



# SOLIS

WEALTH MANAGEMENT, INC.

Embracing Purpose | Impacting Lives

## Confidential Profile

[www.soliswealth.com](http://www.soliswealth.com) | 760.771.3339

The Wealth Advisors of Solis Wealth Management are also Registered Representatives with and securities and advisory services are offered through LPL Financial, a Registered Investment Advisor. Member FINRA/SIPC



PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NECESSARY

DATE \_\_\_\_\_

**FAMILY INFORMATION**

Name Nickname Age Birthdate Social Security #

Spouse's Name Nickname Age Birthdate Social Security #

Residence Address City State Zip Code

Mailing Address City State Zip Code

Secondary Home Address City State Zip Code

Home Phone # Your Cell # Spouse's Cell # Fax #

Your Email Spouse's Email

How did you hear about us?  Radio  Print  TV  Referred by: \_\_\_\_\_

Driver's License  
You: Driver's License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Spouse: Driver's License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**CURRENT EMPLOYMENT**

Your Job Title Employer (last, if retired) # of Years Date Retired or Desired Retirement Age

Employer's Address City State Zip Code Work Phone #

Spouse's Job Title Employer (last, if retired) # of Years Date Retired or Desired Retirement Age

Employer's Address City State Zip Code Work Phone #

Do you have any professional designations?  
You: If yes, please list: \_\_\_\_\_ Spouse: If yes, please list: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Your Previous Job Title Employer Name and Address Work Phone # # of Years

Spouse's Previous Job Title Employer Name and Address Work Phone # # of Years

**EDUCATION**

Your Undergraduate School Degree Year Graduated

Your Graduate School Degree Year Graduated

Spouse's Undergraduate School Degree Year Graduated

Spouse's Graduate School Degree Year Graduated

**MARRIAGE STATUS**

You:  Single  Married  Divorced  Widowed Date Divorced/Widowed: \_\_\_\_\_

Spouse:  Divorced  Widowed Date Divorced/Widowed: \_\_\_\_\_

Wedding Anniversary Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you been married before?  
 You  Yes  No If yes, marriage #: \_\_\_\_\_  
 Spouse  Yes  No If yes, marriage #: \_\_\_\_\_

Do you have children from a previous marriage?  
 You  Yes  No  
 Spouse  Yes  No

**BENEFICIARIES & CHILDREN/GRANDCHILDREN\***

Total Number of Children: \_\_\_\_\_ Total Number of Grandchildren: \_\_\_\_\_

Child #1	DOB	Gender
Spouse (if applicable)	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

NOTES (special needs or circumstances):

Child #2	DOB	Gender
Spouse (if applicable)	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

NOTES (special needs or circumstances):

Child #3	DOB	Gender
Spouse (if applicable)	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

NOTES (special needs or circumstances):

Child #4	DOB	Gender
Spouse (if applicable)	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender
Grandchild	DOB	Gender

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

NOTES (special needs or circumstances):

\*see appendix A for additional room or feel free to attach an additional page

**INCOME**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Your Total Income Base Salary Commission/Bonus Social Security\* Investments Pension Other

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Spouse Total Income Base Salary Commission/Bonus Social Security\* Investments Pension Other

\*You can access a current copy of your statement at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)

\$ \_\_\_\_\_  
**COMBINED TOTAL INCOME** **LOSS CARRYFORWARD:** (LT) \$ \_\_\_\_\_  
 (ST) \$ \_\_\_\_\_

**EXPENSES**

Please provide approximate monthly expenses:

Mortgage	\$ _____
Car Payment	\$ _____
Car #2 Payment	\$ _____
Property Taxes	\$ _____
Home Owners Fees (HOA)	\$ _____
Food	\$ _____
Transportation	\$ _____

Utilities/Household	\$ _____
Clothing/Personal	\$ _____
Entertainment	\$ _____
Medical/Dental Care	\$ _____
Charitable Donations	\$ _____
Other	\$ _____
<b>APPROXIMATE TOTAL</b>	<b>\$ _____</b>

**ESTATE PLANNING**

Do you have a Will?  Yes  No Date written/amended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a Living Trust?  Yes  No Title of Trust: \_\_\_\_\_ Date written/amended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have an Irrevocable, Charitable, or other Trust?  Yes  No If yes, what is the title of the Trust? \_\_\_\_\_

Do you have any pre-existing health conditions?

You  Yes  No If yes, please briefly describe: \_\_\_\_\_

Spouse  Yes  No If yes, please briefly describe: \_\_\_\_\_

Do you smoke?

You  Yes  No Spouse  Yes  No

Are you expecting any inheritance or lump sum within the next 5 years?  Yes  No If yes, expected amount: \$ \_\_\_\_\_

Are you anticipating any major lifestyle changes (ie marriage, divorce, retirement, children, move, etc)?  Yes  No

Please briefly describe: \_\_\_\_\_

Are you expecting any major purchases in the next 5 years?  Yes  No

Please briefly describe: \_\_\_\_\_

Are any of your children single and over the age of 18?  Yes  No If yes, do you have a Healthcare POA?  Yes  No

Do you have identity theft protection?  Yes  No If yes, please list service provider: \_\_\_\_\_

**ASSETS**

Please list your current NON-RETIREMENT investment accounts (please provide most recent monthly statements):

Firm Name	Approximate Value	Account Title (Joint, Trust, Individual, etc)
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

Please list your current cash and CASH EQUIVALENT not listed as part of other accounts on previous sections (CD, checking, savings, etc) accounts:

Bank/Firm Name	Account Title (Joint, Trust, Individual, etc)	Approximate Value	Interest Rate
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
<b>TOTAL</b>		\$	

How are these assets being managed?  Conservative  Growth  Aggressive  Unsure

How long have you been investing?  1-5 years  6-10 yrs  11-20 yrs  20+ yrs

Please list your current RETIREMENT accounts:

Description (i.e. 401(k), Roth, IRA, Simples, SEP)	Owner:	Current Value	Contributions (Yes/No)	Annual Contributions	Employer Match %
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
<b>TOTALS</b>		\$		\$	

Do you currently own stock options?  Yes  No \*If yes, please include stock option statement

Spouse  Yes  No If yes, please list company name(s): \_\_\_\_\_

Grant Date	Grant Price	Vested Date(s)				
/ /	\$	/ /	/ /	/ /	/ /	/ /
/ /	\$	/ /	/ /	/ /	/ /	/ /
/ /	\$	/ /	/ /	/ /	/ /	/ /
/ /	\$	/ /	/ /	/ /	/ /	/ /

**REAL ESTATE/LIABILITIES**

Real Estate (Including Home):

Property Location	Approximate Value	Loan Type	Loan Balance	Original Loan Amount	Loan Type/Term	Loan Start Date	Interest Rate
	\$	1st Mortgage	\$	\$			%
		2nd Mortgage	\$	\$			%
	\$	1st Mortgage	\$	\$			%
		2nd Mortgage	\$	\$			%
	\$	1st Mortgage	\$	\$			%
		2nd Mortgage	\$	\$			%
<b>TOTALS</b>	\$		\$	\$			

Type of Assets/Liabilities	Value	Loan Balance	Interest Rate	Original Loan Amount	Loan Start Date	Loan Type/Term
Automobile	\$	\$	%	\$		
Automobile	\$	\$	%	\$		
Credit Card Balance	\$	\$	%	\$		
Credit Card Balance	\$	\$	%	\$		
Personal Property	\$	\$	%	\$		
Other Assets (Art, Jewelry, Gold, etc)	\$	\$	%	\$		
Other Debts/Liabilities	\$	\$	%	\$		

**INSURANCE**

Do you have life insurance?  Yes  No

Type of Insurance	Insured	Death Benefit	Cash Value (if applicable)	Annual Premium	If Term Insurance, end of Term Date:
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Do you have long term care insurance?  Yes  No

Daily Benefit Amount	Insured	Annual Premium	Inflation Adjusted (Yes/No)	Elimination Period	Noncancelable (Yes/No)
		\$			
		\$			

Do you have health care insurance?  Yes  No

Do you have disability insurance?  Yes  No

Carrier/Company	Type (HMO, PPO, etc)	Monthly Premium	Annual Deductible
		\$	\$
		\$	\$

Benefit Amount	Annual Premium	Elimination Period	Benefit Term
\$	\$		
\$	\$		

Do you have a Health Savings Account(HSA)?  Yes  No

If Yes, contribution amount? \$

Do you have personal liability insurance?  Yes  No

Do you have an Umbrella Policy?  Yes  No

Liability Coverage Amount	Annual Premium
\$	\$
\$	\$

Umbrella Coverage Amount	Annual Premium
\$	\$
\$	\$

**BUSINESS OWNERSHIP/PARTNERSHIPS**

Name	% Ownership	Approximate Value	Annual Revenue	Approximate K-1 Income (if applicable)
	%	\$	\$	\$
	%	\$	\$	\$
	%	\$	\$	\$
	%	\$	\$	\$

Do you have any limited partnerships?  Yes  No

Partnership Name	Approximate Value	Annual Income (if applicable)
	\$	\$
	\$	\$
	\$	\$

**PROFESSIONAL ADVISORS**

Advisor (Attny, CPA, etc)	Name	Phone Number	Address

**COMMENTS**

Special Interests/Hobbies:

You:

Spouse:

Please include a brief paragraph of your goals and objectives - what do you hope we can help you achieve?

Please provide any additional comments:



**BLUEPRINTING QUESTIONS**

What keeps you up at night? What is your biggest concern?

Mr.

Mrs.

What activities are you most passionate about? For example, what gives you a great feeling of satisfaction and fulfillment?

Mr.

Mrs.

My life will not be complete unless I...

Mr.

Mrs.

If I had all the money I ever needed, I would spend the rest of my life...

Mr.

Mrs.

I want people to remember me by saying I was...

Mr.

Mrs.

My most memorable experiences include...

Mr.

Mrs.

The community/world issue that I feel most strongly about is...

Mr.

Mrs.

If you live your life with meaningful purpose, how will the world be a better place?

Mr.

Mrs.

How will you know that you are living your life with meaningful purpose?

Mr.

Mrs.

Who are the most important people in your life?

Mr.

Mrs.

Describe your preferred lifestyle when you retire.

Mr.

Mrs.

What is on your personal bucket list?

Mr.

Mrs.

## Appendix A

<b>Child #5</b>	<b>DOB</b>	<b>Gender</b>
<b>Spouse (if applicable)</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

**NOTES (Special needs or circumstances):**

<b>Child #6</b>	<b>DOB</b>	<b>Gender</b>
<b>Spouse (if applicable)</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

**NOTES (Special needs or circumstances):**

<b>Child #7</b>	<b>DOB</b>	<b>Gender</b>
<b>Spouse (if applicable)</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>
<b>Grandchild</b>	<b>DOB</b>	<b>Gender</b>

Is this child from a previous marriage?  Yes  No  
 Beneficiary?  Yes  No \_\_\_\_\_ %

**NOTES (Special needs or circumstances):**

**For internal use only**

What is most important in life to you?

Mr.

What is most important in life to you?

Mrs.

**THANK YOU FOR TAKING THE TIME  
TO COMPLETE THIS PROFILE**