all of the applicable documents, you need to complete only pages 3 through 8 and Your family tree on page 12.

| Documents gathered | Description of documents to gather | If document is not available, complete section as noted | Doesn't apply to my current situation |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Your accounts (non-Ameriprise) | Current statements and beneficiaries of your assets, such as: <ul style="list-style-type: none"> • Savings and checking accounts • 529 • 401(k), 403(b), pension • IRA and Roth IRA • Brokerage account • Mutual funds and bonds • Stock options and RSAs • Health savings account | <input type="checkbox"/> Complete the Your accounts section on page 8 | <input type="checkbox"/> |
| <input type="checkbox"/> What you owe | Current statements of all of your liabilities, such as: <ul style="list-style-type: none"> • Mortgage • Home equity loans • Car loans • Credit cards • Student loans • Individual margin loans | <input type="checkbox"/> Complete the What you owe section on page 9 | <input type="checkbox"/> |
| <input type="checkbox"/> Your income | <ul style="list-style-type: none"> • <i>If employed</i>, two recent paycheck stubs and any bonus/incentive program information; annual Social Security benefits statement • <i>If self-employed</i>, Schedule C or F • <i>If retired</i>, deposit statements from Social Security or scheduled payouts from retirement accounts | <input type="checkbox"/> Complete the Your income section on page 9 | <input type="checkbox"/> |
| <input type="checkbox"/> Your defined benefit pensions | <ul style="list-style-type: none"> • Pension statements | <input type="checkbox"/> Complete the Your defined benefit pensions section on page 9 | <input type="checkbox"/> |
| <input type="checkbox"/> Your insurance policies | <ul style="list-style-type: none"> • Insurance policies (e.g., life, disability, long-term care, medical) • Statements for other policies (e.g., errors and omissions, key person, commercial liability, malpractice) | <input type="checkbox"/> Complete the Your insurance policies section on pages 10 and 11 | <input type="checkbox"/> |
| <input type="checkbox"/> Your estate documents | <ul style="list-style-type: none"> • Wills, trusts, power of attorney and health-care directives • Titles/deeds • Prenuptial agreements and divorce decrees, if applicable | <input type="checkbox"/> Complete the Your estate documents section on page 11 | <input type="checkbox"/> |
| <input type="checkbox"/> Your tax documents | <ul style="list-style-type: none"> • Most recent tax return, including all schedules and any state and city returns, if applicable (e.g., Schedules C, F or E) • Most recent W-2s | N/A — refer to list in the Description column for requested documents | <input type="checkbox"/> |
| <input type="checkbox"/> Your employee benefits | <ul style="list-style-type: none"> • Employee benefits handbook or summary of employee benefits • Employee benefits statement or enrollment confirmation • Summary plan descriptions (SPDs) for retirement plans | N/A — refer to list in the Description column for requested documents | <input type="checkbox"/> |
| <input type="checkbox"/> Life events | <ul style="list-style-type: none"> • Information on unique financial events or situations (e.g., major purchase, expected inheritance) | N/A | <input type="checkbox"/> |

Your profile*

Client

Name _____

Nickname _____

Honorific: Mr. Mrs. Miss Ms. Dr.

Citizenship: U.S. Resident alien
 Non-resident alien; Country: _____

Date of birth _____

State of birth _____

Driver's license number _____

Driver's license state _____

Street address _____

City _____ State _____ Zip _____

Phone (H) _____

Phone (W) _____

Phone (C) _____

Email address (H) _____

Email address (W) _____

How do you prefer to be contacted? _____

Employment status: Employed Self-employed
 Not employed (unemployed, retired,
student, minor)

Occupation _____

Investment experience: 0 – 5 years 6 – 10 years
 11+ years

Tax filing status: Single Head of household
 Married filing jointly Married filing separately

Co-client

Name _____

Nickname _____

Honorific: Mr. Mrs. Miss Ms. Dr.

Citizenship: U.S. Resident alien
 Non-resident alien; Country: _____

Date of birth _____

State of birth _____

Driver's license number _____

Driver's license state _____

Street address _____

City _____ State _____ Zip _____

Phone (H) _____

Phone (W) _____

Phone (C) _____

Email address (H) _____

Email address (W) _____

How do you prefer to be contacted? _____

Employment status: Employed Self-employed
 Not employed (unemployed, retired,
student, minor)

Occupation _____

Investment experience: 0 – 5 years 6 – 10 years
 11+ years

Tax filing status: Single Head of household
 Married filing jointly Married filing separately

*This information will not be used without your permission.

Dependents

| Name | Date of birth | Relationship |
|------|---------------|--------------|
| | | |
| | | |
| | | |
| | | |

Other professionals

| Profession | Name | Phone/Email |
|-------------------------------------------------------------------------|------|-------------|
| Attorney (e.g., estate planning, business) | | |
| Insurance agent (e.g., auto, home, umbrella) | | |
| Accountant | | |
| Tax preparer/professional | | |
| Professional trustee | | |
| Employee benefits contacts (e.g., HR administrator, group insurance) | | |
| Retirement plan administrator (e.g., 401(k), 403(b), pension) | | |
| Investment broker | | |
| Other financial professionals | | |
| Other professionals | | |

Your risk tolerance for your financial goals

Your tolerance for assuming risk is one of the most important aspects of planning to achieve your financial goals. It refers to the degree to which you are willing to invest, recognizing the possibility that an investment may lose value or yield less than its anticipated return. We'll use this information to make plan recommendations based on your goals and time frame. As you take action on your plan, we'll also look at the risk level within each of your accounts, as your risk tolerance may vary based on your specific goals and expectations for each unique account.

| Risk tolerance category | Description |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conservative | I am willing to accept the lowest return potential in exchange for the lowest potential fluctuation in my account value even if it may not keep pace with inflation. |
| Moderately conservative | I am willing to accept a relatively low return potential in exchange for relatively low fluctuation in account value. |
| Moderate | I am willing to accept a moderate return potential in exchange for some fluctuation in account value. |
| Moderately aggressive | I am seeking a relatively high return potential and am willing to accept a relatively high fluctuation and potentially substantial loss in my account value. |
| Aggressive | I am seeking the highest return potential and am willing to accept the highest fluctuation and could lose most or all of my account value. |

Risk tolerance for <client first>

Risk tolerance for client

Category _____

If you were to lean toward one category, which would it be — more conservative or more aggressive?

Risk tolerance for <co-client first>

Risk tolerance for co-client

Category _____

If you were to lean toward one category, which would it be — more conservative or more aggressive?

Risk tolerance for joint goals

Risk tolerance for joint goals

(if applicable)

Category _____

If you were to lean toward one category, which would it be — more conservative or more aggressive?

List any goals for which your risk tolerance may be different than noted above (e.g., short-term goals such as funding education, saving for a large purchase, establishing an emergency fund).

What you spend

Gaining insight into your expenses will help identify the means necessary to plan to achieve your financial goals. Together, we'll determine the right approach for your situation.

Option 1

- Estimated monthly expenses, excluding expenses elsewhere on this form (e.g., loan payments, mortgage payments, insurance premiums and real estate taxes) OR \$
- Funds remaining following payment of all expenses \$

Option 2

- Itemized expenses

Complete the following detail to get more information about your expenses or provide reports from software such as Quicken, QuickBooks or Excel.

| Category | Amount | Frequency (annually 1x, semi-annually 2x, quarterly 4x, bi-monthly 6x, monthly 12x, twice monthly 24x, bi-weekly 26x, weekly 52x, daily 365x, lump sum) |
|--------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Housing | | |
| Association fees (townhome, condo) | \$ | |
| Rent | \$ | |
| Utilities (electric, gas, water, etc.) | \$ | |
| Internet/cable/satellite TV | \$ | |
| Home improvement | \$ | |
| Home maintenance/repairs | \$ | |
| Lawn or snow services | \$ | |
| Housekeeping | \$ | |
| Food | | |
| Groceries | \$ | |
| Dining out | \$ | |
| Medical expenses | | |
| Medicare/Medigap premiums (for retirees) | \$ | |
| Medical expenses | \$ | |
| Prescriptions | \$ | |
| Alternative medical treatments (chiropractor, massage, etc.) | \$ | |
| Transportation | | |
| Auto lease — Auto 1 | \$ | |
| Auto lease — Auto 2 | \$ | |
| Fuel | \$ | |
| Auto maintenance (oil changes, repairs, etc.) | \$ | |
| Auto licensing (license plates, vehicle tax) | \$ | |
| Parking/tolls/bus/taxi | \$ | |
| Future/replacement vehicle (Note: also specify the Start and End dates in the Frequency section) | \$ | Frequency Start date End date |

| Category | Amount | Frequency (annually 1x, semi-annually 2x, quarterly 4x, bi-monthly 6x, monthly 12x, twice monthly 24x, bi-weekly 26x, weekly 52x, daily 365x, lump sum) |
|----------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|----------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------|----|--|
| Entertainment | | |
| Hobbies | \$ | |
| Children's activities | \$ | |
| Recreation | \$ | |
| Tickets (music, movies, events, etc.) | \$ | |
| Travel | \$ | |
| Other entertainment | \$ | |

| | | |
|------------------------------------------------------------------------------------------------------|----|---------------------------------------------------|
| Personal | | |
| Education costs (Note: also specify the Start and End dates in the Frequency section) | \$ | Frequency Start date End date..... |
| Dependent care/in-home care (Note: also specify the Start and End dates in the Frequency section) | \$ | Frequency Start date End date..... |
| Financial planning services | \$ | |
| Professional services (tax preparation services, attorney fees, etc.) | \$ | |
| Clothing | \$ | |
| Phone(s) | \$ | |
| Home decor/furnishings | \$ | |
| Household supplies (Target, Costco, Walmart, etc.) | \$ | |
| Personal care (hair care, spa, dry cleaning, etc.) | \$ | |
| Gifts to charities | \$ | |
| Gifts to family and others | \$ | |
| Allowances | \$ | |
| Memberships and dues (e.g., gym, clubs, professional) | \$ | |
| Subscriptions | \$ | |
| Unreimbursed employment expense | \$ | |
| Miscellaneous | \$ | |

| | | |
|------------------------------------------|----|--|
| Other expenses | | |
| Alimony | \$ | |
| Child support | \$ | |
| Pet care (vet, grooming, pet food, etc.) | \$ | |
| Other: | \$ | |
| Other: | \$ | |
| Other: | \$ | |
| Other: | \$ | |
| Other: | \$ | |
| Other: | \$ | |

Your financial information

Your personal property

Understanding what you own helps identify estate and protection planning needs, and helps determine your net worth.

| Asset type (Home, vacation property, rental property, autos, boats, jewelry, artwork or other collections of value, etc.) | Estimated value | Ownership (Name, jointly-held or Trust) |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------|
| Home Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N | \$ \$ (tax amount) | |
| Second home Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N | \$ \$ (tax amount) | |
| Vacation property Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N | \$ \$ (tax amount) | |
| Investment or rental property Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N | \$ \$ (tax amount) | |
| Auto 1 | \$ | |
| Auto 2 | \$ | |
| Business | \$ | |
| | \$ | |

REMINDER: If you gathered all of your statements, policies, etc., shown on page 2, you do not need to complete pages 8 (Your accounts section) through 11.

Your accounts

Understanding all of your cash and investment accounts helps in planning to meet your goals.

| Name (Banks, brokerage firms, etc.) | Account type (Checking, savings, 529, 401(k), IRAs, brokerage, mutual fund, bond, annuities, etc.) | Ownership (Name, jointly-held or Trust) | Current value | Basis, if known | Savings amount and frequency (e.g., \$200 bi-weekly) | Primary beneficiary name (If applicable) |
|----------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|-----------------|---------------------------------------------------------|---------------------------------------------|
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |

Does your employer provide a company match to your retirement plan? **Client:** Y N **Co-client:** Y N
If yes, please indicate the annual employer match:

Client: % of salary OR \$ OR Employer formula*

Co-client: % of salary OR \$ OR Employer formula*

*Employer formula (e.g., 3% the company matches 100%, the 4th and 5th% the company will match 50%).

What you owe

Understanding your liabilities helps identify cash flow opportunities.

| Lender name | Liability (Mortgage, home equity loan, auto loan, credit card, student loan, individual margin loan, etc.) | Balance | Interest rate | Average monthly payment | Ownership (Name, jointly-held or Trust) |
|-------------|---------------------------------------------------------------------------------------------------------------|---------|---------------|-------------------------|--------------------------------------------|
| | Mortgage (principal and interest only) | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |
| | | \$ | % | \$ | |

Your income

Understanding your income identifies resources to help meet your goals.

If employed: Do you want to include Social Security benefits in your plan? Y N

| Source (Employment [2 consecutive paystubs is ideal], self-employment, bonus and/or incentives, child support, alimony, rental, estimated or current Social Security, pension, etc.) | Name of client | Annual gross amount | Expected end date for income (e.g., at retirement, consulting end date) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|----------------------------------------------------------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Your defined benefit pensions

Understanding your defined benefit pensions helps identify resources to help meet your goals.

| Name | Benefits start age or date | Estimated benefit amount | Payout options |
|------|----------------------------|-----------------------------|---------------------------------------------------------------------------|
| | | \$..... or% of salary | <input type="checkbox"/> Lump sum <input type="checkbox"/> Life income |
| | | \$..... or% of salary | <input type="checkbox"/> Lump sum <input type="checkbox"/> Life income |

For the payout, what % is payable to the survivor? %

Are the benefits adjusted for inflation? Y N

Are the benefits vested? Y N

Do you have a pension plan with a previous employer with a lump sum distribution option? Y N

Your insurance policies

Understanding your insurance coverage helps assess how you are currently protected against the unexpected.

Life insurance

| Insured name | Policy type/name (whole life, variable, universal or term) | Death benefit amount | Primary beneficiary name (if applicable) | Premium and frequency (e.g., \$22 bi-weekly) | Policy owner (Name, jointly-held or Trust) | Cash value (for whole life, variable or universal policies only) |
|--------------|---------------------------------------------------------------|----------------------|---------------------------------------------|-------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| | | \$ | | \$ | | \$ |
| | | \$ | | \$ | | \$ |
| | | \$ | | \$ | | \$ |
| | | \$ | | \$ | | \$ |
| | | \$ | | \$ | | \$ |
| | | \$ | | \$ | | \$ |

Disability insurance

| Insured name | Policy type/name (group or individual short-term, group or individual long-term) | Disability benefit amount (e.g., \$2,000 monthly) | Premium and frequency (e.g., \$10 bi-weekly) | Policy owner (Name, jointly-held or Trust) | Waiting period (e.g., 90 days) | Benefit period (e.g., 5 years) |
|--------------|-------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-----------------------------------|-----------------------------------|
| | | \$ | \$ | | | |
| | | \$ | \$ | | | |
| | | \$ | \$ | | | |
| | | \$ | \$ | | | |
| | | \$ | \$ | | | |

Long-term care (LTC) insurance

| Insured name | Policy type/name (group or individual) | LTC benefit amount (e.g., \$150 daily) | Premium and frequency (e.g., \$10 bi-weekly) | Waiting period (e.g., 90 days) | Benefit period (e.g., 5 years) |
|--------------|-------------------------------------------|-------------------------------------------|-------------------------------------------------|-----------------------------------|-----------------------------------|
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |

Medical insurance

| Insured family members | Policy type/name (group or individual) | Type of coverage (medical, dental, vision) | Premium and frequency (e.g., \$50 bi-weekly) | Deductible |
|------------------------|-------------------------------------------|-----------------------------------------------|-------------------------------------------------|------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

Auto, home/rental, umbrella insurance

| Type of coverage (auto, home, rental, umbrella) | Coverage amount | Premium and frequency (e.g., \$1,500 annually) | Deductible | Policy owner |
|----------------------------------------------------|-----------------|---------------------------------------------------|------------|--------------|
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

Other policies (e.g., business owner/professional)

| Insured name | Type of coverage (errors and omissions, key person, commercial liability, malpractice) | Coverage amount | Premium and frequency (e.g., \$1,500 annually) | Deductible | Policy owner |
|--------------|-------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|------------|--------------|
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |

Your estate documents

Understanding your basic estate situation helps ensure your intentions are realized in the event you are unable to make decisions. Please indicate when these estate documents were created or last updated.

| Document types | Date created/updated for client (month/year) | Date created/updated for co-client (month/year) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| Will <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Health-care directive/living will <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Power of attorney <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Trust(s) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please indicate the type (e.g. family, charitable remainder, marital testamentary) | | |
| Other: | | |
| Other: | | |
| Other: | | |
| Other: | | |
| Other: | | |

Describe any current estate planning strategies (e.g., trusts, bequests, gifting).

Your family tree

Understanding the members of your family is valuable to identify multigenerational needs and to simplify estate settlement processes.

Will you need to provide financial support for any family members with special needs?

Y N If yes, which family member(s)? _____

| Parents | | Parents | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mother's name D.O.B. or age | Father's name D.O.B. or age | Mother's name D.O.B. or age | Father's name D.O.B. or age |
| Siblings ← Client | | Co-client → Siblings | |
| Name D.O.B. or age | Name D.O.B. or age | Name D.O.B. or age | Name D.O.B. or age |
| Name D.O.B. or age | Children | | Name D.O.B. or age |
| Name D.O.B. or age | Name D.O.B. or age Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age |
| Name D.O.B. or age | Name D.O.B. or age Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age |
| Grandchildren | | | |
| Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint |
| Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint | Name D.O.B. or age Grandchild of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint Child of: <input type="checkbox"/> Client <input type="checkbox"/> Co-client <input type="checkbox"/> Joint |