



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 OR	<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 OR	<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 OR	<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 OR	<input type="checkbox"/>
<input type="checkbox"/> Your insurance policies (non-RiverSource)	<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 OR	<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 OR	<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 OR	<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 OR	<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 OR	<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	<p>My risk expectations: I am willing to accept the lowest fluctuation in account value in exchange for the lowest return potential. <i>For example:</i> I am comfortable with an exposure of up to 35% in equities and understand this portfolio could experience a decline in value of 16%*.</p>
Moderately conservative	<p>My risk expectations: I am willing to accept a relatively low fluctuation in account value in exchange for a below-average return potential. <i>For example:</i> I am comfortable with an exposure of up to 55% in equities and understand this portfolio could experience a decline in value of 23%*.</p>
Moderate	<p>My risk expectations: I am willing to accept an average fluctuation in account value in exchange for an average return potential. <i>For example:</i> I am comfortable with an exposure of up to 75% in equities and understand this portfolio could experience a decline in value of 31%*.</p>
Moderately aggressive	<p>My risk expectations: I am willing to accept a relatively high fluctuation in account value in exchange for a relatively high return potential. <i>For example:</i> I am comfortable with an exposure of up to 90% in equities and understand this portfolio could experience a decline in value of 37%*.</p>
Aggressive	<p>My risk expectations: I am willing to accept the highest fluctuation in account value in exchange for the highest return potential. <i>For example:</i> I am comfortable with an exposure of up to 100% in equities and understand this portfolio could experience a decline in value of 41%*.</p>

*Under extreme market conditions declines may exceed this amount.

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

Category _____

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

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)
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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%).
 8

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			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 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