

First Meeting Financial Organizer

The purpose of this form is to help us better understand your needs. This form is designed to make your meeting with Bucholtz & Germo as productive as possible by gathering basic information before we meet.

Please complete this First Meeting Financial Organizer and return to our office one day prior to your first meeting.

Fax: (440) 944-8080 Email: info@bgwealth.com

Mail: Bucholtz & Germo, 2786 SOM Center Road, Suite 102, Willoughby Hills, Ohio, 44094

Please bring the following financial information to your initial meeting:

- Recent tax return
- · Recent investment statements
- Pension or retirement plan information

If you have any questions as you work through these materials, please contact us at (440) 944-7070 or (800) 944-3134. Bucholtz & Germo maintains strict confidentiality. Securities and advisory services offered through Commonwealth Financial Network, Member FINRA/SIPC, a Registered Investment Adviser.

Your Name		Date o	f Birth_	/_	/	
Spouse Name		Date o	f Birth_	/	/	
Street Address				 		
City		State	Zip			
Phone Cell	Home	Email				
Do you have children? ○ Yes ○ No	o If yes, please provide th	eir names and birthdates:				
Name		Date o	f Birth_	/	/	
Name		Date o	f Birth_	/_	/	
Name		Date o	f Birth_	/	/	
Are you currently employed? ○ Yes	○ No If yes, please pro	ovide the name of your em	ployer a	and job	title:	
Company Name		Job Title		,		
Work Phone		Email				
Is your spouse currently employed?	○ Yes ○ No If yes, ple	ase provide the name of t	heir emp	oloyer a	and job title:	
Company Name		Job Title				
What is your approximate annual inco	me from all sources?					
Your Income: Oless than \$50,000	○ \$50,000 to \$100,000	○ \$100,000 to \$250,000	0 0	greater	than \$250,000	
Spouse Income: ○ less than \$50,000	○ \$50,000 to \$100,000	○ \$100,000 to \$250,000	0 0	greater	than \$250,000	
What prompted you to contact Bucholt	z & Germo?					
What would you like your initial meetin	g to focus on?					

What are your biggest financial concerns?			
Do you currently work with a CERTIFIED FINA	ANCIAL PLANNER TM F	Practitioner? ☐ Yes ☐ N	No
Do you have a will? ○ Yes ○ No Wh	nen was your will la	st updated?/_	
Do you have a trust? ○ Yes ○ No ○	Not Sure	(mo) (ye	ar)
Do you use an accountant to prepare your	taxes? O Yes O	No	
If yes, what accountant do you use?			
Have you had a tax planning appointment	in the past year?	○ Yes ○ No	
Have you written out your long term finance	ial goals? O Yes	○ No ○ Not recently	
What is the approximate value of all your 0	D's, savings, and	checking accounts?	
•	0,000 to \$150,000	•	o \$250,000
○ \$250,000 to \$500,000			ore than \$1,000,000
What is the approximate value of all your r	etirement plans and	d IRA's? (401k, etc)	
•	0,000 to \$150,000	,	o \$250.000
○ \$250,000 to \$500,000		\$1,000,000 O Mo	•
Do you have an ownership interest in a bu	siness? ☐ Yes ☐	□ No	
If yes, please list type of business and bus	iness name – Type	of Business	
Business Name	• •		
Do you expect to receive any pension bene			
Do you hold any notes payable? (Money of	owed to you) OY	es O No	
What is the approximate market value of y	our home?		
○ Less than \$150,000 ○ \$150,0		○ \$300.000 to \$750.00	0 O More than \$750,000
Do you have a mortgage on your home? I			
Loan Balance			
Please indicate any other debt you current			
Home Equity	•	à	Car Loan
Credit Card Debt(If you carry a balance)	Dusiness Debt		Other
Do you own any other real estate? \bigcirc Yes	○ No ○ Vacat	ion Property/Second Hom	e O Investment Property
Do you have any life insurance? O Yes	○ No		
Has your life insurance been reviewed in the	he last five years?	○ Yes ○ No ○ I/We do	not have or need life insurance
Do you have disability insurance? O Yes	○ No		-
			Thank You