



ROBIN VACCAI YESS

New Client Financial Profile

Please mail or fax completed form prior to your initial consultation.
Ph/Fax: 845-331-1125. Your social security number(s) will only be requested for opening investment accounts.

You

Spouse/Partner

Name(s)	_____	_____
Mailing Address	_____	_____
City, State, Zip	_____	_____
Physical Address, if different	_____	_____
Home Phone <input type="checkbox"/> Preferred	_____	_____
Work Phone <input type="checkbox"/> Preferred	_____	_____
Cell Phone <input type="checkbox"/> Preferred	_____	_____
Fax <input type="checkbox"/> Home <input type="checkbox"/> Work	_____	_____
E-mail Address (kept private)	_____	_____
Date of Birth & Current Age	____/____/____ Age _____	____/____/____ Age _____
Marital Status (Date Married/Divorce)	_____	_____
U.S. Citizen? If no, list country. <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Winter Residence? <input type="checkbox"/> YES <input type="checkbox"/> NO –State: _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO –State: _____
Employer Name	_____	_____
Position/Job Title/Business	_____	_____
Years at Employer	_____	_____
Retirement Date (List Year)	_____	_____
Pension Plan? (Not 401(k))	If yes, \$_____ mo. @ age_____	If yes, \$_____ mo. @ age_____
Salary/Wages/Self-Employment	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year
Bonus/Commissions	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year
Other Income _____	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year
Social Security Income	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year
Pension Income	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year
Total Current Income	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year	\$_____ per <input type="checkbox"/> month <input type="checkbox"/> year

Do you have the following Estate Planning Documents? If yes, please list year drafted.

Last Will & Testament (Will)	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____
Testamentary Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____
Living Trust (Rev./Irrevocable)	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____
Other Trust _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____
Power of Attorney <input type="checkbox"/> Genl <input type="checkbox"/> Ltd	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____
Health Care <input type="checkbox"/> Proxy or <input type="checkbox"/> POA	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____

Assets (attach other sheet, if necessary)	Market Value	Date Acquired	Purchase Price	Title Owner
Residence _____	_____	_____	_____	_____
Real Estate <input type="checkbox"/> 2 nd Home <input type="checkbox"/> Land _____	_____	_____	_____	_____
<input type="checkbox"/> Business or <input type="checkbox"/> Rental Property _____	_____	_____	_____	_____
CDs or US Treasury Securities _____	_____	_____	_____	_____
Money Market _____	_____	_____	_____	_____
Savings Account(s) _____	_____	_____	_____	_____
Checking Account(s) _____	_____	_____	_____	_____
Mutual Funds _____	_____	_____	_____	_____
Brokerage Account _____	_____	_____	_____	_____
IRA <input type="checkbox"/> Roth <input type="checkbox"/> Traditional _____	_____	_____	_____	_____
IRA <input type="checkbox"/> Roth <input type="checkbox"/> Traditional _____	_____	_____	_____	_____
<input type="checkbox"/> 401(k) OR <input type="checkbox"/> 403(b) _____	_____	_____	_____	_____
<input type="checkbox"/> 401(k) OR <input type="checkbox"/> 403(b) _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Personal & Household Property _____	_____	_____	_____	_____
Antiques, Collectibles, Etc. _____	_____	_____	_____	_____
Auto 1 Year _____ Make _____	_____	_____	_____	Mileage _____
Auto 2 Year _____ Make _____	_____	_____	_____	Mileage _____

Liabilities (attach other sheet, if nec.)	Outstanding balance	Monthly payment	Interest rate	Payoff date
Mortgage Orig. Amount _____	_____	_____	_____	_____
Home Equity <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit _____	_____	_____	_____	_____
Other Loan -Type _____	_____	_____	_____	_____
Credit Card _____	_____	_____	_____	_____
Credit Card _____	_____	_____	_____	_____
Auto 1 Loan-start date _____	_____	_____	_____	_____
Auto 2 Loan-start date _____	_____	_____	_____	_____
Education Loan -Who _____	_____	_____	_____	_____

Insurance (attach other sheet, if nec.)

Health Group Individual HMO PPO _____ Co-Pay _____ Premium \$ _____

Disability Group Individual Short-Term Long-Term Waiting Period _____ days Mo. Benefit \$ _____

Disability Group Individual Short-Term Long-Term Waiting Period _____ days Mo. Benefit \$ _____

Homeowners/Renters Dwelling _____ Liability _____ Premium \$ _____

Automobile Limits _____ Deductible _____ Premium \$ _____

Umbrella Policy Coverage _____ Premium \$ _____

Long Term Care – You Per Day Benefit _____ Inflation Adjustment Yes No Premium \$ _____

Long Term Care – Spouse/Partner Per Day Benefit _____ Inflation Adjustment Yes No Premium \$ _____

Life Group Individual Term Whole Life Other Death Ben. \$ _____ Cash Value _____ Premium \$ _____

Life Group Individual Term Whole Life Other Death Ben. \$ _____ Cash Value _____ Premium \$ _____

Family Members (Please list children and all others dependent upon you for financial resources or support.)

Name	Relationship	Birth Date	Dependent Y/N (for tax purposes)	Lives w/You? (Yes or No)	Amount Saved (for college)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you work with any of the following professionals? If yes, please list.

	Name	Firm Name	Phone
Financial Planner	_____	_____	_____
Stockbroker	_____	_____	_____
Attorney	_____	_____	_____
Insurance Agent	_____	_____	_____

Other General Information:

If you own your home, list total annual real estate taxes. \$_____ Are taxes escrowed? YES NO

Who prepares your tax return? Self-prepared Paid-preparer CPA Accountant

If other than self-prepared, please list name & phone _____

Whom should I contact during normal business hours? You Spouse/Partner Both (e-mail)

How should I send financial evaluations & recommendations? U.S. Mail E-Mail (password protected)

Have you received a copy of your credit report? YES NO When? _____

Have you received your Social Security Benefits Estimate? YES NO If yes, please attach a copy.

Do you have a written monthly spending plan or budget? YES NO If yes, please attach a copy.

Do you have parents that may require your care or financial resources? YES NO

If yes, list Name, Residence City/State and Age. _____

How did you hear about Robin Vaccai Yess?

Seminar Hudson Valley Business Journal Web Site Article Referred by _____

Please select your preferred meeting method and the days and/or times that work best for you.

Appointments are scheduled Monday through Friday beginning at 9 a.m. with the last appointment at 4:30 p.m. It usually takes up to two weeks to get an appointment. Saturday morning appointments are available occasionally; however, these appointments fill up faster so there may be a much longer wait time to get an appointment.

At RVY Office (Kingston) Mid-Hud. Prof. Offices (\$15 per hour addtl. fee-Highland) Phone conference

Monday Tuesday Wednesday Thursday Friday Between 9am & Noon Between 1pm & 4:30pm

4:30pm - Monday thru Friday only - (Latest Appointment) Saturday--morning only 9am 10am

Please describe the services or advice you are seeking. Check all that apply.

- Financial Consulting & Planning Estate Planning Investment Review/Asset Allocation
 - Personal Spending Plan (Budgeting) Financial Decisions College Savings/Tuition Payment Plan
 - Tax Preparation – Individuals & Schedule C Tax Reduction Strategies Debt Reduction Plan
 - Retirement Plan Review Retirement Income Planning
 - Divorce Financial Consulting: (Work with couples/individuals to provide support to Mediator or Attorney.)
 - Equitable Distribution Budgeting 2 Households Asset Division Pension/Retirement Valuation Child Support Calcs
- We are using: Mediation Collaborative Divorce Litigation Date Action Filed: _____ By whom? _____
- Mediator Name _____ Your Attorney _____ Spouse Attorney _____

Other additional information we may need to know about your circumstances and the advice you seek:

To save time (and your money!), please bring any relevant documents to our initial meeting:

- Last Year's Tax Return (for divorce, last 3 years) Bank Account & CD Statements Pay Stubs Insurance Policies
- Legal Documents (Wills, Trusts, POA, etc.) Employee Benefits Booklet Investment Account Statements
- Retirement Plan Statements (incl. Quarterly Performance) Employee Benefit Booklets Pension Statement
- IRA Account Statements Mortgage & Home Equity Statement(s) Social Security Benefits Estimates
- Credit Reports Credit Card Statement(s) Other Loan Statements Any other relevant documents

Would you like to receive a copy of my monthly E-Newsletter *Financial Wellness*?

YES NO * If yes, please e-mail it to this address: _____

Would you like to receive Notices of Workshops and Educational Events presented by RVY?

YES NO * If yes, please send via e-mail to: _____ OR send via U.S. Postal Service

**Your email address will not be shared with any other individual or organization.*

Privacy Policy:

Robin Vaccai Yess, CFP®, does not share client information with any other individual or organization unless authority is granted from a client in writing. Due to the personal and confidential nature of information at my disposal, I carefully handle all client information with confidentiality in mind. All employees sign a Non-Disclosure Agreement prior to employment. All conversations between clients and Robin Vaccai Yess, CFP®, are kept strictly confidential. Client names and the contents of client files are not disclosed to any other party unless required by law or court order.

I respect your privacy, therefore your Social Security number will only be requested for preparing tax returns and/or opening investment accounts. Client paper files are locked with access granted only to those employees/associates who need to use the information. Computer systems require administrator-granted passwords and are backed up on a regular basis to prevent loss of data. Firewall software is installed and regularly updated on all firm computers to prevent electronic theft of information or data. When client records are no longer needed, the documents are returned to clients or destroyed. Protecting and serving the best interests and privacy of my clients is of paramount importance. Should you have any questions about these policies and procedures, please call me or send me an e-mail.

Fees: The hourly rate applies to all financial planning, consulting, advisory and divorce financial consulting services.

Hourly Rate: \$185.00 per hour (Billed in ¼ hour increments of \$46.25)

Depending on the scope of services to be provided, new clients may be asked to sign a separate Retainer Agreement and leave a retainer deposit. If services to be provided are expected to exceed \$500.00, a written estimate will be provided. Monthly payment plans are available; however, a finance charge applies (see #6 in terms & conditions).

Terms & Conditions:

- 1) By completion of this document, I am (we are) requesting financial consulting services from Robin Vaccai Yess, CFP® (hereinafter RVY). Payment is expected at the completion of each meeting.
- 2) I (hereinafter includes we) understand that RVY is a fee-only financial consultant compensated solely by hourly fees. RVY does not sell any financial products containing sales charges, commissions or asset-based fees.
- 3) I understand that I will be billed at the regular hourly rate listed above for services rendered by RVY as requested by me including financial plans, divorce financial consulting, advice, questions or requests for information, whether such requests are made in person, via e-mail, regular mail, fax or telephone.
- 4) I understand that if at any time the hourly rate increases, I will be notified in writing prior to commencement or continuation of any services performed on my (our) behalf.
- 5) I understand that I may cancel this request for financial planning services at any time in writing, via e-mail or fax, and that I will be billed for services rendered up to the date the cancellation is received at RVY’s office.
- 6) I understand that RVY invoices are due within 15 days of the date of invoice and overdue balances will be charged interest equal to the prime rate plus 9.99%. (Annual amortization applied monthly.)
- 7) I understand that my personal documents will be retained by RVY for a period of one year. If the documents provided by me are not being used on my behalf at that time, they will be returned to me via U.S. Postal Service or via overnight carrier and I will be billed for applicable return charges plus a \$15.00 handling fee.
- 8) I have read the above Terms & Conditions and by signing below I accept and agree to them:

Your Signature

Date

Spouse/Partner Signature

Date

Print Name

Print Name

I, Robin Vaccai Yess, CFP®, CDFA, have been providing financial advice to clients for more than 10 years and certify the following:

- I have been a Certified Financial Planner® Practitioner since May of 2000 (license number 065007).
- I have been a Certified Divorce Financial Analyst since January of 2001.
- I am an independent financial professional and am not affiliated with any other company or organization.
- I have never been cited by a professional or regulatory governing agency for disciplinary reasons. I have no currently active NASD broker/dealer affiliations. I do not sell any products or services containing commissions, sales charges, percentage or asset-based fees.

Robin Vaccai Yess, CFP®