

*Architects for Wealth*

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# HWM DataPlan

# Welcome Letter

**Dear Prospective Clients of Henry Wealth Management, LLC**

Creating a successful financial future may be likened to the design, construction, and conservation of an architectural masterpiece. At Henry Wealth Management, LLC, we assist our clients as their *Architect for Wealth*.

The first step in developing a financial plan is the **discovery process**. To that end, we need a “snapshot” of your present financial condition along with having you “paint a picture” of where you’d like to be in the future. The attached **HWM DataPlan** is designed to help you in preparing needed factual information, while stimulating your thinking in terms of your long-range goals.

Completing as much of this document as possible and having it available at our initial meeting will greatly assist in this discovery process.

Please note however, that if you deem any pages in this kit as not applicable or not necessary, feel free to disregard them. In addition, rather than listing detailed financial figures, feel free to simply attach items such as recent investment account and net worth statements, tax returns, and estate planning documents.

We look forward to meeting with you to mutually determine if Henry Wealth Management, LLC is the right *Architect for Wealth* for you!



See disclaimer on final page

# Table of Contents

Check the plan which you are interested in, complete pages 3 – 9, and complete the appropriate sections following. Not all sections may apply.

When all applicable sections have been completed, please go to the last page to submit via email, or you can print to complete and fax or mail to our office.

|  |          |
|--|----------|
| <b>Personal Information...</b>               | pg 4-5   |
| <b>Current Professional Advisors...</b>      | pg 6     |
| <b>Financial Concerns...</b>                 | pg 7     |
| <b>Financial Information...</b>              | pg 8-9   |
| <b>Current Insurance Coverage...</b>         | pg 10    |
| • <b>Education Planning...</b>               | pg 11-12 |
| • <b>Retirement Planning...</b>              | pg 13    |
| • <b>Investment Planning...</b>              | pg 14-16 |
| • <b>Estate Planning...</b>                  | pg 17-18 |
| • <b>Business Succession...</b>              | pg 19-20 |
| <b>Mission Statement &amp; Disclosure...</b> | pg 21    |

**Personal Information**

Date: \_\_\_\_\_

Dr. Mr. Mrs. Miss. Ms.



Referred by:

|                               |          |  |               |               |
|-------------------------------|----------|--|---------------|---------------|
| First Name:                   | M.I.     | Last Name:                               |               |               |
| Birth Date:                   | Age:     | SS Number:                               |               |               |
| Street Address:               |          | DL#:                                     | DL Iss. Date: | DL exp. Date: |
| City/Town:                    |          | State/Zip:                               |               |               |
| Home Phone:                   | Married: | Anniversary Date:                        |               |               |
| Cellular Phone:               |          | Email Address:                           |               |               |
| <b>Employment</b>             |          |  |               |               |
| Occupation:<br>Annual Salary: |          | Employer:                                |               |               |
| Employer Address:             |          | Phone:                                   |               |               |
| Fax:                          |          | Email Address:                           |               |               |
| <b>Education</b>              |          |  |               |               |
| School                        | Degree   | Affiliations (clubs, activities, sports) |               |               |
| High School:                  |          |  |               |               |
| College:                      |          |  |               |               |
| Graduate School:              |          |  |               |               |
| <b>Military Service</b>       |          |  |               |               |
| Dates of Active Duty:         | Branch:  | Type of Discharge:                       |               |               |
| <b>Notes</b>                  |          |  |               |               |
|                               |          |  |               |               |

## Spousal Information



Dr. Mr. Mrs. Miss. Ms.

|  |            |  |         |
|--|------------|--|---------|
| First Name:                                    | M.I.       | Last Name:                               |         |
| Birth Date:                                    | Age:       | SS Number:                               |         |
| Driver's License Number:                       |            | DL Iss:                                  | DL exp: |
| Cellular Phone:                                |            | Email Address:                           |         |
| <b>Employment</b>                              |            |  |         |
| Occupation:                                    |            | Employer:                                |         |
| Annual Salary:                                 |            |  |         |
| Employer Address:                              |            | Phone:                                   |         |
| Fax:   |            | Email Address:                           |         |
| <b>Education</b>                               |            |  |         |
| School   | Degree     | Affiliations (clubs, activities, sports) |         |
| High School:                                   |            |  |         |
| College:                                       |            |  |         |
| Graduate School:                               |            |  |         |
| <b>Military Service</b>                        |            |  |         |
| Dates of Active Duty:                          | Branch:    | Type of Discharge:                       |         |
| <b>Children/Grandchildren/Other Dependents</b> |            |  |         |
| Name   | Birth Date | Relationship                             |         |
|  |            |  |         |
|  |            |  |         |
|  |            |  |         |
|  |            |  |         |

**Current Professional Advisors**

| <b>CPA/Accountant/Tax Preparer</b> |          |
|------------------------------------|----------|
| Name:                              | Address: |
| Phone:                             | Email:   |
| <b>Attorney</b>                    |          |
| Name:                              | Address: |
| Phone:                             | Email:   |
| <b>Life Insurance Agent</b>        |          |
| Name:                              | Address: |
| Phone:                             | Email:   |
| <b>Investment Advisor</b>          |          |
| Name:                              | Address: |
| Phone:                             | Email:   |
| <b>Banker</b>                      |          |
| Name:                              | Address: |
| Phone:                             | Email:   |
| <b>Notes</b>                       |          |
|                                    |          |

## Financial Concerns



Please rate how important the following financial concerns are to you, 5 being the most important, 1 being the least important:

| Concerns  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Plan a Budget   |   |   |   |   |   |
| Start a short-term savings plan (e.g. to buy a house, or take a vacation) |   |   |   |   |   |
| Create or update an education savings plan for my children                |   |   |   |   |   |
| Create or update a retirement savings plan                                |   |   |   |   |   |
| Create or update an investment plan                                       |   |   |   |   |   |
| Create or update an estate plan   |   |   |   |   |   |
| Start a new business  |   |   |   |   |   |
| Review tax efficiencies   |   |   |   |   |   |
| Analyze my insurance needs  |   |   |   |   |   |
| Organize my financial documents   |   |   |   |   |   |
| <b>Notes</b>  |   |   |   |   |   |
|   |   |   |   |   |   |

## Financial Information

## Net Worth Statement



| Assets<br>Use current fair market value       |  | Liabilities  |  |
|---|--|--|--|
| Cash & CDs                                    |  | Mortgages  |  |
| Primary Residence                             |  | Other Home Loans   |  |
| Second Residence                              |  | Vehicle Loans  |  |
| Automobiles                                   |  | School Loans   |  |
| Other Vehicles                                |  | Business Loans   |  |
| Business Interests                            |  | Other Loans  |  |
| Retirement Accounts                           |  | Notes  |  |
| Investments                                   |  | Credit Cards   |  |
| Fine Art, Jewelry, Collectibles               |  | Medical Bills  |  |
| Other Personal Property                       |  | Taxes  |  |
| Any Other Assets                              |  | Any Other Liabilities                                    |  |
| <b>Total Assets</b>                           |  | <b>Total Liabilities</b>                                 |  |
|   |  | <b>Net Worth</b><br>Total assets minus total liabilities |  |
| Are any assets marked as an "emergency fund"? |  | If yes, how much?  |  |

| Notes |
|-------|
|       |

## Financial Information

## Cash Flow



| Monthly Income              |  | Monthly Expenses              |  |
|-----------------------------|--|-------------------------------|--|
| Salary                      |  | Mortgage Payments             |  |
| Bonuses, Commissions        |  | Loan Payments                 |  |
| Pension Income              |  | Credit Card Payments          |  |
| Annuity Income              |  | Utilities                     |  |
| Rental Property Income      |  | Food, Meals                   |  |
| Interest, Dividends         |  | Medical Expenses              |  |
| Alimony                     |  | Vehicle Expenses              |  |
| Child Support               |  | Insurance Payments            |  |
| Income from a Trust         |  | Personal Care                 |  |
| Social Security             |  | Entertainment                 |  |
| Any Other Income            |  | Any Other Expenses            |  |
| <b>Total Monthly Income</b> |  | <b>Total Monthly Expenses</b> |  |

|  |  |            |
|--|--|------------|
| Do you have a monthly budget?  |  |            |
| Amount of discretionary income each month to meet goals?   |  |            |
| Do you expect commissions or bonuses that could be invested?   |  |            |
| Expected Amount?   |  | How often? |
| Do you expect any other source of funds that could be invested?<br>(Example: trust fund distribution, gift from relatives) |  |            |
| Expected Amount?   |  | How often? |

## Notes

|  |
|--|
|  |
|--|

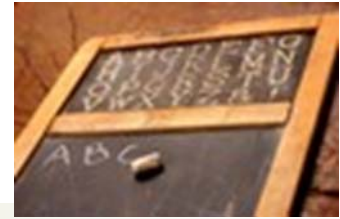
## Current Insurance Coverage

Please check boxes to indicate the types of coverage you currently have:



|  | Client |            | Spouse |            |
|--|--------|------------|--------|------------|
|  | Group  | Individual | Group  | Individual |
| Life   |        |            |        |            |
| Disability   |        |            |        |            |
| Long-Term Care   |        |            |        |            |
| Health   |        |            |        |            |
| Personal Umbrella Liability  |        |            |        |            |
| Business Insurance   |        |            |        |            |
| Other (specify below)  |        |            |        |            |
| What questions or concerns, if any, do you have about your insurance coverage? |        |            |        |            |
|  |        |            |        |            |

## Education Planning



### Anticipated Needs

| Child's Name | Year Entering College | Projected Total Costs for Four Years or Name of Institution to Consider |
|--------------|-----------------------|---|
|              |                       |   |
|              |                       |   |
|              |                       |   |
|              |                       |   |

### Current Savings Allocated for College Costs

|                                | 529 Plans | Coverdell Education Savings Account | UGMA/UTMA | Other (Specify) |
|--------------------------------|-----------|-------------------------------------|-----------|-----------------|
| Current Balance                |           |                                     |           |                 |
| Additional Monthly Savings     |           |                                     |           |                 |
| Planned Lump-Sum Contributions |           |                                     |           |                 |
| <b>Notes</b>                   |           |                                     |           |                 |
|                                |           |                                     |           |                 |

## Education Planning



Please answer the following questions:

How important is it that you retain control of education funds until your child finishes college?

- Very Important    
  Somewhat Important    
  Not Important

How important is it that your child not take out any student loans to help pay for college?

- Very Important    
  Somewhat Important    
  Not Important

What percentage of your child's college costs do you plan to pay for?

- 100%    
  75-99%    
  50-74%    
  25-49%    
  Less than 25%

|   | Yes | No | Not Sure |
|---|-----|----|----------|
| Do you know how tax-advantaged college savings strategies would benefit you based on your tax bracket?                  |     |    |          |
| Will grandparents or others be providing any education funding for your child?  |     |    |          |
| Did you know that individuals can make a tax-free gift of tuition to your child directly to an educational institution? |     |    |          |
| Does your state offer...<br>A 529 college savings plan?   |     |    |          |
| A 529 prepaid tuition plan?   |     |    |          |
| An income tax exemption for qualified 529 plan withdrawals?   |     |    |          |
| An income tax deduction for 529 plan contributions?   |     |    |          |
| Do you have any other education-related concerns, or is there anything else you would like information on?              |     |    |          |

## Retirement Planning



|  |  |                                     |  |
|--|--|-------------------------------------|--|
| <b>At what age do you plan to retire?</b>  |  |                                     |  |
|  |  |                                     |  |
| <b>What are your anticipated annual expenses during your retirement years?</b>   |  |                                     |  |
|  |  |                                     |  |
| <b>Are you covered by an employer pension plan?</b>  |  |                                     |  |
| Current accrued benefit:   |  | Vested status:                      |  |
| Estimated full retirement benefit:   |  | Early retirement benefit available? |  |
| <b>Is your spouse covered by an employer pension plan?</b>   |  |                                     |  |
| Current accrued benefit:   |  | Vested status:                      |  |
| Estimated full retirement benefit:   |  | Early retirement benefit available? |  |
| <b>How much other annual income will be available to you and your spouse during retirement? (specify source, and include social security, annuities, etc.)</b> |  |                                     |  |
|  |  |                                     |  |
| <b>Do you or your spouse plan to work part time during retirement?</b>   |  |                                     |  |
|  |  |                                     |  |
| <b>What level of annual income will you need to maintain an acceptable standard of living during retirement?</b>   |  |                                     |  |
|  |  |                                     |  |
| <b>Do you plan to relocate when you retire? Where?</b>   |  |                                     |  |
|  |  |                                     |  |

## Investment Planning

## Investor Profile Questionnaire

Please check the most appropriate responses that best apply. Please only check one answer for each question.

|   |   |   |  |
|---|---|---|--|
| <p><b>1. I plan to take withdrawals from this portfolio in...</b></p>   | <p><input type="checkbox"/> a. 3-5 years<br/> <input type="checkbox"/> b. 6-10 years<br/> <input type="checkbox"/> c. 11-15 years<br/> <input type="checkbox"/> d. More than 15 years</p>   | <p><b>2. I plan to spend the money in this portfolio over a period of...</b></p>  | <p><input type="checkbox"/> a. 2 or less years<br/> <input type="checkbox"/> b. 3-5 years<br/> <input type="checkbox"/> c. 6-10 years<br/> <input type="checkbox"/> d. 11-15 years<br/> <input type="checkbox"/> e. More than 15 years</p>         |
| <p><b>3. When making a long term investment, I plan to hold the investment for...</b></p>   | <p><input type="checkbox"/> a. 3-5 years<br/> <input type="checkbox"/> b. 6-10 years<br/> <input type="checkbox"/> c. 11-15 years<br/> <input type="checkbox"/> d. More than 15 years</p>   | <p><b>4. In October 1987, stocks fell by more than 20% in one day. If you owned an investment that fell by 20% over a short period, what would you do?</b></p>                                  | <p><input type="checkbox"/> a. Sell all the remaining investments<br/> <input type="checkbox"/> b. Sell a portion of it<br/> <input type="checkbox"/> c. Hold on and do nothing<br/> <input type="checkbox"/> d. Buy more of the investment</p>    |
| <p><b>5. To reach this financial goal, I prefer an investment with little or no fluctuation in value, and I am willing to accept the lower returns associated with these investments.</b></p> | <p><input type="checkbox"/> a. I strongly disagree<br/> <input type="checkbox"/> b. I disagree<br/> <input type="checkbox"/> c. I somewhat agree<br/> <input type="checkbox"/> d. I agree<br/> <input type="checkbox"/> e. I strongly agree</p>           | <p><b>6. During periods of market declines, I tend to sell off parts of my riskier assets and put the money into safer assets.</b></p>  | <p><input type="checkbox"/> a. I strongly disagree<br/> <input type="checkbox"/> b. I disagree<br/> <input type="checkbox"/> c. I somewhat agree<br/> <input type="checkbox"/> d. I agree<br/> <input type="checkbox"/> e. I strongly agree</p>    |
| <p><b>7. Based solely on a brief conversation with a friend, coworker, or relative, I would invest in a mutual fund.</b></p>  | <p><input type="checkbox"/> a. I strongly disagree<br/> <input type="checkbox"/> b. I disagree<br/> <input type="checkbox"/> c. I somewhat agree<br/> <input type="checkbox"/> d. I agree<br/> <input type="checkbox"/> e. I strongly agree</p>           | <p><b>8. During the first half of 1994, some bond investments fell by more than 10%. If you owned an investment that fell 10% over a short period, what would you do?</b></p>                   | <p><input type="checkbox"/> a. Sell all of the remaining investments<br/> <input type="checkbox"/> b. Sell a portion of it<br/> <input type="checkbox"/> c. Hold on and do nothing<br/> <input type="checkbox"/> d. Buy more of the investment</p> |
| <p><b>9. When it comes to investing in stock or bond mutual funds (or individual stocks and bonds), I would describe myself as...</b></p>   | <p><input type="checkbox"/> a. Very inexperienced<br/> <input type="checkbox"/> b. Inexperienced<br/> <input type="checkbox"/> c. Somewhat experienced<br/> <input type="checkbox"/> d. Experienced<br/> <input type="checkbox"/> e. Very experienced</p> | <p><b>10. How stable is your current and future income from sources such as salary, Social Security, and pension plans?</b></p>   | <p><input type="checkbox"/> a. Very unstable<br/> <input type="checkbox"/> b. Unstable<br/> <input type="checkbox"/> c. Somewhat unstable<br/> <input type="checkbox"/> d. Stable<br/> <input type="checkbox"/> e. Very Stable</p>                 |
| <p><b>11. Assuming a long term \$100,000 investment, which fund would be most comfortable for you? The funds have these potential ranges of return.</b></p>                                   |   | <p><input type="checkbox"/> a. Fund A \$5,930 to (-\$1,640)<br/> <input type="checkbox"/> b. Fund B \$19,210 to (-\$10,200)<br/> <input type="checkbox"/> c. Fund C \$42,290 to (-\$36,390)</p> |  |

## Investment Planning

## Investor Profile Questionnaire continued...

| Investor Profile Questionnaire Scoring Sheet    |  |   |  |
|---|--|---|--|
| Answer = Points                                 |  |   |  |
| 1.<br>a. = 4<br>b. = 7<br>c. =12<br>d. =17      | 2.<br>a. =0<br>b. =1<br>c. =3<br>d. =5<br>e. =8  | 3.<br>a. =1<br>b. =3<br>c. =5<br>d. =7          | 4.<br>a. =1<br>b. =3<br>c. =5<br>d. =6 |
| 5.<br>a. =6<br>b. =5<br>c. =3<br>d. =1<br>e. =0 | 6.<br>a. =5<br>b. =4<br>c. =3<br>d. =2<br>e. =1  | 7.<br>a. =5<br>b. =4<br>c. =3<br>d. =2<br>e. =1 | 8.<br>a. =1<br>b. =3<br>c. =5<br>d. =6 |
| 9.<br>a. =1<br>b. =2<br>c. =3<br>d. =4<br>e. =5 | 10.<br>a. =1<br>b. =2<br>c. =3<br>d. =4<br>e. =5 | 11.<br>a. =1<br>b. =3<br>c. =5                  |  |

| Portfolio Recommendations |                                   |
|---------------------------|-----------------------------------|
| Score                     | Allocation<br>(% Equities/%Bonds) |
| 73 - 75                   | 100/0                             |
| 70 - 72                   | 90/10                             |
| 66 - 69                   | 80/20                             |
| 61 - 65                   | 70/30                             |
| 51 - 60                   | 60/40                             |
| 44 - 50                   | 50/50                             |
| 38 - 43                   | 40/60                             |
| 32 - 37                   | 30/70                             |
| 25 - 31                   | 20/80                             |
| 18 - 24                   | 10/90                             |
| 12 - 17                   | 0/100                             |

## Investment History and Experience



Please answer the following questions:

What investments have you made in the past that you have been pleased with? Why?

|  |
|--|
|  |
|--|

What past investments have you not been pleased with? Why?

|  |
|--|
|  |
|--|

Have you ever sold an investment when its price was down and later regretted doing so? What was it?

|  |
|--|
|  |
|--|

Have you experienced losses during an extended (1+ year) bear market? When and how much?

|  |
|--|
|  |
|--|

Do you subscribe to any financial newsletters, websites, or other financial publications? Which ones?

|  |
|--|
|  |
|--|

Are there any investments or companies you would avoid for ethical, social, or political reasons?

|  |
|--|
|  |
|--|

What is your most current source of financial information or advice?

|                      |                               |  |
|----------------------|-------------------------------|--|
| Newspaper(s)         | Family or Friends             | Professional Advisor(s)<br>(e.g. attorney, accountant) |
| Television           | Employer-supplied information | Business/Financial magazines                           |
| Financial Website(s) | Other (specify)               |  |

**Estate Planning Documents**



|   | Client |    | Spouse |    |
|---|--------|----|--------|----|
|   | Yes    | No | Yes    | No |
| <b>Do you have an up-to-date:</b>                             |        |    |        |    |
| Will?   |        |    |        |    |
| Power of Attorney for Property?                               |        |    |        |    |
| Health Care Directives?                                       |        |    |        |    |
| Living Trust?   |        |    |        |    |
| Other Trust?  |        |    |        |    |
| Beneficiary Designations?                                     |        |    |        |    |
| Estate Plan?  |        |    |        |    |
| Business Succession Plan?                                     |        |    |        |    |
| Letter of Instruction?  |        |    |        |    |
| Do you keep your important documents in a safe deposit box?   |        |    |        |    |
| If so, does someone other than your spouse have access to it? |        |    |        |    |
| <b>Notes</b>  |        |    |        |    |
|   |        |    |        |    |

## Estate Planning Issues and Goals



|   | Yes | No |
|---|-----|----|
| Do you have children from a previous marriage?                                    |     |    |
| Do you have a child with special needs?   |     |    |
| Do you have a pre- or post-marital agreement?                                     |     |    |
| Please specify:   |     |    |
| Are there any trusts which give you a power of appointment?                       |     |    |
| Please specify:   |     |    |
| Are you worried about probate?  |     |    |
| Please specify:   |     |    |
| Are you concerned about your spouse's ability to handle finances?                 |     |    |
| Are you concerned about how your descendants will spend their inheritances?       |     |    |
| Do you have property outside of the United States?                                |     |    |
| Are you concerned about minimizing transfer taxes?                                |     |    |
| Are you charitably inclined?  |     |    |
| Is asset protection a concern?  |     |    |
| Are you interested in multi-generational planning?                                |     |    |
| If you're a business owner, are you interested in business succession strategies? |     |    |
| Have you ever filed a gift tax return?  |     |    |
| Do you anticipate receiving a significant inheritance?                            |     |    |
| If you have a minor child, have you named a guardian in your will?                |     |    |

**Business Owner Information**



|  |
|--|
| <b>What is the full name of your business?</b>                                       |
|  |
| <b>What is the legal form of your business (corporation, partnership, LLC, etc.)</b> |
|  |
| <b>Are there other owners? If yes, what percentage of the business do you own?</b>   |
|  |
| <b>How many years has the business been operating?</b>                               |
|  |
| <b>Is your business publicly traded? Do you have a website address?</b>              |
|  |
| <b>What were your most recent annual revenues? Profit losses?</b>                    |
|  |
| <b>What are the products or services that your business provides?</b>                |
|  |
| <b>When was the most recent appraisal of your business done?</b>                     |
|  |
| <b>What is the current market value of your business?</b>                            |
|  |
| <b>Do you have employees? If so, how many?</b>                                       |
|  |
| <b>Does your business sponsor a retirement plan?</b>                                 |
|  |
| <b>Is there a legal written business succession plan in place?</b>                   |
|  |

## Business Owner Succession

Please rate how important the following concerns are to you, 5 being the most important, 1 being the least important.



| Concern   | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Ensure the continuation of the business                       |   |   |   |   |   |
| Keep the business in the family                               |   |   |   |   |   |
| Provide a smooth transition of management responsibilities    |   |   |   |   |   |
| Minimize income and transfer taxes                            |   |   |   |   |   |
| Equalize transfers to children                                |   |   |   |   |   |
| Provide job security to key employees                         |   |   |   |   |   |
| Ensure future financial security for yourself and your spouse |   |   |   |   |   |
| Keep family harmony   |   |   |   |   |   |
| Prepare short-term contingency plan                           |   |   |   |   |   |
| Other (specify below)   |   |   |   |   |   |
| <b>Notes</b>  |   |   |   |   |   |
|   |   |   |   |   |   |

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