



About Us

The financial professionals at Partners Wealth Management (PWM) are dedicated to provide financial services to affluent clientele. The firm was established in 1991 by John Freiburger, and has evolved into a team of experienced professionals with a national clientele.

At Partners Wealth Management, our primary goal is to educate and empower clients to make fully informed, effective decisions. To do so, we begin by striving to discover and solidify the core values, attitudes, and beliefs that pertain to the accumulation, management, and transfer of a client's wealth. Next, we seek to address the problems that may exist in the client's current plan, so that they can be better positioned to seize potential opportunities. Through this goal-setting process, clients gain clarity and complete confidence in their plan as their financial affairs and personal values become aligned.

Unlike many advisors that clients may have dealt with in the past, we take a holistic, multi-disciplinary approach to planning. It is our strong belief that no matter how well-designed a piece of the client's plan might be, it cannot truly be effective if it is not integrated with the overall wealth strategy. However, we do recognize that clients have relationships with trusted financial, legal, and tax advisors, and may want to continue those relationships. We have the ability to add value to these existing relationships by orchestrating a comprehensive strategy to maximize results and simplify life for the client.

It is our promise to consistently provide independent, impartial professional advice to clients—along with access to cutting-edge strategies. In fact, as Investment Advisor Representatives, it is our fiduciary responsibility, and one that we take very seriously. That is why in all client interactions, we strive to foster intimate, personal relationships to facilitate the communication needed to exceed expectations.

1700 Park Street • Suite 200 • Naperville, IL 60563 • t 630.778.8088 • tf 800.265.2651
f 630.778.8049 • web www.partnerswealth.com

Securities offered through Kestra Investment Services, LLC (Kestra IS), Member FINRA/SIPC. Investment advisory services offered through Kestra Advisory Services, LLC (Kestra AS), an affiliate of Kestra IS. Partners Wealth Management is a member firm of PartnersFinancial, a platform of NFP Insurance Services, Inc. (NFPISI), which is an affiliate of Kestra IS. Partners Wealth Management is not affiliated with Kestra IS, Kestra AS, or NFPISI.



Getting Started: Requested Information

In order for us to assist you in your planning and to utilize everyone's time efficiently, we ask that you pull together the following documents:

- Bank statements
- IRA, Keogh, and 401(k) statements
- Other investment instruments
- Summary of benefits provided through employers
- Stock Option information (NQ/ISO/ESPP) plan documents, exercising agreements, statements and summary of activity
- Legal documents (trusts, buy/sell agreements, wills, etc.)
- Insurance contracts (life, disability, long-term care, home/auto)
- Tax returns from the last two years
- Any other information that you feel is relevant to your finances

Also, in order to better understand your financial independence needs, it would be helpful if you could give some thought to your regular lifestyle costs as well as any big-ticket purchases (i.e. college tuition, second home, etc.) you anticipate in the next few years.



Investor Profile

The Investor Profile is designed to help us develop an investment policy that fits your individual financial goals. This is the first step in the asset management process and it will help us define important factors such as your investment objectives, time horizon, and attitudes toward risk and investing.

Initial Facts About You

Name: _____

Street Address: _____

Home Phone: _____

City: _____

Email Address: _____

State: _____ Zip Code: _____

Client

Birth Date: _____

Soc. Sec/Tax ID#: _____

Driver's License#: _____

Date Issued: _____ Expiration: _____

Employer: _____

Business Address: _____

Occupation: _____

Work Phone: _____

Annual Income: _____

Net Worth: _____

Spouse

Name: _____

Birth Date: _____

Soc. Sec/Tax ID#: _____

Driver's License#: _____

Date Issued: _____ Expiration: _____

Employer: _____

Business Address: _____

Occupation: _____

Work Phone: _____

Annual Income: _____

Retirement

At what age do you anticipate retiring? _____

How much monthly income (after-tax) will you need to maintain your standard of living? _____

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Children/Dependents

Name: _____

Birth Date: _____

Soc. Sec: _____

Relation to Client: _____

Name: _____

Birth Date: _____

Soc. Sec: _____

Relation to Client: _____

Name: _____

Birth Date: _____

Soc. Sec: _____

Relation to Client: _____

Name: _____

Birth Date: _____

Soc. Sec: _____

Relation to Client: _____

Professional Advisors

Name: _____

Phone Number: _____

City/State: _____

Profession: _____

Name: _____

Phone Number: _____

City/State: _____

Profession: _____

Investment Profile

Investment Objectives: Rank your investment objectives for this account in order of importance (1 being the highest). Review the attached Customer Agreement for the important information on investment objectives.

___ - Income

___ - Growth

___ - Speculation

Investment Purpose (Select all that apply):

Education

Retirement

Short term goal(s)

Generate income

Accumulate wealth

Preserve wealth

Speculation

Other: _____

Risk Tolerance (select one only):

Conservative

Moderate

Aggressive

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Product Knowledge

Investment Product Knowledge

Check either None, Limited, Good, or Extensive based on your knowledge of the following:

	None	Limited	Good	Extensive
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Suitability Information

Decision-Making Experience

I typically make my investment decisions with the assistance of a financial advisor. Yes No

Employer Information and Affiliations

- Check this box if you are a control person or affiliate or an immediate family/household member of a control or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors). *If yes, provide name of company, along with company symbol/CUSIP:*

Company Name

Company Symbol/CUSIP

- Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entry:*

- Same as My Employer.

Affiliated Entry Name

Address Line 1

Address Line 2

City

State/Province

Zip

Country

Please select the choice that applies:

I am a senior foreign political figure, or a family member or close relative of a senior foreign political figure. Yes No

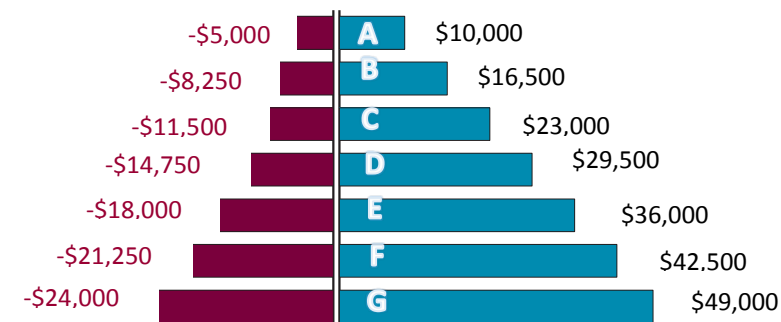
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Investment Objectives and Risk Tolerance Questionnaire

1. The graph below shows the potential range of gains or losses 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 gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which would you choose to invest in?

- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D
- Portfolio E
- Portfolio F
- Portfolio G



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 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 loss 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 loss in order to achieve that goal.
 - You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss 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, losing 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 and you cannot afford the 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 loss.
 - 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.

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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 22% of its value over a year, which of the following would you do?
- Sell the securities in your portfolio and realize 22% loss. You wish to avoid the risk of further loss.
 - Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.
 - Do nothing. You are comfortable waiting for the stocks to regain their previous value or to increase in value.
 - Invest more now because stocks are selling for approximately 22% 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.
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 loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuations.
 - You can tolerate moderate losses in order to achieve potentially favorable returns.
 - You can tolerate the risk of large losses in your portfolio in order to increase the potential of achieving high returns.
6. What is the investment time horizon on these investable assets?
- Less than 3 years
 - 3-5 years
 - 6-9 years
 - 10+ years
7. What is your current Annual Household Income?
- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> \$250,001 - \$500,000 |
| <input type="checkbox"/> \$1 - \$50,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$1,000,001 - \$3,000,000 |
| <input type="checkbox"/> \$100,001 - \$250,000 | <input type="checkbox"/> More than \$3,000,000 |
8. What is your Approximate Net Worth?
- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$250,000 | <input type="checkbox"/> \$5,000,001 - \$10,000,000 |
| <input type="checkbox"/> \$250,001 - \$500,000 | <input type="checkbox"/> \$10,000,001 - \$20,000,000 |
| <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$20,000,001 - \$50,000,000 |
| <input type="checkbox"/> \$1,000,001 - \$3,000,001 | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> \$3,000,001 - \$5,000,000 | <input type="checkbox"/> More than \$100,000,000 |

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9. What are your Income Needs from Program Assets?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> \$100,000 - \$150,000 per year |
| <input type="checkbox"/> \$1 - \$25,000 per year | <input type="checkbox"/> \$150,001 - \$250,000 per year |
| <input type="checkbox"/> \$25,001 - \$50,000 per year | <input type="checkbox"/> \$250,001 - \$500,000 per year |
| <input type="checkbox"/> \$50,001 - \$75,000 per year | <input type="checkbox"/> \$500,001 - \$1,000,000 per year |
| <input type="checkbox"/> \$75,001 - \$100,000 per year | <input type="checkbox"/> More than \$1,000,000 per year |

10. What is your State Tax Bracket?

- | | | |
|-----------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 4% | <input type="checkbox"/> 8% |
| <input type="checkbox"/> 1% | <input type="checkbox"/> 5% | <input type="checkbox"/> 9% |
| <input type="checkbox"/> 2% | <input type="checkbox"/> 6% | <input type="checkbox"/> 10% |
| <input type="checkbox"/> 3% | <input type="checkbox"/> 7% | <input type="checkbox"/> Over |

11. What is your Federal Tax Bracket?

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 28% |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 33% |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 35% |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 39.6% |

Account Activity: Contributions and Withdrawals

12. Will you make additional contributions/deposits to these assets?

- Yes
 No

If yes, please indicate the expected amount either:

_____ % per year, or

_____ per year.

When do you anticipate these deposits to begin? _____

LIQUID ASSETS		NON-LIQUID ASSETS		LIABILITIES	
Cash, Checking Accounts		Real Estate, Primary Home Value		Home Mortgage Loan	
CDs, Saving Accounts		Real Estate, Other		Other Real Estate Loans	
Money Market Funds & Accounts		Life Insurance		Auto Loans	
Bonds, Bond Mutual Funds		Other Assets		Credit Card Balances	
Stocks, Stock Mutual Funds				Personal Loans	
				Other Liabilities	
Total		Total		Total	

PLEASE ATTACH COPIES OF YOUR MOST RECENT INVESTMENT STATEMENTS.

Investor Profile Classifications

Conservative Approach: This approach seeks to achieve moderate total rates of return through low capital appreciation and reinvestment of a high level of current income.
0-20% Equities, 80-100% Bonds & Money Market Instruments.

Moderate Approach: This approach seeks to achieve moderate, long-term capital appreciation with high current income, while recognizing the possibility of moderate fluctuations in year-to-year market values.
25-40% Equities, 60-75% Bonds.

Balanced Approach: This approach seeks a moderate level of current income and, overtime, above average appreciation with moderate risk.
40-60% Equities, 40-60% Bonds

Moderately Aggressive Approach: This approach seeks to achieve high, long-term capital with low current income, while recognizing the possibility of substantial fluctuations in year-to-year values.
75-100% Equities, 0-25% Bonds

Aggressive Approach: This approach seeks to achieve high, long-term capital appreciation, while recognizing the possibility of substantial fluctuations in year- to year- market values.
100% Equities.

Email Preferences

Would you like to receive your quarterly performance report via e-mail? Yes No
(The report will be password protected so only you can view it.)

How would you like to receive correspondence from us? E-mail Regular mail

Client Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

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