



Investment Consultation

HOW-TO INFORMATION FOR NEW CLIENTS

Thank you for scheduling an investment consultation with our advisory team. In order to maximize the value you will receive in this meeting, we've compiled everything you need into a simple step-by-step process.

A) COMPLETE NEW CLIENT FORMS

- New Client Data Sheet & Co-Brand Letter
- Financial Worksheet
(Contains elements required for the financial planning process, as well as future income gap analysis.)
- Risk Profile
(Helps determine risk tolerance when making financial recommendations.)

B) PREPARE DOCUMENTS AND MEETING NOTES

- All pages of current investment statements, 401K, pensions, etc.
(Please include allocation information.)
- All pages of Social Security statements
(If you don't have a current statement, log on to www.ssa.gov, create an account, and print/download statement.)
- Household budget information
(If you're approaching retirement, how much do you need to live on?)
- List of expectations from your Financial Advisor
- Other financial statements relevant to your financial plan or future goals

C) SUBMIT PREPARED INFORMATION - OPTIONS:

- Upload to your secure Storen Financial Client Portal
(Please contact us to request access.)
- Drop off documents at our office in Zionsville
- Place documents in one of our secure lockboxes
(Located in Brownsburg or Zionsville. See instructions on our website.)

*Please submit information a minimum of 1 week prior to your scheduled appointment. For data security purposes, please **do NOT email** personal or financial information.*

D) REVIEW REQUIRED DISCLOSURES

- Visit our website to review disclosures. We are required to provide these prior to discussing your financial accounts.
(www.storenfinancial.com/investment-regulatory-requirements).

What does your consultation include?

Our team of experienced Financial Advisors, who are also tax preparers, work with you to develop a comprehensive, long-term financial plan that implements customized tax-saving strategies that fit your unique situation.

These strategies not only focus on investments and stock portfolios, but factor in elements such as Medicare, Social Security, legacy planning, and much more.

Consultations focus heavily on distributions, Roth conversion strategies, and ways to minimize tax, as well as address correct account allocations, risk levels in those accounts, and why.

After your consultation, you'll walk away with a solid financial plan and recommendations that will help you pursue your specific financial goals.

Questions? Contact us!



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Traditional IRA account owners have considerations to make before performing a Roth IRA conversion. These primarily include income tax consequences on the converted amount in the year of conversion, withdrawal limitations from a Roth IRA, and income limitations for future contributions to a Roth IRA. In addition, if you are required to take a required minimum distribution (RMD) in the year you convert, you must do so before converting to a Roth IRA.

Securities offered through LPL Financial, Member FINRA/SIPC. Investment advice offered through Brass Tax Wealth Management, a registered investment advisor. Tax/accounting/CPA related services offered through Storen Tax & Financial Group Inc. DBA Storen Financial. Storen Tax & Financial Group Inc. is a separate legal entity and not affiliated with LPL Financial. LPL Financial does not offer tax advice or tax/accounting/CPA related services. Brass Tax Wealth Management and Storen Financial are separate entities from LPL Financial.

Thank you for choosing Storen Financial. Please note that this information will be used for all services provided by Storen Financial, so please complete and verify the accuracy of this information.

CLIENT 1

Check Preferred Contact Method (select one)

Legal First Name:		Mobile Phone:	<input type="checkbox"/>
Preferred First:		Home Phone:	<input type="checkbox"/>
Middle Initial:		Work Phone:	<input type="checkbox"/>
Legal Last Name:		Home Email:	<input type="checkbox"/>
SSN:		Work Email:	<input type="checkbox"/>
DOB:		Employer:	
Retired?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	

CLIENT 2

Legal First Name:		Mobile Phone:	<input type="checkbox"/>
Preferred First:		Home Phone:	<input type="checkbox"/>
Middle Initial:		Work Phone:	<input type="checkbox"/>
Legal Last Name:		Home Email:	<input type="checkbox"/>
SSN:		Work Email:	<input type="checkbox"/>
DOB:		Employer:	
Retired?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	

Own a Business?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name:	
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ADDRESS

Street	City	State	Zip

CHILDREN

Check if child qualifies as a dependent.

Dep.	Legal First Name	Legal Last Name	SSN	DOB
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

This information will be used in the financial planning process. Actual numbers are not necessary, please estimate.

CLIENT 1

CLIENT 2

Client Name:		
Work industry?		
Years investing?		
Marital Status:		
Citizenship:	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not US citizen	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not US citizen

ASSETS

Annual Income:	\$	\$
Checking Account:	\$	\$
Savings Account:	\$	\$
Traditional IRAs:	\$	\$
Roth IRAs:	\$	\$
Other Assets:	\$	\$
College Savings Accounts:	\$	\$
Automatic Contributions:	\$	\$
Automatic Distributions:	\$	\$
Life Insurance Company:		
Face Value (whole life only):	\$	\$
Cash Value (whole life only):	\$	\$
Death Benefit (term life only):	\$	\$
Previous Employer 401k	\$	\$
Current Employer 401k	\$	\$
Current Contribution:	Employee: % Employer: %	Employee: % Employer: %
Check all that apply:	<input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Long-Term Healthcare	<input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Long-Term Healthcare
Home Value:	\$	Second Home Value: \$

LIABILITIES **Estimated values for the household.*

Monthly Expenses:	\$
Other Debt (credit cards, etc.):	\$
Mortgage #1:	Rate: % Payment: \$ Balance: \$
Mortgage #2:	Rate: % Payment: \$ Balance: \$
Loan #1:	Type: Payment: \$ Balance: \$
Loan #2:	Type: Payment: \$ Balance: \$
Student Loan:	Payment: \$ Balance: \$

BANK ACCOUNT INFORMATION

Name on Account	Bank Name	Routing Number	Account Number	Account Type
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This form will be used to determine risk tolerance when making financial recommendations. Please the option that best describes you.

Client 1 Name:		Client 2 Name:	
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RISK TOLERANCE QUESTIONNAIRE

1. Which of the statements below best describes your purpose for your investment account(s)?

- I want to minimize potential declines and significant fluctuations in the value of my account by investing in lower risk, more conservative investments 2
- I want a moderately high level of income (interest and dividends) from the account, with some modest growth opportunity over the long-term..... 4
- I prefer a balance of income (interest and dividends) with longer-term growth..... 6
- My primary goal is to maximize the value of my account as much as possible over a long-term time frame 8

Client 1 Score:	
Client 2 Score:	

2. If you received a large amount of money today, how would you invest it?

- I would invest it in something that offers moderate current income and is very conservative 3
- I would invest it in something that offers high current income with a moderate amount of risks 6
- I would invest it in something that offers high total returns (current income & capital appreciation) with moderately high risks 9
- I would invest in something that offers substantial capital appreciation even though it has high amounts of risk 12

Client 1 Score:	
Client 2 Score:	

3. If your investments were to decline in value significantly over a three month period, how might you react?

- I would be very concerned because I can't accept my account losing value 3
- Although I invest for long-term growth, a short-term decline would concern me 6
- Because I invest for long-term growth, I can accept temporary fluctuations 9
- I would consider this decline as an opportunity to add to my investments 12

Client 1 Score:	
Client 2 Score:	

4. Which of the five sample portfolios best represents your goals for the investment account(s) and the most acceptable range of outcomes over a 1 year period?*

- Return = Avg 4%, Best 18 %, Worst -8% 3
- Return = Avg 5%, Best 28 %, Worst -21% 6
- Return = Avg 7%, Best 39 %, Worst -30% 9
- Return = Avg 8%, Best 53 %, Worst -39% 12
- Return = Avg 10%, Best 67 %, Worst -47% 15

Client 1 Score:	
Client 2 Score:	

*(The figures presented are hypothetical and do not represent actual returns of an investment portfolio. No guarantee is made regarding future performance.)

Client 1 Name:		Client 2 Name:	
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5. What is your current age group?

- 60 and Over 2
- 50-59 4
- 40-49 6
- 20-39 8

Client 1 Score:	
Client 2 Score:	

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

- Very pessimistic 2
- Unsure 4
- Somewhat optimistic 6
- Very optimistic 8

Client 1 Score:	
Client 2 Score:	

7. When will you begin withdrawing money from these specific investment account(s)?

- Less than 1 year 1
- 1 to 3 years 2
- 3 to 5 year 3
- 5 to 10 years 4
- 10+ years 5

Client 1 Score:	
Client 2 Score:	

8. Over the next several years, you expect your annual income (salary, rental properties, pensions, social security, etc.) to:

- Decrease substantially 2
- Decrease moderately 4
- Stay about the same 6
- Grow moderately 8
- Grow substantially 10

Client 1 Score:	
Client 2 Score:	

RISK TOLERANCE TOTAL

Add together your scores and then match your total score with one of the investment objectives below.

- Income with Capital Preservation 18-38
- Income with Moderate Growth 39-53
- Growth with Income 54-64
- Growth 65-75
- Aggressive Growth 76+

Client 1 TOTAL Score:	
Client 2 TOTAL Score:	

FINANCIAL GOALS

Please list your financial goals (i.e. I want to retire by age X, with a net worth of \$X. I want to travel...)

Client 1 Signature:		Date:	
Client 2 Signature:		Date:	

LPL FINANCIAL CO-BRAND LETTER

As you are aware, LPL Financial (“LPL”) serves as the custodian of your (the “Client”) assets advised upon by Storen Financial and as your broker-dealer in effecting securities transactions on your behalf. LPL Financial is a member of FINRA and SIPC. LPL has approved the use of the business name Storen Financial for purposes of the financial planning, investment advisory, securities business and/or insurance services (collectively “Financial Services”) it and your Advisor provide. However, it is LPL’s understanding the Storen Financial’s Advisors may also be CPAs or otherwise tax professionals and provide tax filing preparation and accounting services (“Tax-Related Services”). It is important for you to understand that LPL has no involvement with any Tax-Related Services provided by any Advisor associated with it or Storen Financial and does not approve, endorse, support, insure, promote or otherwise serve any Tax-Related Services. LPL does not provide tax advice.

Because of this clear distinction in functions and responsibilities, LPL requires its clients to affirmatively acknowledge that LPL has no involvement with any Tax-Related Services performed by Advisors associated with Storen Financial regardless of the fact that the Advisor operates or conducts both their Financial Services and Tax-Related Services practices under the same name. Furthermore, all contracts and/or agreements between you and Storen Financial and/or its Advisors related to the performance of Tax-Related Services are not part of any agreement between you and Storen Financial and/or LPL Financial related to the performance of any Financial Services.

The undersigned Client acknowledges and agrees that LPL Financial has no control over or responsibility for the Storen Financial Tax-Related Services which are offered separate and apart from LPL Financial. The undersigned Client further agrees to hold LPL Financial, together with its parents, subsidiaries, affiliates, officers, directors, employees, insurers, attorneys, successors and assigns, harmless from any and all claims, judgements, suits, demands, settlements and/or liabilities of any kind that may arise from the offer, sale, provision or performance of any Tax-Related Services provided by Storen Financial or any Advisor associated therewith.

Your signature below indicates that you understand that LPL Financial has no interest or involvement in Storen Financial’s or its Advisor’s Tax-Related Services Practice.

LPL REPRESENTATIVE

Name:		Date:	
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CLIENT

Acknowledged and Agreed:

Printed Name:			
Signature:		Date:	

LPL FINANCIAL CO-BRAND LETTER

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Your signature below indicates that you understand that LPL Financial has no interest or involvement in Storen Financial’s or its Advisor’s Tax-Related Services Practice.

LPL REPRESENTATIVE

Name:		Date:	
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CLIENT

Acknowledged and Agreed:

Printed Name:			
Signature:		Date:	