



Acorn Financial Services

3600 Chain Bridge Road, Fairfax, VA 22030 Telephone (703) 293-3100
Fax (703) 273-6959 Email: acom@acorn-financial.com

Client Profile Questionnaire

Date: _____

To best serve your financial needs, we ask that you complete the following questionnaire as completely as possible. We hold this information in strict confidence and do not share with any outside parties. All information on page 1 must be obtained as required by Federal Law and the USA Patriot Act. Our financial institution must obtain, verify, and record information that identifies each person who opens an account.

Primary Profile

Name: _____ Date of Birth: _____
 Email: _____ SSN: _____
 US Citizen: Yes No: Specify Citizenship _____ Cell Phone: _____
 Martial Status: Single Married Widowed Domestic Partner Gender: Male Female
 Employment Status: Employed Self-Employed Business Owner Unemployed Retired
 Occupation: _____ Yrs. Employ. _____ Work Phone: _____
 Employer Name: _____ Annual Income: \$ _____
 Employer Physical Street Address, City, & State: _____
 Preferred method(s) of contact: Primary (select all that apply): Work # Cell # Home # Email
 Secondary (select all that apply): Work # Cell # Home # Email
 Do Not Use (select all that apply): Work # Cell # Home # Email

Secondary Profile

Name: _____ Date of Birth: _____
 Email: _____ SSN: _____
 US Citizen: Yes No: Specify Citizenship _____ Cell Phone: _____
 Martial Status: Single Married Widowed Domestic Partner Gender: Male Female
 Employment Status: Employed Self-Employed Business Owner Unemployed Retired
 Occupation: _____ Yrs. Employ. _____ Work Phone: _____
 Employer Name: _____ Annual Income: \$ _____
 Employer Physical Street Address, City, & State: _____
 Preferred method(s) of contact: Primary (select all that apply): Work # Cell # Home # Email
 Secondary (select all that apply): Work # Cell # Home # Email
 Do Not Use (select all that apply): Work # Cell # Home # Email

Home Physical Address: _____ [No PO Boxes]

City, State, Zip: _____ Home Phone: _____

Home Mailing Address (if different): _____

Are you or any member of your immediate family employed by a bank, insurance company, investment advisor, broker/dealer, or FINRA? Yes No If Yes, Specify _____

Have you or any member of your immediate family ever been a corporate officer, director, or +10% owner of a public company? Yes No If Yes, Specify _____



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Number of Dependents: _____

Name: _____ Relationship: _____ Tax Dependent: Yes No

Date of Birth: _____ SSN: _____

Name: _____ Relationship: _____ Tax Dependent: Yes No

Date of Birth: _____ SSN: _____

Name: _____ Relationship: _____ Tax Dependent: Yes No

Date of Birth: _____ SSN: _____

Risk Tolerance	Investment Objectives*	Previous Investment Experience	
<input type="checkbox"/> Very High	<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> None	<input type="checkbox"/> Alt. Investments
<input type="checkbox"/> High	<input type="checkbox"/> Growth	<input type="checkbox"/> Bonds	<input type="checkbox"/> LP
<input type="checkbox"/> Moderate	<input type="checkbox"/> Growth & Income	<input type="checkbox"/> Stocks	
<input type="checkbox"/> Low	<input type="checkbox"/> Income	<input type="checkbox"/> Mutual Funds	
	<input type="checkbox"/> Preservation of Capital	<input type="checkbox"/> REITs	

*** Definitions of Investment Objectives:**

Aggressive Growth: This is the most speculative objective. This strategy attempts to achieve maximum long-term capital growth by investing primarily in stocks of small companies or narrow market segments. Investors typically have longer investment time horizons and will assume high market risks for potentially high returns.

Growth: This is an investment strategy whose aim is to achieve capital appreciation over a long period of time (for example, 7 or more years) with little concern for current income. Investors in this portfolio seek increased capital value over time and are willing to assume moderate market risk and fluctuations in portfolio value.

Growth & Income: This is an investment strategy whose aim is to provide both growth (capital appreciation) and income by investing in companies that have potential for earnings growth and capital appreciation as well as dividends. This strategy may include the purchase of bonds or other debt instruments. Growth and income strategies can be either conservative or aggressive.

Income: This objective seeks a steady stream of income. This is a strategy that concentrates on investments paying a fixed interest rate, such as a bond, a bond fund, certificate of deposit, money market, or preferred stock.

Preservation of Capital: This is a very risk-adverse investment strategy, characterized by a desire to prevent loss of capital with a secondary concentration in current income or growth.

Financial Objectives: Check the boxes that most closely represent your financial objectives for each statement.

	Low		Medium		High
Reducing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum investment growth potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current spendable income from assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity (convert assets to income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Life Insurance

Insured	Owner	Beneficiary	Type	Company	Premium	Death Benefit
1.						
2.						

Disability and Long Term Care

Insured	Type	Company	Premium	Benefit
1.				
2.				

Personal Planning Issues

 What are your primary financial concerns? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Retirement planning, including IRAs, 401(k)s, TSPs, and rollovers | <input type="checkbox"/> Estate Planning or estate preservation |
| <input type="checkbox"/> Investment planning | <input type="checkbox"/> Budgeting, cash flow planning, or debt management |
| <input type="checkbox"/> 529 College or education funding programs | <input type="checkbox"/> Charitable trusts or charitable planning |
| <input type="checkbox"/> Insurance planning or insurance review | <input type="checkbox"/> Portfolio allocations or re-balancing |
| <input type="checkbox"/> Tax planning | <input type="checkbox"/> Real estate, including refinancing, purchases, 2 nd homes |
| <input type="checkbox"/> Stock options | |

Business Planning Issues

 What are your primary financial concerns, if applicable? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> New business formation | <input type="checkbox"/> Stock options |
| <input type="checkbox"/> Business valuation | <input type="checkbox"/> Buy/sell stock redemption |
| <input type="checkbox"/> Qualified retirement plan | <input type="checkbox"/> Key person life insurance |
| <input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Investment planning |

Goals

Short-term goals (under 6 months)

Mid-term goals (up to 1 year)

Long-term goals (over 1 year)

Target Date

Long-term goals (over 1 year)	Target Date

How did you hear about us?

Referral, from whom?
