



Investment Services

HOW-TO INFORMATION FOR ONBOARDING

Our team of qualified professionals develop a comprehensive, long-term financial plan that aligns your investments with a customized tax-saving strategy designed for your unique situation.

A) COMPLETE FORMS

- New Client Data Sheet
- Investment Services Worksheet
- Risk Profile
- Beneficiary Form
- Trusted Contact Authorization

B) COLLECT DOCUMENTS

- All pages (including allocations) of current investment statements
- All pages of current Social Security statements
- Any other relevant financial statements
- Copy of valid driver's license
- Copy of voided check

C) SUBMIT NEW CLIENT FORMS + COLLECTED DOCUMENTS:

- 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.)

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).

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.

Establishing an advisory relationship

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.

Strategies 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 initial, 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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Storen@storenfinancial.com

www.storenfinancial.com

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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:	☐
Preferred First:		Home Phone:	☐
Middle Initial:		Work Phone:	☐
Legal Last Name:		Home Email:	☐
SSN:		Work Email:	☐
DOB:		Employer:	
Retired?:	☐ Yes ☐ No	Occupation:	

CLIENT 2 (if applicable, please complete spouse information for a Married Filing Jointly or Married Filing Separate tax return)

Legal First Name:		Mobile Phone:	☐
Preferred First:		Home Phone:	☐
Middle Initial:		Work Phone:	☐
Legal Last Name:		Home Email:	☐
SSN:		Work Email:	☐
DOB:		Employer:	
Retired?:	☐ Yes ☐ No	Occupation:	

Own a Business?:	☐ Yes ☐ 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
☐				
☐				
☐				
☐				
☐				
☐				

This form will be used to determine risk tolerance when making financial recommendations. Please choose 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

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.)

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:	

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:	

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:	

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:	

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:	

FINANCIAL QUESTIONS

Please list any questions you might have below.

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

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CLIENT 1

CLIENT 2

Client Name:		
Work industry?		
Years investing?		
Marital Status:		
Citizenship:	☐ US Citizen ☐ Permanent Resident ☐ Not US citizen	☐ US Citizen ☐ Permanent Resident ☐ 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:	☐ Will ☐ Trust ☐ Long-Term Healthcare	☐ Will ☐ Trust ☐ Long-Term Healthcare

Home Value:	\$	Second Home Value:	\$
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LIABILITIES

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
				☐ Checking ☐ Savings

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This form is used to update the beneficiary information on your investment documents.

****If the "Per Stirpes" box is checked and the Beneficiary dies before the Account Owner, that Beneficiary's share will pass to his or her living descendants, instead of being reallocated to the other remaining named Beneficiaries. Please note that the "Per Stirpes" designation carries certain legal and tax implications, and may not be available in all states.**

BENEFICIARY 1

Name:		Relationship:	
Date of Birth:		Email:	
SS#:		Phone:	
Type:	☐ Primary ☐ Contingent	Percentage %:	☐ Check if Applicable

BENEFICIARY 2

Name:		Relationship:	
Date of Birth:		Email:	
SS#:		Phone:	
Type:	☐ Primary ☐ Contingent	Percentage %:	☐ Check if Applicable

BENEFICIARY 3

Name:		Relationship:	
Date of Birth:		Email:	
SS#:		Phone:	
Type:	☐ Primary ☐ Contingent	Percentage %:	☐ Check if Applicable

BENEFICIARY 4

Name:		Relationship:	
Date of Birth:		Email:	
SS#:		Phone:	
Type:	☐ Primary ☐ Contingent	Percentage %:	☐ Check if Applicable

BENEFICIARY 5

Name:		Relationship:	
Date of Birth:		Email:	
SS#:		Phone:	
Type:	☐ Primary ☐ Contingent	Percentage %:	☐ Check if Applicable

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

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Client authorizes Storen Legacy Partners, LLC (“SLP”), to contact and disclose any information and/or documents related to the assets under management in the event that SLP is unable to reach the Client or SLP has concerns about the Client’s mental or physical health, well-being, safety, or potential financial exploitation. By completing and signing this form, SLP may disclosed to the Trusted Contact(s) listed below any concern relating to the Client’s health, well-being, and financial condition, and may duplicate and share information related to the Assets in the Client’s name including, but not limited to, Client’s current contact information, official correspondence from SLP, withdrawal patterns, tax ramifications, balances and positions, lapse or termination of policies for non-payment of premiums, and the identity of any legal guardian, executor, trustee or holder of a Power of Attorney. A Trusted Contact is not authorized to make decisions or transact on the Client’s behalf with respect to the Client’s account(s) managed by SLP. SLP recommends designating more than one Trusted Contact when possible.

Despite any authorization granted herein, Client acknowledges that SLP is not required to contact the Trusted Contact at any time. Client agrees to defend, indemnify, and hold SLP harmless from all losses, liabilities, damages, suits, claims, expenses, and costs (including attorney’s fees and expenses) paid, suffered or incurred in connection with or arising out of (a) any action SLP takes, or omits to take, to contact the Trusted Contact and (b) any action taken by SLP or the Trusted Contact in investigating and addressing a situation involving the Client’s financial well-being unless such decision or action was the result of gross negligence, willful misconduct or bad faith. Client acknowledges that this consent is voluntary and will remain in effect indefinitely unless Client revokes it. Client may revoke this consent at any time by providing SLP with written notice; however, doing so will not affect the legal effectiveness, validity, or enforceability of any action SLP has taken in reliance on the Client’s previously granted consent.

TRUSTED CONTACT #1

Name:	
Relationship:	
Primary Phone:	
Email:	

TRUSTED CONTACT #2 (optional, but recommended)

Name:	
Relationship:	
Primary Phone:	
Email:	

☐ I decline to provide a trusted contact.

Client Name:			
Client Signature:		Date:	

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Relationship:	
Primary Phone:	
Email:	

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Name:	
Relationship:	
Primary Phone:	
Email:	

☐ I decline to provide a trusted contact.

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Client Signature:		Date:	

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