

Client Information

The purpose of this questionnaire is to help gather data required by the regulatory agencies to establish an investment account and to generate an assessment of your financial situation. The information you provide in this questionnaire will assist us in making sound recommendations with confidence. All information is strictly confidential.

Full Name _____ Nickname _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/_____
Birth Place _____ Country of Citizenship _____
Residency: US Citizen Resident Alien Non-Resident Alien

Mailing Address

Street _____ How long? _____
City _____ State _____ Zip _____

Account Address

Street (No P.O. Boxes) _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Business/Cell Phone _____ - _____ - _____
Preferred Email _____

Marital Status: Single Married Divorced # Dependents: _____
 Widowed Domestic Partner

Name to Appear on Reports _____

Client ID Verified: Yes No ID Type _____ ID Place of Issuance _____
ID Number _____ ID Issue Date ____/____/____ ID Exp Date ____/____/____

Employer Name _____ How long? _____

Street Address (No P.O. Boxes) _____
City _____ State _____ Zip _____

Occupation _____ Industry _____

Est. Social Security Benefits* None Earnings Based Maximum Benefit

*This is used to estimate future Social Security benefits. If not eligible for Social Security or if Social Security benefits are not to be considered or if you are already receiving benefits, check "None". If Social Security is to be considered in the analysis, and benefits should be calculated based on current earnings, check "Earnings Based". If you are eligible for maximum Social Security benefits (i.e. current or past earnings consistently above the Social Security wage base), check "Maximum Benefit".

Financial Care Providers® ● Angela R. Rehkop ChFC®, CFP®

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Securities offered through Geneos Wealth Management, Inc. Member FINRA/SIPC. Advisory services offered through Capital Asset Advisory Services, LLC, a Registered Investment Advisor.

Spouse or Secondary information

Full Name _____ Nickname _____
 Social Security Number ____ - ____ - _____ Date of Birth ____ / ____ / ____
 Birth Place _____ Country of Citizenship _____
 Residency: US Citizen Resident Alien Non-Resident Alien
 Home Phone ____ - ____ - _____ Business/Cell Phone ____ - ____ - _____
 Preferred Email _____

Marital Status: Single Married Divorced # Dependents _____
 Widowed Domestic Partner

Client ID Verified: Yes No ID Type _____ ID Place of Issuance ____
 ID Number _____ ID Issue Date ____ / ____ / ____ ID Exp Date ____ / ____ / ____

Employer Name _____
 Street Address (No P.O. Boxes) _____
 City _____ State _____ Zip _____
 Occupation _____ Industry _____
 Est. Social Security Benefits* None Earnings Based Maximum Benefit

*This is used to estimate future Social Security benefits. If not eligible for Social Security or if Social Security benefits are not to be considered or if you are already receiving benefits, check "None". If Social Security is to be considered in the analysis, and benefits should be calculated based on current earnings, check "Earnings Based". If you are eligible for maximum Social Security benefits (i.e. current or past earnings consistently above the Social Security wage base), check "Maximum Benefit".

Dependents

First Name	Date of Birth	Dependent of	
		Client A	Client B
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Pets

First Name	Date of Birth	Dependent of	
		Client A	Client B
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Yes	No
Do you have a clause for pets in your will?		<input type="checkbox"/>	<input type="checkbox"/>

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Income

Income Client A	Monthly*	Annual
Salary	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Other	\$ _____	\$ _____
Income Client B	Monthly*	Annual
Salary	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Other	\$ _____	\$ _____
Income Taxes Client A & B	Monthly*	Annual
Salary	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____

*If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

Direct Income Sources	Monthly*	Annual
Social Security	\$ _____	\$ _____
Defined Benefit Pension	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Lump-Sum	\$ _____	\$ _____

Expenses

How much, per month does it take to operate your home comfortably?
\$ _____

Savings

How much do you save systematically each month? \$ _____

For what purpose? _____

How much could you afford to save each month to meet your goals?
\$ _____

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Assets

*Attach additional sheet if needed

<i>Description</i>	<i>Owner</i>	<i>Value</i>	<i>Liability</i>	<i>Mo. Addition</i>
Bank Accounts				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Investment Accounts				
*Please provide current statements				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Qualified Retirement Accounts – 401(k), IRA, Pension, etc.				
*Please provide current statements				
<u>401(k)</u>	_____	\$ _____	\$ _____	\$ _____
		Company match % _____	or \$ _____	
<u>401(k)</u>	_____	\$ _____	\$ _____	\$ _____
		Company match % _____	or \$ _____	
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Annuities				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Residence				
_____	_____	\$ _____	\$ _____	\$ _____
	Mortgage	Int Rate _____ %	Term _____	Pmt. \$ _____
Personal Property				
_____	_____	\$ _____	\$ _____	\$ _____
Real Estate				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Other Assets				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Other Liabilities				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

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Insurance

*Please bring policy and/or current statements.

Company	Owner	Insured	Face Amt	Premium	Beneficiary
Life Insurance					
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
Disability					
_____	_____	_____	\$ _____	\$ _____	_____
Long Term Care					
_____	_____	_____	\$ _____	\$ _____	_____

	Policy Name	Policy Benefit	Annual Premium
Umbrella Liability	_____	_____	\$ _____
Home Owners	_____	_____	\$ _____
Medical	_____	_____	\$ _____
Auto	_____	_____	\$ _____

Survivor Needs

Client A's Death Today

Client B's Age Today	Monthly Need	Client B's Earnings
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Liabilities to pay off – Mortgage / College Funding / _____
 Lump-Sum Funding _____

Increase need annually by _____% Assumed Rate of Return _____%
 Retain Principle? Yes / No Age to begin Social Security _____

Client B's Death Today

Client A's Age Today	Monthly Need	Client A's Earnings
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Liabilities to pay off – Mortgage / College Funding / _____
 Lump-Sum Funding _____

Increase need annually by _____% Assumed Rate of Return _____%
 Retain Principle? Yes / No Age to begin Social Security _____

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Financial Independence Needs

	Client A	Client B	Monthly Need
Retirement Begins	Age _____	Age _____	\$ _____
Needs Change	Age _____	Age _____	\$ _____
Needs Change	Age _____	Age _____	\$ _____
Include Social Security at	Age _____	Age _____	
*Please provide statement	Amt \$ _____	Amt\$ _____	
Life Expectancy	Age _____	Age _____	
Increase need annually by _____%		Assumed Rate of Return _____%	
Retain Principle? Yes / No			

Estate Planning

Do you have:

Client A

- Will / Living Will – if so what state was it drafted in? _____
Date Drafted _____
- Power of Attorney
- Durable Power of Attorney
- Health Care Power of Attorney
- Trusts
- Are you the grantor or trustee of any trust?
- Are you the beneficiary of any trust?

*Please provide documents.

Client B

- Will / Living Will – if so what state was it drafted in? _____
Date Drafted _____
- Power of Attorney
- Durable Power of Attorney
- Health Care Power of Attorney
- Trusts
- Are you the grantor or trustee of any trust?
- Are you the beneficiary of any trust?

*Please provide documents.

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Financial Information and Experience

Enter the letter that corresponds to the correct range:

Client Annual Income? _____
 Spouse Annual Income? _____
 Liquid Net Worth*? _____
 Net Worth? (excl. home) _____

A. Less than \$25,000	E. \$250,000 - \$499,999
B. \$25,000 - \$49,999	F. \$500,000 - \$749,999
C. \$50,000 - \$99,999	G. \$750,000 - \$999,999
D. \$100,000 - \$249,999	H. \$1,000,000 and over

*Liquid Net Worth is exclusive of Real Estate; only include assets that can be liquidated within 30 days.

Investment Experience (number of years): _____
 Annuities _____ Mutual Funds _____ Partnerships _____ Margin _____
 Stocks _____ Bonds _____ Options _____
 Other (please specify): _____

Investment Objective

- A. Income with Capital Preservation.** Designed as a longer term accumulation account, this is the most conservative investment objective. Emphasis is placed on generation of current income and prevention of capital loss.
- B. Income with Moderate Growth.** Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth and Income.** Emphasis is placed on modest capital growth with some focus on generation of current income.
- D. Growth.** Emphasis is placed on achieving high long term growth and capital appreciation. There is little focus on current income.
- E. Aggressive Growth.** Emphasis is on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- F. Trading.** Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: if you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Risk Tolerance Questionnaire

Risk You Can Accept	<i>Not at all</i>	<i>Moderately important</i>	<i>Very important</i>
1. How important is capital preservation?	1	2 3 4 5 6	7 8 9
2. How important is growth?	1	2 3 4 5 6	7 8 9
3. How important is low volatility?	1	2 3 4 5 6	7 8 9
4. How important is inflation protection?	1	2 3 4 5 6	7 8 9
5. How important is current cash flow?	1	2 3 4 5 6	7 8 9
6. How much risk are you willing to take to achieve a higher return?	1	2 3 4 5 6	7 8 9

Risk tolerance is an investor's general ability to withstand risk inherent in investing. The advisor uses their own experience and subjective evaluation of your answers to help determine your risk tolerance. There is no guarantee that the risk assessment questionnaire will accurately assess your tolerance to risk. In addition, there is no guarantee that the asset mix appropriately reflects your ability to withstand investment risk.

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What Concerns you the most?

- | | | |
|--------------------------|----------------------|--|
| <input type="checkbox"/> | Retirement | Assess how your current retirement strategy will meet your objectives. |
| <input type="checkbox"/> | Education | Find out the cost of education and alternative methods of funding. |
| <input type="checkbox"/> | Accumulation | Examine monies needed for emergencies, vacation, etc. |
| <input type="checkbox"/> | Survivor Needs | Examine the financial impact of death, both immediate and continuing income needs. |
| <input type="checkbox"/> | Disability Income | Assess the financial effect of disability on your income. |
| <input type="checkbox"/> | Long-Term Care | Evaluate the impact of long-term care on your retirement plans. |
| <input type="checkbox"/> | Risk Tolerance | Assess your risk tolerance in relation to your asset strategy. |
| <input type="checkbox"/> | Asset Allocation | Determine if your current asset allocation makes the most sense for your risk tolerance and goals. |
| <input type="checkbox"/> | Financial Statements | Determine your Net Worth. |

Percentage of Net Worth

Real Estate ____% Mutual Funds ____% Insurance ____%

Checking/Saving ____% Annuities ____% Equities ____%

Alternative Investments ____% Bonds ____%

Other ____% if other _____

What is your investment time horizon?

- 1-3 years 3-5 years 5-10 years More than 10 years

Do you have liquidity needs? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

If yes, specify the approximate dollar amount for the time range indicated above \$ _____

Neither Asset Allocation nor Diversification guarantee a profit or protect against a loss in declining market. They are methods used to help manage investment risk.

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What is your biggest concern or weakness of what you are currently doing?

If we were to meet here three years from today – and you were to look back over those three years to today – what has to have happened during that period, both personally and professionally, for you to feel happy about your progress?

What Bucket List items would you like included in your Financial Profile?

Thank you for time and attention while completing the questionnaire. The information you provide will assist us in making sound recommendations with confidence. We Do you have any suggestions on how to improve on the data gathering process?

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