WEALTHCARE FINANCIAL

At WealthCare Financial, we take pride in getting to know our clients. In order to treat you like family, please take the time to fill out this questionnaire so we can get to know a little more about you.

(561) 705-2005
5301 N. Federal Hwy, Suite 170

FINANCIAL FACT FINDER

By providing the requested information below, you may be offered information regarding the purchase of insurance and investment products.

WealthCare Financial offers investment advisory and financial planning through Alphastar Capital Management LLC.

PERSONAL INFORMATION

Client legal name: ____________________

Nickname: ____________________ Age: ________ Date of birth: ________

Spouse legal name: ____________________

Nickname: ____________________ Age: ________ Date of birth: ________

Mailing address: ____________________

City: ____________________ State: ________ Zip: ________

Home phone: ____________________ If married, anniversary date: ________

Client cell phone: ____________________ Spouse cell phone: ________

Client email: ____________________ Spouse email: ________

How did you hear about us?

____

EMPLOYER INFORMATION

Client

Employer (last if retired): ____________________

Occupation: ____________________

Business type: ____________________

City: ____________ State: ________

Planned retirement date: ____________________

If retired, date: ____________________

Spouse

Employer (last if retired): ____________________

Occupation: ____________________

Business type: ____________________

City: ____________ State: ________

Planned retirement date: ____________________

If retired, date: ____________________

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FINANCIAL QUESTIONNAIRE

What are your primary financial concerns (list in order of importance)?

1.______________________________ 4. ______________________________

2.______________________________ 5. ______________________________

3.______________________________ 6. ______________________________

What are your primary hobbies or passions?

____

What charities or significant causes are you involved in?

____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What do you think a reasonable rate of return is? You ______ % Spouse ______ %

2. What percentage would the Stock Market need to drop before you would be concerned (or dollar amount)?
   You: ______ % $______ Spouse: ______ % $______

3. What is your risk tolerance on a scale of 1-99? You ______ Spouse ______

4. How much short-term, immediate cash do you want available? You $______ Spouse $______

5. Please rank the following items from 1-4 based on what is most important to you.
   (1 = Most Important & 4 = Least Important)

   Protection from Loss:_______ Return:_______ Liquidity:_______ More Diversification:_______

6. There are four things you can do with your nest egg. Which two are the most important to you and your spouse?

- ☐ Spend it
- ☐ Pass it on to family through inheritance or gifting
- ☐ Purchase financial products with risk of loss to principal
- ☐ Purchase financial products, including insurance products, without the risk of loss to principal

Insurance products, including annuities, are intended for retirement or other long-term needs. Guarantees are backed by the financial strength of the issuing company. Annuities are not bank or FDIC insured.

7. What I REALLY want from my financial professional is:
   You ____
   Spouse ____

General Information (Please circle the appropriate answer)	**Financial Planning Objectives** (Rank the following according to your level of concern with 10 being highest)
Do you have a financial advisor? ☐ Yes ☐ No If yes, what company? ________________	Outliving My Money 1 2 3 4 5 6 7 8 9 10
Do you have an attorney? ☐ Yes ☐ No If yes, who? ________________	Cash Flow in Retirement 1 2 3 4 5 6 7 8 9 10
Do you have an accountant? ☐ Yes ☐ No If yes, who? ________________	Reducing Current Income Taxes 1 2 3 4 5 6 7 8 9 10
Do you have a Will? ☐ Yes ☐ No	Security – Protection of Principal 1 2 3 4 5 6 7 8 9 10
Do you have a Trust? ☐ Yes ☐ No	Growth – Maximum Investment Return 1 2 3 4 5 6 7 8 9 10
Do you want to leave money to your children? ☐ Yes ☐ No	Estate Planning 1 2 3 4 5 6 7 8 9 10
Do you have any income from real estate? ☐ Yes ☐ No	Long-Term Care 1 2 3 4 5 6 7 8 9 10
If you own rentals, do you like being a landlord? ☐ Yes ☐ No	Health Care Insurance Costs 1 2 3 4 5 6 7 8 9 10
Do you expect to care for a child or parent? ☐ Yes ☐ No	Inflation 1 2 3 4 5 6 7 8 9 10
Do you have life insurance? ☐ Yes ☐ No If yes, does it have a cash value? $________________	Stock Market Crash 1 2 3 4 5 6 7 8 9 10

RISK ASSESSMENT QUESTIONNAIRE

The Risk Assessment Questionnaire can help to determine an appropriate mix of financial vehicles for a financial strategy, based on the answers given to the questions below. This page must be completed for compliance purposes.

(Please only check one box for each question.)

Long-Term Goals and Expectations — Your views of how a investment portfolio should perform over the long term.

1. What is your goal for this investment portfolio?

- ☐ To grow aggressively
- ☐ To grow significantly
- ☐ To grow moderately
- ☐ To grow with caution
- ☐ To avoid losing money

2. Suppose the stock market performs poorly over the next decade, what would you expect from this investment portfolio?

- ☐ To lose money
- ☐ To make very little or nothing
- ☐ To make out with a little gain
- ☐ To make a modest gain
- ☐ To be little affected by what happens in the stock market

Short-Term Risk Attitude —Your attitude toward short-term volatility.

3. Which of these statements would best describe your attitude about the next 12 months' performance of this investment portfolio?

- ☐ I don't mind if I lose money
- ☐ I can tolerate a small loss
- ☐ I wouldn't worry about losses in that time frame
- ☐ If I suffered a loss of greater than 10 percent I'd get concerned
- ☐ I'd have a hard time stomaching any losses

CONCERNS AND OBJECTIVES

Which of the following are your top three concerns?

- ☐ Market volatility
- ☐ Tax efficient strategies
- ☐ Considering retirement and not sure if I/we can afford to
- ☐ Not having a reliable income plan for retirement
- ☐ Long-term care expenses
- ☐ Outliving nest egg
- ☐ Leaving a legacy for loved ones
- ☐ Being more diversified

What are your Financial Objectives? (Check all that apply)

- ☐ Income
- ☐ Protect Assets from Market Volatility
- ☐ Develop a more conservative portfolio
- ☐ Reduce Fees
- ☐ Pass Assets to Beneficiaries
- ☐ Reduce Taxes

Other ______________________________