

WealthPATH

(Preliminary Assessment, Thoughts, and Health Survey)

King Wealth Planning is committed to maintaining the trust and confidence of our customers. We will treat all of the information you provide with a high degree of confidentiality. We want you to know that protection of your personal information is of the upmost importance to us.

To safeguard your personal information, we use security measures that are compliant with Federal law. These measures include computer safeguards and secure files, vaults and buildings. We train our employees to properly handle your personal information with total care.

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Financial Planning offered through King Wealth Planning, Inc., a Registered Investment Advisor and a separate entity.

Date								
Personal Informa	ation							
Name:		Spouses Name:						
Address:								
City:		State:		Zip:				
Your Information		Spouse Information						
Date of Birth:			Date of Birth:					
Citizenship:			Citizensh	nip:				
Please check preferred means of contact								
☐Home Phone☐Work Phone								
□Cell Phone								
□Email								
		For	mil.					
Family								
Children: _ Grandchildren:								
Grandeniidren								
		Emplo	yment					
□Retired			□Spouse Retired					
Occupation:	Spouse Occupation:							
Firm:			Spouse Firm:					
			'					
1. Do you receive income from any of the following? (Check all that apply)								
□Salary	□Real Estate			ent Savings Plan	□Dividends			
□Interest	□Pension	□Social S	Security	□IRA	□Other			
2. What was	s your annual i	ncome last ye	ar before	e taxes? (All source	es)			
		□\$50,000 - \$100		•	0 - \$150,000			
□\$150,000 - \$200,000		□\$200,000 - \$250,000		□Over \$25	□Over \$250,000			

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3. How much income ta. (Include Federal and State)	xes were paid on your annu	al income	last year	r?				
□Under \$10,000	□\$10,000 - \$25,000	□\$25,000 - \$50,000						
□\$50,000 - \$200,000	□Over \$100,000							
4. Do you have any investments which provide you with tax savings? (Examples: Real Estate, Municipal Bonds, Tax Credits)								
□Yes. Please Specify:			□No					
5. Estimated value of you accts, retirement accts, etc.)	our investment assets (real est	ate other tha	n primary h	ome, brokerage				
□Under \$500,000 □ \$500,000 - \$1,000,000			□\$1,000,000 - \$2,000,000					
□\$2,000,000 - \$5,000,000	<pre>\$5,000,000 - \$10,000,000</pre>	□Over \$10,000,000						
6. Estimated value of yo	our primary residence							
□Under \$500,000	Under \$500,000		□\$1,000,000 - \$2,000,000					
□\$2,000,000 - \$5,000,000	<pre>\$5,000,000 - \$10,000,000</pre>	□Over \$10,000,000						
7. Estimated total liabilit	ies							
□Under \$100,000	000 □ \$100,000 - \$200,000		□\$200,000 - \$500,000					
□ \$500,000 - \$1,000,000	□ Over \$1,000,000							
General	lease indicate all areas, which	ch apply t	o you.					
Are you anticipating any major	□Yes	□No	□Uncertain					
(i.e. marriage, divorce, retirement, mo Are you comfortable with your		□Yes	□No	□Uncertain				
Do you expect any significant of	changes in your cash flow?	□Yes	□No	□Uncertain				
Do you expect to win or lose a		□Yes □Yes	□No	□Uncertain				
Do you have any assets you wish you didn't own? What are they?			□No	□Uncertain				
Concorno								
Concerns:								
Tax Planning								
Is your current tax liability acce	□Yes	□No	□Uncertain					
Have you been or do you expe	□Yes	□No	□Uncertain					
Who prepares your tax returns?			:					
Are you satisfied?								

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Investments						
Is your investment portfolio providing an adequate return?	□Ye	s □No	□Uncertain			
Is your investment portfolio providing acceptable income?	□Ye	s □No	□Uncertain			
Are there any investments you are opposed to for any reason?	□Ye	s □No	□Uncertain			
Are you dissatisfied with any of your investments?	□Ye	s □No	□Uncertain			
Do you understand the risks associated with your investments?	□Ye	s □No	□Uncertain			
Do you worry about your investments?	□Ye	s □No	□Uncertain			
Do you own any highly appreciated assets that have increased greatly in value?	□Ye	s □No	□Uncertain			
Briefly describe these assets (i.e. Real Estate, Securities, Cost Basis, E	Estimated (Current Value	e, etc.)			
Concerns:						
Stock Options						
Do you have any ISO or NQSO options?	□ISO	□NQSO	□Uncertain			
Have you exercised any options?	□ISO	□NQSO	□Uncertain			
Insurance						
Do you feel you are adequately insured in the t	ollowing	areas?				
a. Long term health care	□Yes	□No	□Uncertain			
b. Life Insurance	□Yes	□No	□Uncertain			
c. Medical Insurance	□Yes	□No	□Uncertain			
d. Disability Insurance		□No	□Uncertain			
e. Home, Auto, Personal Liability Umbrella Insurance		□No	□Uncertain			
e. Home, Auto, Personal Liability Umbrella Insurance f. Critical Illness (i.e. cancer, stroke, heart attack)		□No	□Uncertain			
If you had died yesterday, would your spouse / family have						
adequate income to maintain their standard of living?		□No	□Uncertain			
Concerns:						

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