Hana Financial Group, Inc.
Wealth Management & Investment Advisory Services*

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## 1. CONFIDENTIAL CLIENT INFORMATION

*Legal* Name: ______________________ DOB: ___________________
Cell #:________________________
Email: __________________________
Best way to contact:________________

*Legal* Name: ______________________ DOB: ___________________
Cell#: ________________________
Email: __________________________
Best way to contact:________________

Home Phone #:____________________
Mailing Address:_____________________________________________________
_____________________________________________________________________
Physical (legal) Address: _______________________________________________
_____________________________________________________________________

Marital Status:_________ Number of Dependents:_______

## 2. EMPLOYMENT INFORMATION

Client Employers Name & Address: ____________________________________
_____________________________________________________________________
Work Phone:______________________ Occupation:_________________
Best time to call:__________________ Best day to call: _____________
Best way to contact:________________

Spouse Employers Name & Address: ___________________________________
_____________________________________________________________________
Work Phone:______________________ Occupation:_________________
Best time to call:__________________ Best day to call: _____________
Best way to contact:________________

Annual Income:___________________ Federal Tax Bracket: _________
Net Worth:_______________________ Investable Assets: ____________
(exclusive of residence)

## 3. BENEFICIARY INFORMATION

Primary Beneficiary: ___________________________________________
Relationship: _________________________________________________
DOB:________________ %: ____________
Address: _____________________________________________________

Contingent Beneficiary: _________________________________________
Relationship: _________________________________________________
DOB:________________ %: ____________
Address: _____________________________________________________

| INCOME *From all sources* | ESTIMATED NET WORTH *Excluding primary residence* | INVESTABLE/LIQUID ASSETS *Including cash and securities* | FEDERAL TAX BRACKET |
|---|---|---|---|
| ☐UNDER $25,000 | ☐UNDER $50,000 | ☐UNDER $50,000 | ☐0%–15% |
| ☐$25,000–$50,000 | ☐$50,000–$100,000 | ☐$50,000–$100,000 | ☐16%–25% |
| ☐$50,001–$100,000 | ☐$100,001–$500,000 | ☐$100,001–$500,000 | ☐26%-30% |
| ☐$100,001–$250,000 | ☐$500,001–$1M | ☐$500,001–$1M | ☐31%-35% |
| ☐$250,001–$500,000 | ☐$1M–$5M | ☐$1M–$5M | ☐Over 35% |
| ☐OVER $500,000 | ☐OVER $5M | ☐OVER $5M | |
| $_______________ | $_______________ | $_______________ | |

| ACCOUNT FUNDING SOURCE | ANNUAL EXPENSES *Recurring* | SPECIAL EXPENSES *Future & nonrecurring* | TIME FRAME *Required for special expenses* |
|---|---|---|---|
| ☐ASSET APPRECIATION | ☐UNDER $50,000 | ☐$0–$50,000 | ☐0–2 YEARS |
| ☐BUSINESS REVENUE | ☐$50,000–$100,000 | ☐$50,001–$100,000 | ☐3–5 YEARS |
| ☐INHERITANCE | ☐$100,001–$250,000 | ☐$100,001–$250,000 | ☐6–10 YEARS |
| ☐LEGAL/INSURANCE SETTLEMENT | ☐$250,001–$500,000 | ☐OVER $250,000 | $_______________ |
| ☐SALE OF ASSETS | ☐OVER $500,000 | $_______________ | |
| ☐SAVINGS FROM EARNINGS | $_______________ | | |
| ☐OTHER: _______________ | | | |

## 4. **HOUSEHOLD QUESTIONS**

Do you have a current will? Y____, signed_______ N___
Do you have a current living trust? Y____, signed_______ N___
Do you have a current durable power of attorney? Y_____, signed_______ N___
Do you own life insurance? Y____ N___
Do you own individual stocks? Y____ N___
Do you own mutual funds? Y____ N___
Do you own bonds? Y____ N___
Do you own your own business? Y____ N___

What is your (planned) retirement date? ___________________

How did you hear about us? _____________________________

Rank the following products/services in order of importance to you, with "1" being the most important:

| | |
|---|---|
| _____ Estate Planning | _____ Trust Planning |
| _____ Tax Planning | _____ Budgeting |
| _____ College Funding | _____ Retirement Planning |
| _____ Life Insurance | _____ Disability Insurance |
| _____ Debt Management | _____ Long-Term Care Insurance |
| _____ Socially Responsible Investing | _____ Nursing Home Expenses |
| _____ Accumulation of Wealth | _____ Regular Portfolio Reviews |
| _____ Alternative Investments (limited partnerships, REITs, etc.) | |

## 5. **POST RETIREMENT INCOME**

Annual Income Required: __________ *Planned* Major Purchases: ______________

*Annual*
Social Security (what age to begin?):______________________
62: _______ FRA: __________ 70: _______
Ex-Spouse annual primary insurance amount: __________
Pension Plan Distribution:______________________________
Deferred Compensation: ________________________________
Trust Income: ________________________________________
Alimony: ____________________________________________
Rental Income: _______________________________________
Other: ______________________________________________