



# Establish a Foundation with the Young Professionals Program

## DESIGNED FOR THOSE JUST GETTING STARTED

Our Young Professionals Program is geared toward those of you who are avidly searching for answers to those questions and want to learn how to build a flourishing financial future. Whether you are a recent college grad who is just beginning their professional journey, a newly married couple starting a family, or any other young professional with questions, we are here to help.

There are so many resources and conflicting recommendations on what steps you should be taking to establish the foundation for your financial future that it can be overwhelming to know where to start. We help take the guess work out of determining what's the best path to take, providing you access to relevant resources, and work with you to establish goals and actionable objectives.

### CONSULTATIONS INCLUDE FINANCIAL REVIEW, BEST PRACTICE GUIDANCE, ACTIONABLE RECOMMENDATIONS, AND MORE

During our Young Professional consultations, we'll review your current financial picture, tax-saving strategies, and actions you can take to be successful. After that, your Storen Financial advisor will follow up to check in on how your action items are progressing and answer any additional questions. Every consultation is different because every client has their own unique set of goals. Consultations include, but are not limited to:

- Identify and prioritize personal financial goals
- Understand your monthly cashflow and budget
- Discuss how different savings options work and related tax consequences
- Strategize debt management
- Discuss options for future changes or emergencies, including insurance, beneficiaries, POAs and more
- Review employer benefits packages
- Discuss additional tax-saving strategies
- Discuss recommendations on protecting your identity from financial scams

Once you've scheduled your consultation with one of our experienced Financial Advisors, follow the "Consultation Prep" instructions for preparing and submitting the necessary documents for your consultation.

### LEARN MORE

Visit our website for videos, downloadable tools, resources and more.

[www.storenfinancial.com](http://www.storenfinancial.com)

Securities offered through Simplicity Investments, Member FINRA/SIPC. Investment advice offered through Storen Legacy Partners, 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 Simplicity Investments. Simplicity Investments does not offer tax advice or Tax/accounting/CPA related services. Storen Legacy Partners and Storen Financial are separate entities from Simplicity Investments. 01292026

## Consultation Prep Instructions

1) Complete new client forms, including, financial worksheet and risk tolerance.

2) Prepare other documents, meeting notes and questions. Including these elements...

- All pages of current investment statements, 401K, etc.
- Life insurance information
- College 529 statements
- Household budget information or what you need to live on
- List of expectations from your Financial Advisor
- Other financial statements relevant to your financial plan or future goals

3) Submit prepared documents 1 week prior to appointment. Options for submitting include...

- Online Client Portal
- Office Drop Off
- Secure Lockbox

*For data security purposes, please do **NOT** email personal or financial information.*

*Questions? Contact us!*

storen  
financial

1120 W Oak St, Suite 200  
Zionsville, IN 46077

317.852.7000

[Storen@storenfinancial.com](mailto:Storen@storenfinancial.com)

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:	
------------------	------------------------------	-----------------------------	----------------	--

**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"/>				

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

**CLIENT 1**

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

**CLIENT 2**
**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:
----------------	----------------

## RISK TOLERANCE QUESTIONAIRRE

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

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:	
-----------------	--

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

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:	
-----------------	--

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:
----------------	----------------

## 5. What is your current age group?

<input type="checkbox"/> 60 and Over .....	2
<input type="checkbox"/> 50-59 .....	4
<input type="checkbox"/> 40-49 .....	6
<input type="checkbox"/> 20-39 .....	8

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

<input type="checkbox"/> Very pessimistic .....	2
<input type="checkbox"/> Unsure .....	4
<input type="checkbox"/> Somewhat optimistic .....	6
<input type="checkbox"/> Very optimistic .....	8

Client 1 Score:	
Client 2 Score:	

Client 1 Score:	
Client 2 Score:	

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

<input type="checkbox"/> Less than 1 year .....	1
<input type="checkbox"/> 1 to 3 years .....	2
<input type="checkbox"/> 3 to 5 year .....	3
<input type="checkbox"/> 5 to 10 years .....	4
<input type="checkbox"/> 10+ years .....	5

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

<input type="checkbox"/> Decrease substantially .....	2
<input type="checkbox"/> Decrease moderately .....	4
<input type="checkbox"/> Stay about the same .....	6
<input type="checkbox"/> Grow moderately .....	8
<input type="checkbox"/> Grow substantially .....	10

Client 1 Score:	
Client 2 Score:	

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.

<input type="checkbox"/> Income with Capital Preservation .....	18-38
<input type="checkbox"/> Income with Moderate Growth .....	39-53
<input type="checkbox"/> Growth with Income .....	54-64
<input type="checkbox"/> Growth .....	65-75
<input type="checkbox"/> Aggressive Growth .....	76+

## 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 TOTAL Score:	
Client 2 TOTAL Score:	

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