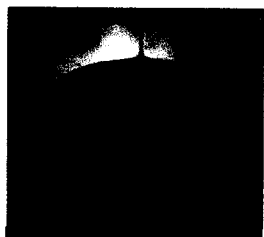
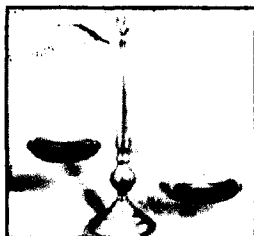


**Atlantic Risk
Management**
CORPORATION



Financial Profile

**CONFIDENTIAL
INFORMATION**



1. To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate picture of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise my Representative immediately.

2. I further acknowledge that the results of my financial plan may provide both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

Signature

Date

Signature

Date



Learning more about You.

In order to advise you better, it would be helpful to get some personal background information about your situation.

Client A	
Name	_____
Date of Birth	_____ Social Security # _____
Home Telephone # () _____	Business # () _____ Fax # () _____
Email Address	_____
Employer	_____ Occupation _____ Annual Income \$ _____
Client B	
Name	_____
Date of Birth	_____ Social Security # _____
Home Telephone # () _____	Business # () _____ Fax # () _____
Email Address	_____
Employer	_____ Occupation _____ Annual Income \$ _____
Non U.S. Citizen:	<input type="checkbox"/> Client A <input type="checkbox"/> Client B Relationship: <input type="checkbox"/> Married <input type="checkbox"/> Other
Address	_____
City _____	State _____ Zip Code _____
<p>Are you a business owner? <input type="checkbox"/> Client A <input type="checkbox"/> Client B How many employees do you have? _____</p> <p>What type of business? _____ What is your ownership %? _____</p> <p>Do you have a business retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. _____</p> <p>Are you interested in a review of your current plan or developing a new plan to benefit you as a business owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any plans for business succession? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe. _____</p>	

Dependent's	Relationship*	Age	Interest in planning	
			Education	Life Insurance
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do any of your dependents have special needs? Yes No

*Son, Daughter, Grandson, Granddaughter, Father, Mother, Other

Financial Goals & Status

Understanding your financial goals allows me to better evaluate your situation and provide more suitable investment recommendations.

<p>What are your two most important goals at this time?</p> <p>_____</p> <p>_____</p> <p>How much do you think you could save monthly to reach these goals? \$ _____</p> <p>What are your expectations of me, as your financial advisor? _____</p> <p>_____</p> <p>What is your expected annual % wage increase? Client A _____ Client B _____</p> <p>Do you work with any other financial advisors? (i.e. Attorney, CPA, Broker, Financial Planner)</p> <p>Name: _____ How Long: _____</p> <p>Name: _____ How Long: _____</p> <p>What are your current monthly expenses? \$ _____</p> <p>Three to six months of expenses is a guideline for emergency expenses.</p> <p>What is your desired amount available for emergency funds? \$ _____</p> <p>Are you systematically investing outside of your retirement plans? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____</p> <p>Did you receive a tax refund for last year's filing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you expect to make any major purchases (i.e. weddings, travel, new home, etc.) within the next 2-5 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____</p>

Asset Allocation

Set goals, plan, diversify and review.

Investment Objectives

1. The following best describes my overall investment objective?
- Maximum capital appreciation with little or no need for current income 12
 - Long term moderate growth with the opportunity for some current income 9
 - Total return from a balance of capital appreciation and current income 6
 - Emphasis on preservation of capital with current income 3
2. What do you plan to do with any income generated by your investments?
- Reinvest all income back into my investments 12
 - Receive a portion and reinvest a portion 8
 - Take all income 4
3. I believe that my non-investment income (i.e. salary, rental income, Social Security, pension) stream for the foreseeable future is best described as:
- Very stable 6
 - Fairly stable 4
 - Not very stable 2
 - Not possible to reasonably predict at this time 1

Risk Tolerance

4. Which one of the following statements best describes your feeling about investment risk? I prefer:
- An aggressive mix of investments with emphasis on a higher degree of risk that may yield greater returns 7
 - A balanced mix of investments, some with a low degree of risk and others with a higher degree of risk that may yield greater returns 5
 - A mix of investments with emphasis on a low degree of risk and a smaller portion of others that have a higher degree of risk that may yield greater returns 3
 - A conservative mix of investments with a low degree of risk that are less likely to lose my original investment 1
5. What best describes your response when your portfolio valued at \$100,000 quickly declines 15% to \$85,000?
- I invest for long-term growth and accept temporary changes due to market fluctuation 7
 - I invest for long-term growth but would be concerned about a temporary decline 5
 - If the amount of income I received was unaffected, it would not bother me 3
 - I would be worried because I am unwilling to accept value fluctuations in my portfolio 1
6. The statements below represent three different ways in which your portfolio returns may fluctuate year to year.
- Most aggressive, big ups and downs 7
 - More balanced, moderate ups and downs 4
 - Most Stable, conservative ups and no downs 1
7. How would you describe your outlook for the U.S. economy in the foreseeable future?
- Very optimistic 7
 - More optimistic than pessimistic 5
 - Neutral 3
 - Pessimistic 1
8. Which type of securities are you most comfortable investing in?
- Stocks or mutual funds of newer growing companies 7
 - Stocks or mutual funds of older established companies 5
 - U.S Government securities, municipal bonds or high-grade corporate bonds 3
 - Money Market or bank deposit accounts 1

Asset Allocation

Time Horizon

9. What is your current age?

Under 45 15

45-55 12

56-65 8

Over 65 4

10. When do you plan to start withdrawing funds from your investment portfolio outside of current income?

More than 20 years 20

11 - 20 years 15

6-10 years 10

Less than 5 years 4

Total Points _____

Suggested Portfolios	Point Range	Suggested Portfolios	Point Range
<input type="checkbox"/> Aggressive Growth	91 - 100	<input type="checkbox"/> Balanced	51 - 60
<input type="checkbox"/> Growth	81 - 90	<input type="checkbox"/> Enhanced Income	41 - 50
<input type="checkbox"/> Accumulation	71 - 80	<input type="checkbox"/> Income	31 - 40
<input type="checkbox"/> Growth & Income	61 - 70	<input type="checkbox"/> Capital Preservation	0 - 30

Have you ever had an advisory or trust account? Yes No

If yes, please describe? _____

What type of investments have you made in the past?

CD/Savings Mutual Funds Annuities

Stocks Bonds Other _____

What was the best financial decision you ever made? _____

If you could make one change in your portfolio today, what would it be? _____

Life Insurance Needs *Coverage for the unexpected. Protection for your loved ones.*

	Client A Survives	Client B Survives
Additional Annual Income Needed*	\$ _____	\$ _____
Number of Years	_____	_____
Anticipated Rate of Return	_____ %	_____ %
Do you want to plan for final expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Are there any other expenses that should be included?	\$ _____	\$ _____
Do you want to payoff liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
If yes, how much?	\$ _____	\$ _____
Do you want to prepay education expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Should any other additional assets be included?	\$ _____	\$ _____
For single individuals:		
Annual Income Needed for Dependents \$ _____		
Years Needed _____		
Other Expenses Needed for Dependents \$ _____		
Do you currently have disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a long term care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are your annual premium(s) \$ _____	\$ _____	\$ _____
Do you have any special interests or health conditions that could affect your insurability?		
Client A _____		
Client B _____		
Do you or have you used tobacco products within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Funds needed in addition to wages, pension, Social Security, etc

Education Funding

Invest in a child's education. The returns can be life long.

Student's Name	# of Years Until College	# of Years Attending College	Option #1 Institution Name	Option #1 Annual Tuition	Option #2 Institution Name	Option #2 Annual Tuition

Are you saving annually for this goal? Yes No Amount: \$ _____
 What is your anticipated annual rate of return? _____ %

Retirement Planning

Save and plan for a comfortable lifestyle.

	Client A	Client B	Joint (if Applicable)
Target Retirement Age	_____	_____	
Target Retirement Income			\$ _____
Estimated Inflation Rate			_____ %
Include Social Security benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Age Social Security will Begin	_____	_____	
Annual Benefit	\$ _____	\$ _____	
COLA (Cost of Living Adjustment)	_____ %	_____ %	
Age Pension will Begin	_____	_____	
Annual Benefit	\$ _____	\$ _____	
COLA	_____ %	_____ %	
Survivorship Option	_____	_____	
Are you making annual contributions to your Qualified Plan?	\$ _____	\$ _____	
Are you making annual contributions to your IRA or Roth IRA?	\$ _____	\$ _____	
Are you making annual contributions outside of your retirement plans?	\$ _____	\$ _____	\$ _____
Where is the money being invested?	_____		

In retirement, do you anticipate any additional income needs? Client A Amount: \$ _____ Years: _____
 Client B Amount: \$ _____ Years: _____
 (i.e. Insurance Premiums, Long-Term Care, Home Purchase) Joint Amount: \$ _____ Years: _____

Will you receive additional income during retirement? (i.e. Rental, Business, Part-Time, or Trust Income)

Source: _____ Amount: \$ _____ Years: _____ COLA: _____ %
 Source: _____ Amount: \$ _____ Years: _____ COLA: _____ %
 Source: _____ Amount: \$ _____ Years: _____ COLA: _____ %
 Source: _____ Amount: \$ _____ Years: _____ COLA: _____ %

Estate Planning

Maximize wealth transfer. Minimize taxes.

	Client A	Client B
Do you have a Wife?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Marital Trust/QTIP?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Bypass Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently making or planning on making any charitable bequest(s)?	\$ _____	\$ _____
Do you own a burial insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Do you want to plan for final expenses?	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
If married, are all your assets expected to go to your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
If no, what amount should pass as direct inheritance?	\$ _____	\$ _____
Are you interested in utilizing:		
Charitable Gifting?	<input type="checkbox"/>	<input type="checkbox"/>
By-Pass Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust?	<input type="checkbox"/>	<input type="checkbox"/>

What Other Services Do You Use?

	Location		Location
Checking	_____	Installment Loan	_____
Savings	_____	Mortgage	_____
CDs	_____	Home Equity Loan	_____
IRA/SEP	_____	Brokerage Accounts	_____
Pension Plan	_____	Other Investment Services	_____
Can we help you with any of these services?	_____		_____