3Xequity Comprehensive Inputs

COMPANY

1. What is your form of ownership?
   (LLC, S Corp, C Corp, Sole Prop)

2. What is your Broker–Dealer payout?
   Percentage You Receive (Can be a range)   %

SOURCES OF REVENUE (trailing 12 mo. GDC)

	Recurring	Non–Recurring
FEE INCOME		
3. Fees from AUM:		
4. 3RD Party Managed Assets:		
5. 401k Plans:		
6. Other: _____		
COMMISSION INCOME		
7. Stocks:		
8. Bonds:		
9. Mutual Funds:		
10. Other: _____		
HOURLY INCOME		
11. Financial Planning:		
12. Consulting:		
13. Estate Planning:		
14. Other: _____		

SOURCES OF REVENUE (trailing 12 mo. GDC) (cont'd)

INSURANCE INCOME

	Recurring	Non–Recurring
15. Universal Life:		
16. Disability:		
17. Long Term Care:		
18. Term Life:		
19. Whole Life:		
20. Other: _____		
21. **Total All Recurring/Non–Recurring**		+
22. **Recurring + Non–Recurring = Total Gross Revenue**		

YOUR PRACTICE METRICS

23. * What is your percent net asset flow?
    Are your net asset flows on average positive or negative?
    What annualized percentage do you predict for the next 5 years?   _____ %

24. * What is your average rate of return?
    After you charge your asset fee, what annualized rate of return do you
    predict to earn for the next 5 years for your client assets?   _____ %

25. * What is your client age distribution?
    Based on assets, what percentage of your book falls
    into each age bracket? The Total should equal 100%.
    (You can also send us an Excel spreadsheet for us to
    analyze and sort.)

0–59 yrs	_____ %
60–69 yrs	_____ %
70–79 yrs	_____ %
80+ yrs	_____ %
TOTAL:	_____ %

* = required fields

YOUR DATA FOR PEER COMPARISON

26.* What are your assets under management? ....
Assets under management, or AUM, are the total amount of
assets your practice is managing.

27.* How many assets did you acquire in 2024? ....
The number of new assets acquired in your practice in 2024.

28.* What are your average annual expenses? ....
Total number of fixed overhead costs on an annual basis.

29.* How many new clients did you bring on in 2024? ....
The number of new households acquired in 2024.

30.* How many years have you been in service? ....
The number of years you have been advising your client base.

31.* How many years until retirement? ....
How many years until you would like to retire?

YOUR PRACTICE TRENDS

32.* What was your revenue in 2020?

33.* What was your revenue in 2021?

34.* What was your revenue in 2022?

35.* What was your revenue in 2023?

36.* What was your revenue in 2024?

* = required fields

PRACTICE DATA

37. * Number of Households (HH)? .... [   ]

38. Average Household tenure in years? .... [   ]

	# of new households		# households lost		net household growth
Last 12 months	[ ]	—	[ ]	=	[ ]

ASSET GROWTH IN THE LAST 12 MONTHS

39. New HH assets: .... + [   ]

40. New assets from existing HH: .... + [   ]

41. Do you engage in multi–generational planning? .... [   ]

CLIENT SERVICE

42. When you meet with clients in person, where do you meet?

☐ your office   [   ] %

☐ their home   [   ] %

☐ other:_____   [   ] %

* = required fields

PERSONAL INFORMATION

43. What are your current licenses?

    ☐ 3, ☐ 5, ☐ 6, ☐ 15, ☐ 22, ☐ 24, ☐ 42, ☐ 52

    ☐ 62, ☐ 63, ☐ 65, ☐ Exempt, ☐ Other _____

44. What is/are your current designations?

    ☐ CPA, ☐ CFP, ☐ CFA, ☐ ChFC, ☐ CLU, ☐ CSA, ☐ CFS, ☐ MBA, ☐ PhD

    ☐ RFC, ☐ PFS, ☐ JD, ☐ CIMA, ☐ Other _____

45. What insurance lines do you carry?

    ☐ Life, ☐ Health, ☐ Disability, ☐ LTC, ☐ P&C, ☐ None

    ☐ Other _____

YOUR CONTACT INFO

46.* Full Name

47.* Business Name

48.* Email

49.* Phone

50.* State
The state for the business. (*The state is used for tax calculations.*)

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