

CONFIDENTIAL

PERSONAL & FINANCIAL

PROFILE

FUSCO FINANCIAL



ASSOCIATES, INC.

Wealth Management

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A Registered Investment Advisory Firm

Securities offered through LPL Financial

Member FINRA/SIPC

BEFORE BEGINNING ...

At Fusco Financial Associates, we are committed to helping our clients plan for their financial security.

We believe building solid relationships and a comprehensive approach are the keys to achieving financial independence. We help you develop strategies that are consistent with your goals, and provide independent investment advice and active portfolio management.

Please complete this financial profile as thoroughly and accurately as possible. We rely on the information you provide to prepare a comprehensive financial analysis. If you have any questions when completing this packet, please do not hesitate to call our office for help.

Also, it is very important to include copies of the following, if possible, when returning the packet to us:

- 1) Most current tax return
- 2) Copies of any investment/brokerage statements
- 3) Copies of any retirement plan statements
- 4) Any other information you feel is pertinent to your financial situation.

Just as you would interview us for a long-term relationship, we will evaluate the information you provide to determine how our services fit your needs and objectives. For our existing clients' benefit, we will accept only a limited number of new clients every year. We have established minimum criteria for new clients so that we can continue to provide the highest level of service possible for everyone.

Thank you very much for your interest in Fusco Financial Associates. Please know that all personal and financial information is treated with strict confidentiality whether or not you become a client. Feel free to contact our office at (410) 296-5400, or toll free at (800) 810-6650 with any questions you might have. Your call would be most welcome.

CLIENT INFORMATION

Client's Name

Date of Birth: _____

Employer _____ Position/ Title _____

Work Address _____

Business Phone _____ Cell Phone _____

Work E-Mail _____ Smoker: Yes or No

Spouse's Name

Date of Birth: _____

Employer _____ Position/ Title _____

Work Address _____

Business Phone _____ Cell Phone _____

Work E-Mail _____ Smoker: Yes or No

Home Address _____

Home Phone _____ Home E-Mail _____

Name of Child	Date of Birth	Estimated Cost (Today's \$)	Number of Years

PLANNING INFORMATION

Does the *Client* have a will? Yes or No Last updated _____Does the *Client* have a Durable Power of Attorney? Yes or No Last updated _____Does the *Spouse* have a will? Yes or No Last updated _____Does the *Spouse* have a Durable Power of Attorney? Yes or No Last updated _____

Do you currently work with a Tax Professional? Yes or No

If so, which firm? _____

Referred By: _____

ASSETS

	Firm	Owner	Current Value	Interest Rate
Savings Accounts				
Checking Accounts				
Money Market / Credit Union				
Accounts Receivable				
CDs				
Bonds (Individual, Savings, Etc.)				
Partnerships				
Other Liquid Assets				

TANGIBLE ASSETS

Investment Property	Value	Mortgage	Payment	Interest	Income

Residence: \$ _____	Furnishings: \$ _____
Automobiles: \$ _____	Boat / RV: \$ _____
\$ _____	Jewelry: \$ _____
\$ _____	Antiques/ Coll: \$ _____

INSURANCE POLICIES

CLIENT

Company	Type	Death Benefit	Cash Value	Premium	Loan Amount

SPOUSE

Company	Type	Death Benefit	Cash Value	Premium	Loan Amount

If either spouse is not currently working, would he or she return to work at the death of the spouse? _____

What would his or her salary be at that point? \$ _____

RISK MANAGEMENT - FOR OFFICE USE

Life insurance quotes needed?	Yes or No →	Client	Spouse	Both
Long-term care quotes needed?	Yes or No →	Client	Spouse	Both
Disability insurance quotes needed?	Yes or No →	Client	Spouse	Both

LIABILITIES

Short-Term Obligations

	Description	Owner	Balance	Monthly Payment	Interest Rate
Credit Card Loans					
Personal Loans					
Student Loans					
Other					

Long-Term Obligations

	Description	Owner	Balance	Monthly Payment	Interest Rate
Automobile Loans					
Mortgage					
2nd Mortgage					
Home Equity Loan					
Other					

INCOME

CLIENT

Salary: \$ _____
Bonus: \$ _____
Other Income: \$ _____
Social Security: \$ _____
Alimony / Child Support: \$ _____

SPOUSE

Salary: \$ _____
Bonus: \$ _____
Other Income: \$ _____
Social Security: \$ _____
Alimony / Child Support: \$ _____

BOTH

Interest Income: \$ _____

Dividend Income: \$ _____

EXPENSES

HOUSING

Rent: \$ _____
Home Insurance: \$ _____
Real Estate Taxes: \$ _____
Association Fees: \$ _____
Heating: \$ _____
Gas & Electric: \$ _____
Water Bill: \$ _____
Telephone: \$ _____
Trash Collection: \$ _____
Lawn Care: \$ _____
Home Repairs: \$ _____
Other: \$ _____

TRANSPORTATION

Car Insurance: \$ _____
Gas & Oil: \$ _____
Car Repairs: \$ _____
Cell Phone(s): \$ _____
Lease Payment: \$ _____
Other: \$ _____

DISCRETIONARY EXPENSES

Gifts: \$ _____
Vacations: \$ _____
Periodicals: \$ _____
Entertainment: \$ _____
Hobbies: \$ _____
Cable Television: \$ _____
Internet: \$ _____
Charities: \$ _____
Gym: \$ _____
Country Club: \$ _____
Housekeeper: \$ _____
Other: \$ _____
Miscellaneous: \$ _____

BASIC LIFESTYLE EXPENSES

Food: \$ _____
Clothes: \$ _____
Dry Cleaning: \$ _____
Personal Grooming: \$ _____
Veterinarian: \$ _____
Alimony/ Child Support: \$ _____
Med/ Dental Deductible: \$ _____
LTC Insurance Premium: \$ _____
Disability Insurance Premium: \$ _____
Day Care: \$ _____

OTHER

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

EDUCATION (Tuition/Books/Misc.)

Preschool: \$ _____
Elementary School: \$ _____
Middle School: \$ _____
High School: \$ _____

TAXES

Federal _____ State _____
Local/ City _____

RETIREMENT PLANS

PENSION

	CLIENT	SPOUSE
Monthly Benefit: \$	_____	_____
COLA:	_____	_____
Begins at Age:	_____	_____
Survivorship Benefit:	_____	_____

OTHER PENSION (if applicable)

	CLIENT	SPOUSE
Monthly Benefit: \$	_____	_____
COLA:	_____	_____
Begins at Age:	_____	_____
Survivorship Benefit:	_____	_____

401 K / 403B / PSP / ETC.

	CLIENT	SPOUSE
Current Balance: \$	_____	_____
% Contributing:	_____	_____
Growth Rate:	_____	_____
Employer Contribution:	_____	_____

OTHER PLAN (if applicable)

	CLIENT	SPOUSE
Current Balance: \$	_____	_____
% Contributing:	_____	_____
Growth Rate:	_____	_____
Employer Contribution:	_____	_____

AGE AT RETIREMENT

OTHER INFORMATION

CONCERNS & OBJECTIVES

General

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, moving, etc.) Yes No Uncertain

If so, what changes are you expecting?

Are you comfortable with your current cash flow? Yes No Uncertain

Do you anticipate any significant changes in your cash flow? Yes No Uncertain

Do you anticipate any major expenditure in the near future? Yes No Uncertain

If so, what expenditures are you expecting?

Retirement Planning

Client Spouse

At what age do you expect to retire?

At what age would you like to be able to retire?

If you plan on working after retirement, estimate your expected income:

Protection

Do you or your spouse have any potential health problems? Yes No Uncertain

Do you and your spouse have adequate medical coverage? Yes No Uncertain

Do you and your spouse have adequate disability coverage? Yes No Uncertain

Do you and your spouse have adequate personal liability coverage? Yes No Uncertain

Do you and your spouse have enough life insurance? Yes No Uncertain

Do you have an emergency fund (money set aside in savings)? Yes No Uncertain

Estate Planning

Do you have updated/adequate wills? Yes No Uncertain

Have you established any trusts? Yes No Uncertain

Are you the beneficiary of any trusts? Yes No Uncertain

Will you be receiving a significant inheritance? Yes No Uncertain

Have you adequately considered estate taxes? Yes No Uncertain

Have you provided adequate estate liquidity for your heirs? Yes No Uncertain

Is proper titling a concern? Yes No Uncertain

Do you have long-term health coverage? Yes No Uncertain

Concerns (please list any concerns you might have)

PERSONAL GOALS STATEMENT

Which items would you like help with?

- _____ Increase my standard of living
- _____ Financial security at retirement
- _____ Increase my net worth by _____ %
- _____ Reduce my tax burden
- _____ Pay for college education for my children
- _____ Provide for my family in the event of my (or my spouse's) death
- _____ Minimize the cost of probate and estate taxes
- _____ Control the distribution of assets to my heirs
- _____ Plan for long-term or nursing home care
- _____ Buy a house

Other Goals:

- 1) _____
- 2) _____
- 3) _____

If you could change two things about your current financial situation, what would you change?

- 1) _____
- 2) _____

Investment Goals	Low Priority					High Priority				
	1	2	3	4	5	6	7	8	9	10
Returns should exceed the inflation rate	1	2	3	4	5	6	7	8	9	10
Principle should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I'd like professional asset management	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax-free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10

Risk Tolerance	Low Risk Tolerance					High Risk Tolerance				
	1	2	3	4	5	6	7	8	9	10
Rate your risk tolerance level on a scale of 1 to 10	1	2	3	4	5	6	7	8	9	10

RISK PROFILE

Please check the appropriate response for each question.

What is your age? _____ Your spouse's age? _____

How long have you been investing?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 - 5 Years | <input type="checkbox"/> 11 - 20 Years |
| <input type="checkbox"/> 6 - 10 Years | <input type="checkbox"/> More than 20 Years |

Which types of investments have you owned? (check all that apply)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Partnerships |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Other _____ |

What is your investment time horizon?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 1 - 3 Years | <input type="checkbox"/> 5 - 10 Years |
| <input type="checkbox"/> 3 - 5 Years | <input type="checkbox"/> More than 10 Years |

What is your primary investment goal?

- | | |
|--|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Save for major purchase |
| <input type="checkbox"/> More current income | <input type="checkbox"/> Other _____ |

How many years do you have until retirement?

- | | |
|--|---|
| <input type="checkbox"/> Already retired | <input type="checkbox"/> 5-10 years |
| <input type="checkbox"/> 5 years or less | <input type="checkbox"/> More than 10 years |

What do you expect to be your next major expenditure?

- | | |
|---|---|
| <input type="checkbox"/> Buying a house | <input type="checkbox"/> Providing for retirement |
| <input type="checkbox"/> Paying for a college education | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Capitalizing a new business | _____ |

How many years until this expense is incurred?

- | | |
|--|---|
| <input type="checkbox"/> 5 years or less | <input type="checkbox"/> More than 10 years |
| <input type="checkbox"/> 5-10 years | |

Over the next several years, do you expect your household annual income to:

- | | |
|--|---|
| <input type="checkbox"/> Stay about the same | <input type="checkbox"/> Decrease moderately |
| <input type="checkbox"/> Grow moderately | <input type="checkbox"/> Decrease substantially |
| <input type="checkbox"/> Grow substantially | |

Due to a general market correction, one of your investments loses 25% of its value a short time after you buy it. What do you do?

- Sell the investment so you won't have to worry if it will continue to decline
- Hold on to it and wait for it to climb back up then sell it
- Hold on to it
- Buy more of the same investment at the new low price

Some people need their investment program to generate current income to meet on-going needs. This typically tilts the investment program toward bonds and dividend paying stocks. How accurately does this describe your objectives?

- Very Accurate
- Slightly Accurate
- Moderately Accurate

How large of a temporary decline in your profile are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

- | | |
|--|--|
| <input type="checkbox"/> 10% decline (portfolio value is \$90,000) | <input type="checkbox"/> 25% decline or greater
(portfolio value is \$75,000 or less) |
| <input type="checkbox"/> 15% decline (portfolio value is \$85,000) | |
| <input type="checkbox"/> 20% decline (portfolio value is \$80,000) | <input type="checkbox"/> 50% decline or greater
(portfolio value is \$50,000 or less) |

By what percentage do you expect your portfolio to grow annually over the long term, 10+ years?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 6%-8% | <input type="checkbox"/> 12%-14% |
| <input type="checkbox"/> 8%-10% | <input type="checkbox"/> 14%-16% |
| <input type="checkbox"/> 10%-12% | <input type="checkbox"/> More than 16% |

FOR OFFICE USE - Notes

RISK TOLERANCE

QUESTION 1

SCORE

You have just received a large amount of money. How would you invest it?

- | | | |
|--|---------|--------------------------|
| A. I would invest in something that offered moderate current income and was very conservative | 3 pts. | <input type="checkbox"/> |
| B. I would invest in something that offered high current income with a moderate amount of risk | 6 pts. | |
| C. I would invest in something that offered high total return (current income plus capital appreciation) with a moderately high amount of risk | 9 pts. | |
| D. I would invest in something that offered substantial capital appreciation even though it has a high amount of risk | 12 pts. | |

QUESTION 2

Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

- | | | |
|--|---------|--------------------------|
| A. I would be very concerned because I cannot accept fluctuations in the value of my portfolio | 3 pts. | <input type="checkbox"/> |
| B. If the amount of income I receive was unaffected, it wouldn't bother me | 6 pts. | |
| C. Although I invest for long-term growth, I would be concerned about even a temporary decline | 9 pts. | |
| D. Because I invest for long-term growth, I accept temporary fluctuations due to market influences | 12 pts. | |

QUESTION 3

Which of the following investments would you feel most comfortable owning?

- | | | |
|------------------------------------|---------|--------------------------|
| A. Certificates of deposit | 3 pts. | <input type="checkbox"/> |
| B. U.S. Government securities | 6 pts. | |
| C. Large company stocks | 9 pts. | |
| D. Stocks of new, growth companies | 12 pts. | |

QUESTION 4

Which of the following investments would you least like to own?

- | | | |
|------------------------------------|---------|--------------------------|
| A. Stocks of new, growth companies | 3 pts. | <input type="checkbox"/> |
| B. Large company stocks | 6 pts. | |
| C. U.S. Government securities | 9 pts. | |
| D. Certificates of deposit | 12 pts. | |

QUESTION 5

Which of the following investments do you feel are the most ideal for your portfolio?

- | | | |
|------------------------------------|---------|--------------------------|
| A. Certificates of deposit | 3 pts. | <input type="checkbox"/> |
| B. U.S. Government securities | 6 pts. | |
| C. Large company stock | 9 pts. | |
| D. Stocks of new, growth companies | 12 pts. | |

QUESTION 6

SCORE

How optimistic are you about the long-term prospects for the economy?

- A. Very pessimistic 3 pts.
- B. Unsure 6 pts.
- C. Somewhat optimistic 9 pts.
- D. Very optimistic 12 pts.

QUESTION 7

Which of the following best describes your attitude about investments outside the U.S.?

- A. Unsure 3 pts.
- B. I believe that the U.S. economy and foreign markets are independent 6 pts.
- C. I believe that overseas markets provide investment opportunities 9 pts.

YOUR INVESTMENT OBJECTIVES

QUESTION 8

Which of the following best describes your investment objectives?

- A. Preserving principal and earning a moderate amount of current income 2 pts.
- B. Generating a high amount of current income 4 pts.
- C. Generating some current income and growing my assets over an extended time frame 6 pts.
- D. Growing my assets substantially over an extended time frame 8 pts.

QUESTION 9

How do you expect your standard of living five years from now to compare to your standard of living today?

- A. Less than it is today 2 pts.
- B. The same as it is today 4 pts.
- C. Somewhat higher than it is today 6 pts.
- D. Substantially greater than it is today 8 pts.

QUESTION 10

Five years from today, you expect your portfolio value to be:

- A. Portfolio value is not my primary concern; I am more concerned with current income 2 pts.
- B. The same as or slightly more than it is today 4 pts.
- C. Greater than it is today 6 pts.
- D. Substantially greater than it is today 8 pts.

QUESTION 11

SCORE

Generating current income from your portfolio is:

- A. A primary concern - (only if you are just about to retire) 2 pts.
- B. Not important 4 pts.

QUESTION 12

With the income generated from your portfolio, you plan to:

- A. Use it for living expenses 2 pts.
- B. Use some and reinvest some 4 pts.
- C. Reinvest all income 6 pts.

YOUR TIME FRAME

QUESTION 13

What is your age?

- A. 56 and over 1 pt.
- B. 46-55 2 pts.
- C. 36-45 3 pts.
- D. 20-35 4 pts.

QUESTION 14

What is your primary financial goal?

- A. Wealth preservation 1 pt.
- B. Retirement planning 2 pts.
- C. Wealth accumulation 3 pts.

QUESTION 15

What is the time frame for you to achieve your financial goal?

- A. 0-5 years 1 pt.
- B. 5-10 years 2 pts.
- C. 10 years or longer 3 pts.

The undersigned acknowledge that the information provided in this packet is believed reliable and accurate, and that the answers submitted do reflect current beliefs regarding financial objectives, both current and projected.

Client Signature

Spouse Signature

Print Name

Print Name

Date

Date

Risk Tolerance Score	
Investment Objective Score	
Time Frame Score	
Investment Profile Total	

Scoring Range	Recommended Model	Select
34-57	Income with Capital Preservation	
58-83	Income with Moderate Growth	
84-99	Growth with Income	
100-114	Growth	
115-125	Aggressive Growth	

FOR OFFICE USE

OUTSTANDING REQUIREMENTS

Item	Needed	Notes
Tax Returns		
Investment Statements		
Retirement Plan Information		
Retirement Plan Investment Options		
Pension Options		
Life Insurance Policies		
Annuity Contracts		
Expense Information		
Estate Planning Documents		
Sched. & Attend Meeting w/ Attorney		
Other 1 -		
Other 2 -		
Other 3 -		

Follow Up Date : _____

Estimated Cost : _____

OUR MISSION

We provide comprehensive independent and objective advice and build solid relationships in order to help you achieve your financial goals.

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