



## Investment Profile Questionnaire

This comprehensive, personal financial 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 your financial future. At Platinum Financial Group, our goal is to help you make the right decisions for your financial future. The information you provide in this questionnaire will assist us in making sound recommendations with confidence.

|                           |
|---------------------------|
| <b>BASIC INFORMATION:</b> |
|---------------------------|

|                           |                   |              |                                    |
|---------------------------|-------------------|--------------|------------------------------------|
| <b>YOUR NAME</b>          | <b>NICKNAME</b>   | <b>AGE</b>   | <b>BIRTH DATE<br/>(MM/DD/YYYY)</b> |
| <b>SPOUSE/PTR NAME</b>    | <b>NICKNAME</b>   | <b>AGE</b>   | <b>BIRTH DATE<br/>(MM/DD/YYYY)</b> |
| <b>YOUR ADDRESS</b>       | <b>CITY</b>       | <b>STATE</b> | <b>ZIP</b>                         |
| <b>SPOUSE/PTR ADDRESS</b> | <b>CITY</b>       | <b>STATE</b> | <b>ZIP</b>                         |
| <b>YOUR HOME PHONE</b>    | <b>CELL PHONE</b> | <b>SSN</b>   | <b>EMAIL</b>                       |
| <b>YOUR HOME PHONE</b>    | <b>CELL PHONE</b> | <b>SSN</b>   | <b>EMAIL</b>                       |

How did you hear about Athlon Wealth Advisors

5052 Dorsey Hall Drive, Suite 102, Ellicott City, MD 21042  
 Ellicott City • Odenton • Canton • Owings Mills

Registered Representative Securities offered through Cambridge Investment Research, Inc. a Broker/Dealer, Member FINRA/SIPC Investment Advisor Representative. Cambridge Investment Research Advisors, Inc. a Registered Investment Advisor. Cambridge and Athlon Wealth Advisors, LLC are not affiliated.

**Disability Insurance**

**COMPANY**

(Indicate if Group Thru Employer)

|  | <b><u>INSURED</u></b> | <b><u>ELIM PD</u></b> | <b><u>MONTHLY BENEFIT</u></b> | <b><u>BENEFIT PERIOD</u></b> |
|--|-----------------------|-----------------------|-------------------------------|------------------------------|
|  |                       |                       |                               |                              |
|  |                       |                       |                               |                              |
|  |                       |                       |                               |                              |

**Long Term Care Insurance**

**COMPANY**

(Indicate if Group Thru Employer)

|  | <b><u>INSURED</u></b> | <b><u>ELIM PD</u></b> | <b><u>MOS/DAILY BENEFIT</u></b> | <b><u>BENEFIT PERIOD</u></b> |
|--|-----------------------|-----------------------|---------------------------------|------------------------------|
|  |                       |                       |                                 |                              |
|  |                       |                       |                                 |                              |
|  |                       |                       |                                 |                              |

**Real Estate**

**TYPE OF PROPERTY**

(Primary Res, Secondary, Vacatn)

**MARKET VALUE & COST BASIS**

**LOAN TYPE, TERM & INTEREST RATE**

**MORTGAGE BAL & MOS PMT**

|                   | <b><u>MARKET VALUE &amp; COST BASIS</u></b> | <b><u>LOAN TYPE, TERM &amp; INTEREST RATE</u></b> | <b><u>MORTGAGE BAL &amp; MOS PMT</u></b> |
|-------------------|---------------------------------------------|---------------------------------------------------|------------------------------------------|
| Primary Residence |                                             |                                                   |                                          |
|                   |                                             |                                                   |                                          |
|                   |                                             |                                                   |                                          |
|                   |                                             |                                                   |                                          |
|                   |                                             |                                                   |                                          |
|                   |                                             |                                                   |                                          |

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**Liabilities**

| <u>ITEM</u>     | <u>COMPANY NAME</u> | <u>INT %</u> | <u>O/S BALANCE</u> | <u>MINIMUM PAYMENT</u> |
|-----------------|---------------------|--------------|--------------------|------------------------|
| Auto Loan 1:    |                     |              |                    |                        |
| Auto Loan 2:    |                     |              |                    |                        |
| Auto Loan 3:    |                     |              |                    |                        |
| Credit Card 1:  |                     |              |                    |                        |
| Credit Card 2:  |                     |              |                    |                        |
| Credit Card 3:  |                     |              |                    |                        |
| Line of Credit: |                     |              |                    |                        |
| Student Loan:   |                     |              |                    |                        |
| Other:          |                     |              |                    |                        |
| Other:          |                     |              |                    |                        |

**Pensions & Social Security Income**

| <u>SOURCE</u> | <u>OWNER / RECIPIENT</u> | <u>FIXED %<br/>OR VAR.</u> | <u>MOS AMT</u> | <u>SURVIVOR BENEFIT ?</u> |
|---------------|--------------------------|----------------------------|----------------|---------------------------|
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |
|               |                          |                            |                |                           |

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**Expenses**

| <u>EXPENSE</u>         | <u>MONTHLY</u> | <u>ANNUAL</u> | <u>OTHER</u> |
|------------------------|----------------|---------------|--------------|
| <b>HOME:</b>           |                |               |              |
| Mortgage/Rent          |                |               |              |
| Insurance              |                |               |              |
| Groceries              |                |               |              |
| <b>TRANSPORTATION:</b> |                |               |              |
| Auto Loan/Lease        |                |               |              |
| Auto Loan/Lease        |                |               |              |
| Insurance              |                |               |              |
| Gas                    |                |               |              |
| Maintenance            |                |               |              |
| <b>UTILITIES:</b>      |                |               |              |
| Phone - Home           |                |               |              |
| Phone - Cell           |                |               |              |
| Electricity            |                |               |              |
| Cable                  |                |               |              |
| Water                  |                |               |              |
| Internet               |                |               |              |
| <b>MISCELLANEOUS:</b>  |                |               |              |
| College Loans/Tuition  |                |               |              |
| Credit Card            |                |               |              |
| Child Care             |                |               |              |
| Dining Out             |                |               |              |
| Travel/Vacation        |                |               |              |
| Hobbies                |                |               |              |
|                        |                |               |              |
| Other                  |                |               |              |
| Other                  |                |               |              |
| Other                  |                |               |              |
| Other                  |                |               |              |

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