



CIS Wealth Management Group

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CONFIDENTIAL COMPREHENSIVE PERSONAL & FINANCIAL PROFILE

SECURITIES OFFERED THROUGH CETERA ADVISOR NETWORKS LLC, MEMBER FINRA/SIPC
CETERA IS UNDER SEPARATE OWNERSHIP FROM ANY OTHER NAMED ENTITY.
INVESTMENT ADVISORY SERVICES OFFERED THROUGH CHRISTIAN INVESTMENT ADVISORS,
A REGISTERED INVESTMENT ADVISOR NOT AFFILIATED WITH CETERA ADVISOR NETWORKS LLC

Confidential Personal Profile For CIS Wealth Management Group

THIS COMPREHENSIVE, PERSONAL PLANNING SUMMARY IS DESIGNED TO HELP YOU TAKE INVENTORY AND ASSIGN REALISTIC VALUES TO YOUR PERSONAL ASSETS AND LIABILITIES. IT IS THE ESSENTIAL FIRST STEP IN ORGANIZING A SENSIBLE PLAN FOR YOUR FUTURE.

FAMILY INFORMATION

LEGAL NAME	NICK NAME	AGE	BIRTH DATE
SPOUSE'S LEGAL NAME	NICK NAME	AGE	BIRTH DATE
WEDDING ANNIVERSARY DATE			
RESIDENTIAL ADDRESS			
CITY		STATE	ZIP CODE
MAILING ADDRESS (if different from above)			
CITY		STATE	ZIP CODE
* PLEASE CHECK PREFERRED CONTACT METHOD			
HOME PHONE	CELL	SPOUSE'S CELL	
E-MAIL	SPOUSE'S E-MAIL		
ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR SPOUSE A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHILDREN / BENEFICIARY INFORMATION

1) LEGAL NAME	BIRTH DATE	DEPENDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATION
2) LEGAL NAME	BIRTH DATE	DEPENDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATION
3) LEGAL NAME	BIRTH DATE	DEPENDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATION
4) LEGAL NAME	BIRTH DATE	DEPENDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATION
5) LEGAL NAME	BIRTH DATE	DEPENDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATION

How did you hear about CIS?

REFERRED BY: WEBSITE PRINT _____ OTHER _____

OCCUPATION

YOUR JOB TITLE	EMPLOYER (LAST, IF RETIRED)
# OF YEARS	WORK PHONE #
	RETIREMENT DATE
EMPLOYMENT ADDRESS	
CITY	STATE
	ZIP CODE
SPOUSE'S JOB TITLE	EMPLOYER (LAST, IF RETIRED)
# OF YEARS	WORK PHONE #
	RETIREMENT DATE
SPOUSE'S EMPLOYMENT ADDRESS	
CITY	STATE
	ZIP CODE

INVESTMENTS & ASSETS *(Please list an investment only one time)*

QUALIFIED RETIREMENT PLAN INVESTMENTS & ASSETS (IRA, 401(k), 403(b))

	YOU		SPOUSE	
VALUE OF TRADITIONAL IRAS:	\$		\$	
VALUE OF ROTH IRAS:	\$		\$	
VALUE OF 401(K)S WITH CURRENT EMPLOYER:	\$		\$	
VALUE OF 401(K)S WITH FORMER EMPLOYER(S):	\$		\$	
VALUE OF 403(B)S:	\$		\$	
VALUE OF SEP & SIMPLE IRAS:	\$		\$	
VALUE OF PENSION PLANS:	\$		\$	
VALUE OF OTHER RETIREMENT PLANS:	\$		\$	
TOTAL¹:	\$		\$	

NON-RETIREMENT INVESTMENTS & ASSETS (Not in any type of IRA or account listed above)

OWNED BY	YOU	SPOUSE	JOINT	OTHER
VALUE OF CHECKING:	\$	\$	\$	\$
VALUE OF SAVINGS:	\$	\$	\$	\$
VALUE OF MONEY MARKETS:	\$	\$	\$	\$
VALUE OF CDS:	\$	\$	\$	\$
VALUE OF BONDS:	\$	\$	\$	\$
VALUE OF FIXED ANNUITIES:	\$	\$	\$	\$
VALUE OF FIXED INDEX ANNUITIES:	\$	\$	\$	\$
VALUE OF VARIABLE ANNUITIES:	\$	\$	\$	\$
VALUE OF BROKERAGE ACCOUNTS:	\$	\$	\$	\$
VALUE OF MUTUAL FUNDS:	\$	\$	\$	\$
VALUE OF STOCKS (NOT IN BROKERAGE ACCOUNTS):	\$	\$	\$	\$
VALUE OF REITS:	\$	\$	\$	\$
VALUE OF 529 / EDUCATION IRAS:	\$	\$	\$	\$
VALUE OF ENERGY (OIL & GAS):	\$	\$	\$	\$
VALUE OF LIMITED PARTNERSHIPS:	\$	\$	\$	\$
VALUE OF LIFE INSURANCE CASH VALUE (NOT DEATH BENEFIT):	\$	\$	\$	\$
VALUE OF OTHER INVESTMENTS:	\$	\$	\$	\$
TOTAL²:	\$	\$	\$	\$

OTHER INVESTMENTS & ASSETS

VALUE OF PERSONAL HOME:	\$	VALUE OF OTHER BUSINESS INVESTMENTS:	\$
VALUE OF LAND / INVESTMENT REAL ESTATE:	\$	VALUE OF COLLECTIBLES, GOLD COINS, ETC.:	\$
VALUE OF RENTAL PROPERTIES:	\$	VALUE OF AUTOMOBILES:	\$
VALUE OF VACATION HOMES:	\$	VALUE OF OTHER ASSETS:	\$
VALUE OF BUSINESSES OWNED:	\$	TOTAL³:	\$

TOTAL¹ \$
TOTAL² \$
TOTAL³ \$

COMBINED TOTAL ESTIMATED FAMILY INVESTMENTS & ASSETS: \$

HOUSEHOLD LIABILITIES

SHORT TERM & LONG TERM

TOTAL AUTOMOBILE DEBT:	\$
TOTAL CREDIT CARD DEBT:	\$
PERSONAL LOANS:	\$
TOTAL MORTGAGE DEBT:	\$
BUSINESS LOANS:	\$
OTHER:	\$
ESTIMATED TOTAL LIABILITIES:	\$

ESTIMATED TOTAL ASSETS (from previous page):	\$
ESTIMATED TOTAL NET WORTH:	\$

HOUSEHOLD INCOME & EXPENSES STATEMENT

INCOME *(please list all income sources)*

	YOUR INCOME		YOUR SPOUSE'S INCOME	
	MONTHLY	ANNUALLY	MONTHLY	ANNUALLY
EARNED INCOME	\$	\$	\$	\$
INVESTMENT INCOME:	\$	\$	\$	\$
SOCIAL SECURITY INCOME:	\$	\$	\$	\$
PENSION INCOME:	\$	\$	\$	\$
OTHER: _____	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$

ESTIMATED MONTHLY EXPENSES

FIXED EXPENSES	AMOUNT	VARIABLE EXPENSES	AMOUNT
TAXES	\$	TITHE / GIVING	\$
MORTGAGE	\$	GROCERIES	\$
PROPERTY INSURANCE	\$	EATING OUT	\$
PROPERTY TAXES	\$	VACATION	\$
UTILITIES	\$	CLOTHING	\$
PHONE / CABLE	\$	MEDICAL EXPENSES	\$
CAR PAYMENTS	\$	AUTO EXPENSES	\$
AUTO INSURANCE	\$	HOME MAINTENANCE	\$
LIFE INSURANCE	\$	GIFTS	\$
HEALTH INSURANCE	\$	MISCELLANEOUS	\$
TOTAL¹:	\$	TOTAL²:	\$

¹ESTIMATED FIXED TOTAL:	\$
²ESTIMATED VARIABLE:	\$
COMBINED TOTAL:	\$

CONCERNS & OBJECTIVES

GENERAL

ARE YOU ANTICIPATING ANY MAJOR LIFESTYLE CHANGES? (I.E., MARRIAGE, DIVORCE, RETIREMENT, MOVING, ETC.)	YES	NO	
IF SO, WHAT CHANGES ARE YOU EXPECTING?			
ARE YOU COMFORTABLE WITH YOUR CURRENT CASH FLOW?	YES	NO	UNCERTAIN
DO YOU ANTICIPATE ANY SIGNIFICANT CHANGES IN YOUR CASH FLOW?	YES	NO	UNCERTAIN
DO YOU ANTICIPATE ANY MAJOR EXPENDITURES IN THE NEAR FUTURE?	YES	NO	UNCERTAIN
IF SO, WHAT EXPENDITURES ARE YOU EXPECTING? (examples: auto, major vacation, medical, home, investment, business...)			

RETIREMENT PLANNING

ARE YOU, OR YOUR SPOUSE, CURRENTLY RETIRED?	YES	NO	OTHER, RETIRED BUT WORKING AGAIN
IF NOT, AT WHAT AGE DO YOU EXPECT TO RETIRE?			
AT WHAT AGE WOULD YOU LIKE TO BE ABLE TO RETIRE?			
WHAT MINIMUM INCOME DO YOU NEED (IN TODAY'S DOLLARS)?	\$		
ARE YOU COVERED BY ANY COMPANY RETIREMENT PLANS?	YES	NO	UNCERTAIN
IF YES, TYPE OF COMPANY PENSION PLAN?			

RISK MANAGEMENT

DO YOU HAVE ANY POTENTIAL HEALTH PROBLEMS?	YES	NO	UNCERTAIN		
DO YOU HAVE HEALTH INSURANCE?	YES	NO	UNCERTAIN		
DO YOU HAVE DISABILITY INSURANCE?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU HAVE LONG TERM CARE INSURANCE?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU HAVE EXTENDED LIABILITY INSURANCE (UMBRELLA POLICY)?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU KNOW YOUR LIABILITY PROTECTION LIMITS ON YOUR AUTO(S)?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU KNOW YOUR LIABILITY PROTECTION LIMITS ON YOUR HOME?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU KNOW YOUR BUSINESS LIABILITY PROTECTION LIMITS (IF APPLICABLE)?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU HAVE AN EMERGENCY FUND (MONEY SET ASIDE IN SAVINGS)?	YES	NO	UNCERTAIN	AMOUNT: \$	
DO YOU HAVE LIFE INSURANCE?	YES	NO	UNCERTAIN		
TYPE OF LIFE INSURANCE? CHECK ALL THAT APPLY:	VARIABLE UNIVERSAL	WHOLE	TERM	UNIVERSAL	OTHER
TOTAL DEATH BENEFIT AMOUNT OF ALL POLICIES:	YOU: \$ _____	SPOUSE: \$ _____			
WHEN WERE YOUR LIFE INSURANCE POLICIES ISSUED?					

ESTATE PLANNING

DO YOU HAVE UPDATED / ADEQUATE WILLS?	YES	NO	UNCERTAIN
HAVE YOU ESTABLISHED ANY TRUSTS?	YES	NO	UNCERTAIN
ARE YOU THE BENEFICIARY OF ANY TRUSTS?	YES	NO	UNCERTAIN
WILL YOU BE RECEIVING A SIGNIFICANT INHERITANCE?	YES	NO	UNCERTAIN
IF YES, ESTIMATE AMOUNT: \$	IF YES, ESTIMATE WHEN:		
HAVE YOU TAKEN ESTATE TAXES INTO CONSIDERATION?	YES	NO	UNCERTAIN
HAVE YOU PROVIDED ADEQUATE ESTATE LIQUIDITY FOR YOUR HEIRS?	YES	NO	UNCERTAIN

FINANCIAL PLANNING - What types of financial planning will you need? Check all that apply.

LONG TERM RETIREMENT PLANNING	INVESTMENT PROPERTY & CAPITAL GAINS	LONG TERM EDUCATIONAL PLANNING
INCOME TAX PLANNING & ACCOUNTING	ESTATE & MULTIGENERATIONAL INHERITANCE PLANNING	LIFE INSURANCE ASSESSMENT
ASSET PROTECTION ASSESSMENT	OLD RETIREMENT ACCOUNT ASSESSMENT	REAL ESTATE ASSESSMENT
SOCIAL SECURITY PLANNING	BANK CD & SAVINGS ACCOUNT PLANNING	EXPECTED INHERITANCE PLANNING
LONG TERM CARE PLANNING	LONG TERM GIFTING & CHARITABLE PLANNING	FINANCIAL STATEMENT ASSESSMENT
DIVERSIFICATION ASSESSMENT	OIL & GAS ROYALTY INCOME PLANNING	RISK MANAGEMENT ASSESSMENT
BUDGET PLANNING	MORTGAGE DEBT PAYOFF	

TAX PLANNING

WHAT WERE YOUR TOTAL INCOME TAXES LAST YEAR?	\$		
DO YOU WORK WITH A CPA OR TAX ADVISOR TO PREPARE YOUR FEDERAL INCOME TAXES?	YES	NO	
IF SO, DO THEY ANNUALLY CHECK FOR TAX SAVING STRATEGIES?	YES	NO	UNCERTAIN
ARE YOU INTERESTED IN EXPLORING TAX SAVING STRATEGIES?	YES	NO	UNCERTAIN

PLANNED GIVING

DO YOU, OR WILL YOU, FACE CAPITAL GAINS TAXES ON THE SELL OF ANY APPRECIATED ASSETS?	YES	NO	
DO YOU KNOW IF YOUR FAMILY WILL FACE CONSIDERABLE ESTATE TAXES UPON YOUR DEATH OR THAT OF YOUR SPOUSE?	YES	NO	UNCERTAIN
DO YOU OWN ANY OIL AND GAS MINERAL RIGHTS, INVESTMENT REAL ESTATE, OR BUSINESSES?	YES	NO	
HAVE YOU CONSIDERED THE POSSIBILITY THAT YOU MAY HAVE MORE THAN YOU NEED, OR WILL NEED FOR RETIREMENT?	YES	NO	UNCERTAIN
HAVE YOU CONSIDERED THE PURPOSES FOR WHICH GOD HAS RICHLY BLESSED YOU?	YES	NO	UNCERTAIN
WOULD YOU LIKE TO BE REMEMBERED AS A GIVING PERSON BY MULTIPLE GENERATIONS OF YOUR FAMILY?	YES	NO	UNCERTAIN

MULTIGENERATIONAL PLANNING - 70% of money inherited by the first generation is gone within 5 years. The remainder is gone by the second generation

HAVE YOU CONSIDERED THE IMPACT OF HOW A SUBSTANTIAL INHERITANCE MAY POSITIVELY OR NEGATIVELY AFFECT YOUR CHILDREN AND/OR GRANDCHILDREN?	YES	NO	UNCERTAIN
ARE YOUR CHILDREN AND/OR GRANDCHILDREN MENTALLY PREPARED AND CAPABLE OF RECEIVING THEIR FINANCIAL INHERITANCE?	YES	NO	UNCERTAIN
WOULD YOU BE INTERESTED IN DISCUSSING MULTIGENERATIONAL PLANNING?	YES	NO	UNCERTAIN
WOULD YOU BE INTERESTED IN POSSIBLY SETTING UP A FAMILY FOUNDATION?	YES	NO	UNCERTAIN

MISCELLANEOUS

ARE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY EMPLOYED BY AN INVESTMENT ADVISOR, BROKER/DEALER, OR FINRA MEMBER FIRM?	YES	NO
IF YES. NAME: _____ CORPORATION: _____		
HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY BEEN A CORPORATE OFFICER, DIRECTOR, OR OWNER OF 10% OR MORE OF ANY PUBLIC CORPORATION?	YES	NO
IF YES. NAME: _____ CORPORATION: _____		

INVESTMENT OBJECTIVES AND RISK TOLERANCE QUESTIONNAIRE

1. The graph below shows the potential range of positive or negative fluctuations of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1 year period. The number to the right of each bar shows the best potential for that portfolio, while the number to the left of each bar shows the worst potential. Given that this is the only information that you have on these seven, hypothetical portfolios, which one would you choose to invest in?



2. Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses and fluctuations than more conservative investments. How do you feel about inflation and its impact on your investments?

YOU ARE SATISFIED WITH YOUR INVESTMENTS KEEPING PACE WITH INFLATION. LIMITING THE POTENTIAL FOR SHORT TERM NEGATIVE FLUCTUATIONS IS YOUR MAIN GOAL, AND YOU ARE WILLING TO SACRIFICE THE POTENTIAL FOR HIGHER RETURNS.

YOU WOULD LIKE YOUR INVESTMENTS TO OUTPACE INFLATION. YOU ARE WILLING TO ASSUME SOME POTENTIAL FOR SHORT TERM NEGATIVE FLUCTUATIONS IN ORDER TO ACHIEVE THAT GOAL.

YOU PREFER THAT YOUR INVESTMENTS SIGNIFICANTLY OUT PERFORM INFLATION. YOU ARE WILLING TO ASSUME A GREATER POTENTIAL FOR SHORT TERM NEGATIVE FLUCTUATIONS IN ORDER TO ACHIEVE THAT GOAL.

3. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, dropping as much as 50 percent of its value over a 3 year period, what would you do (assuming your stocks behaved in a similar fashion)?

SELL ALL THE STOCKS IN YOUR PORTFOLIO. YOU ARE AFRAID THAT THE STOCK MARKET IS IN A DOWNTURN, WILL NEVER REBOUND, AND YOU CANNOT AFFORD ANY FURTHER POSSIBLE DECREASE IN VALUE.

SELL HALF OF THE STOCKS IN YOUR PORTFOLIO. YOU THINK THAT THE MARKET MAY REBOUND, BUT YOU ARE NOT WILLING TO LEAVE ALL OF YOUR INVESTMENT EXPOSED TO FURTHER NEGATIVE FLUCTUATIONS.

HOLD THE SECURITIES IN YOUR PORTFOLIO. YOU UNDERSTAND THAT YOUR INVESTMENT MAY BE SUBJECT TO SHORT TERM PRICE SWINGS AND ARE COMFORTABLE 'WEATHERING THE STORM'.

BUY MORE SECURITIES FOR YOUR PORTFOLIO TO TAKE ADVANTAGE OF THEIR LOW PRICE. YOU ARE COMFORTABLE WITH MARKET FLUCTUATIONS AND ASSUME THAT THE STOCKS WILL REGAIN THEIR PREVIOUS VALUE OR INCREASE IN VALUE.

(EXAMPLE: THE S&P 500 INDEX HAS REBOUNDED 100% OF THE TIME OVER THE LAST 90 YEARS AND GONE ON TO NEWER HIGHS.)

4. Once again, assume you have a substantial portion of your investment portfolio in stocks. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 24% of its value over a year, which of the following would you do?

SELL THE SECURITIES IN YOUR PORTFOLIO AND REALIZE THE 24% LOSS. YOU WISH TO AVOID THE RISK OF FURTHER NEGATIVE FLUCTUATIONS.

SELL HALF OF THE SECURITIES IN YOUR PORTFOLIO. YOU ARE NOT WILLING TO LEAVE SOME OF YOUR INVESTMENT AT RISK FOR FURTHER NEGATIVE FLUCTUATIONS.

DO NOTHING. YOU ARE COMFORTABLE WAITING FOR THE STOCKS TO REGAIN THEIR PREVIOUS VALUE OR TO INCREASE IN VALUE.

INVEST MORE BECAUSE STOCKS ARE ON SALE AND SELLING FOR APPROXIMATELY 24% LESS THAN THEY WERE 12 MONTHS AGO. YOU BELIEVE THAT THE STOCKS WILL REGAIN THEIR VALUE OR POSSIBLY APPRECIATE EVEN HIGHER OVER THE LONG TERM.

(EXAMPLE: THE S&P 500 INDEX HAS REBOUNDED 100% OF THE TIME OVER THE LAST 90 YEARS AND GONE ON TO NEWER HIGHS.)

5. Aggressive investments have historically provided higher returns while exhibiting greater short term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?

YOU WANT TO MINIMIZE THE POSSIBILITY OF NEGATIVE FLUCTUATIONS IN THE VALUE OF THE PORTFOLIO. YOU UNDERSTAND THAT YOU ARE POSSIBLE SACRIFICING HIGHER LONG TERM RETURNS BY HOLDING INVESTMENTS THAT REDUCE THE POTENTIAL FOR SHORT TERM LOSS AND PRICE FLUCTUATIONS.

YOU CAN TOLERATE MODERATE FLUCTUATIONS IN ORDER TO ACHIEVE POTENTIALLY FAVORABLE RETURNS.

YOU CAN TOLERATE LARGE FLUCTUATIONS IN YOUR PORTFOLIO IN ORDER TO INCREASE THE POTENTIAL OF ACHIEVING HIGH RETURNS.

PERSONAL AND MORAL INVESTMENT RESTRICTIONS

Please list any industry, sector, social, or company specific restrictions that you would like to restrict on your accounts. CIS will work diligently to help you to fulfill this request whenever possible:

COMMON RESTRICTION EXAMPLES (A COMPLETE LIST OF INDUSTRIES IS AVAILABLE UPON REQUEST)

ABORTION	LGBT	ADULT ENTERTAINMENT	ALCOHOL
TOBACCO	STEM CELL / FETAL TISSUE RESEARCH	GAMBLING	OTHER:

LIST OTHER RESTRICTIONS (Security Type, Industry, Category or Stock Name / Ticker):

RISK TOLERANCE	Low Risk Tolerance					High Risk Tolerance				
RATE YOUR OVERALL RISK TOLERANCE LEVEL ON A SCALE OF 1 TO 10	1	2	3	4	5	6	7	8	9	10

EXPECTED OVERALL RATE OF RETURN ANNUALLY NET OF EXPENSES _____%

INVESTMENT EXPERIENCE

INVESTMENT EXPERIENCE (Which types of investments have you owned and how many years experience investing?)

STOCKS _____ (# of years)	MARGIN _____ (# of years)
BONDS _____ (# of years)	OPTIONS _____ (# of years)
MUTUAL FUNDS _____ (# of years)	PARTNERSHIPS _____ (# of years)
ANNUITIES _____ (# of years)	OTHER _____ PLEASE EXPLAIN: _____
REAL ESTATE _____ (# of years)	(# of years) _____
OIL & GAS _____ (# of years)	_____

PRESENT FAMILY ADVISORS

CURRENT FINANCIAL ADVISOR'S NAME	FIRM NAME
CITY	STATE
DO YOU HAVE A PREFERENCE OR COMMITMENT TO THIS ADVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTORNEY'S NAME	FIRM NAME
CITY	STATE
DO YOU HAVE A PREFERENCE OR COMMITMENT TO THIS ATTORNEY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACCOUNTANT'S NAME	FIRM NAME
CITY	STATE
DO YOU HAVE A PREFERENCE OR COMMITMENT TO THIS ACCOUNTANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INSURANCE AGENT'S NAME	FIRM NAME
CITY	STATE
DO YOU HAVE A PREFERENCE OR COMMITMENT TO THIS AGENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
BANKER'S NAME	BANK NAME
CITY	STATE
DO YOU HAVE A PREFERENCE OR COMMITMENT TO THIS BANKER?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DOCUMENT CHECKLIST; ITEMS TO BRING TO YOUR INITIAL APPOINTMENT

FROM YOUR:	RECORDS:
BANK / CREDIT UNION	CHECKING, SAVINGS, CDS, & IRA STATEMENTS
BROKER OR MUTUAL FUND	LATEST MONTHLY OR QUARTERLY STATEMENTS
ANNUITIES	LATEST MONTHLY OR QUARTERLY STATEMENTS AND COPY OF POLICY/CONTRACT
INSURANCE	LATEST ANNUAL STATEMENTS, LIFE INSURANCE POLICY DESCRIPTION IN-FORCE ILLUSTRATION FOR CASH VALUE-LIFE INSURANCE, LONG TERM CARE POLICIES,
EMPLOYER	PAY STUBS, PENSION PLAN DESCRIPTION, STATEMENT OF 401(K) AND/OR OTHER BENEFITS
401K OR 403B	LATEST MONTHLY OR QUARTERLY STATEMENTS
IRAs	LATEST MONTHLY OR QUARTERLY STATEMENTS
CPA / ACCOUNTANT	LAST 2 YEARS OF TAX RETURNS
ATTORNEY	LATEST ESTATE PLANNING DOCUMENTS

Thank you for completing the Confidential Profile. Please return the profile to us by **fax at 830-620-1203** or by **mailing it to us at 672 Ridge Hill Drive, New Braunfels, TX 78130**. Please **DO NOT** return by email. If you would like to submit the Confidential Profile to us electronically, contact our office at 830-609-6986 and request an online login where you can submit it via an electronic vault.

Neither Cetera Advisor Networks, LLC nor Christian Investment Advisors nor its representatives offer tax or legal advice. Please consult your tax or legal professional before taking any action.

SECURITIES OFFERED THROUGH CETERA ADVISOR NETWORKS, LLC.
MEMBER FINRA, SIPC