



# HIGHLAND

## MONEY MANAGEMENT, INC.

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**Comprehensive Questionnaire for:**

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**Date** \_\_\_/\_\_\_/\_\_\_

Highland Money Management Inc. is independent of Parkland Securities LLC & SPC  
Securities offered through Parkland Securities LLC, member FINRA and SIPC  
Investment Advisory Services offered through Sigma Planning Corporation, a registered  
Investment Advisor

## Introduction

**We have yet to meet the person who told us that they really enjoyed filling out this questionnaire. However, the importance of taking the time required to accurately document your situation cannot be overstated.**

Most of us spend upwards of 2,000 hours per year working to make money. We hope that you will agree that it's sensible to devote a few hours each year to planning the most effective use of the money that you have worked so hard to earn. This is the first step in the process. In order to keep your time to a minimum in filling out this questionnaire, we would like to offer these simple suggestions.

1. Assemble information such as: Recent investment statements, tax returns, liabilities, insurance coverage, pay stubs, and other important information.
2. Once you have rounded up most of these items, begin the exercise. We can fill in the gaps later for any information that you are unable to locate at the present time.
3. As you are going through the questions, mark any items about which you are not sure and we will go over them in more detail when we next meet.

We feel sure that as you look back on this exercise you will view it as a major step forward in achieving your goals!

## A Word About This Fact-finder

This fact-finder is designed to make it easy for you to provide us with the data necessary to complete your financial plan.

Don't be concerned if some questions do not apply to you. We have tried to make the fact-finder comprehensive enough to cover a variety of situations – more than any one household will need. If you see a question that does not apply, simply just leave it blank. If you would rather have us help answer a question, just leave it blank and we'll discuss it.

Take time with our answers. A solid financial plan is built on solid facts. It is important that your facts are accurate, but don't worry if you aren't sure of all your answers. We will review your answers and check the data with you.

If this fact-finder does not allow you enough space to describe your situation, please feel free to make a note referring to the source documents or to attach additional pages as necessary.

## How to answer the Questions

Most questions provide blanks for you to fill in, like this: \$ \_\_\_\_\_, or \_\_\_\_\_ %, or **Y N**

Fill in annual amounts or rates for both the dollars and the percentages. Please provide all dollar amounts in today's dollars, not inflated. If you're not sure of a precise amount, make your best guess, rounded to the nearest \$100. When you see choices, like the **Y N** above, please circle whichever one applies. Dates are important to calculate certain tax treatments. Where we request dates, please provide the month and year. You don't need to be more precise. Some questions or column headings may need explanations. These are shown on the first page of each section.

***All your answers are strictly confidential.***

## Client Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  Male  Female

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Life Status:  Married  Divorced  Single  Widowed

## Spouse / Partner Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  Male  Female

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Life Status:  Married  Divorced  Single  Widowed

## Home Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Cellular \_\_\_\_\_ Email \_\_\_\_\_

## Dependents/Children

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

## Client Occupation / Income

Employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  Can Be Called at Work

Yrs Worked \_\_\_\_\_ Yrs in Field \_\_\_\_\_ Annual Base Salary \_\_\_\_\_

Net Average Paycheck (Take Home Pay) \_\_\_\_\_ Bonus \_\_\_\_\_ Commissions \_\_\_\_\_

Paid:  Weekly  Bi-Weekly  Semi- Monthly  Monthly

## Spouse / Partner Occupation / Income

Employer \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  Can Be Called at Work

Yrs Worked \_\_\_\_\_ Yrs in Field \_\_\_\_\_ Annual Base Salary \_\_\_\_\_

Net Average Paycheck (Take Home Pay) \_\_\_\_\_ Bonus \_\_\_\_\_ Commissions \_\_\_\_\_

Paid:  Weekly  Bi-Weekly  Semi- Monthly  Monthly

**Do you have any other sources of income not listed above?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you expect any unusual fluctuations in these amounts? Is there anything else we should know about your income?**

\_\_\_\_\_  
\_\_\_\_\_

**Have you sold any securities this year?**  Yes  No

**Do you participate in your ESOP (Employee Stock Option Plan)?** Client  Yes  No

Spouse  Yes  No

**How much additional do you feel you can set aside each month for investment purposes? \$** \_\_\_\_\_

## Savings / Investments

### Client

#### Checking / Savings

Checking Bal. \_\_\_\_\_ Joint

Savings Bal. \_\_\_\_\_ Joint

Contribution \_\_\_\_\_

#### Mutual Fund Account (includes Money Markets)

Institution \_\_\_\_\_

Balance \_\_\_\_\_ Joint

Contribution \_\_\_\_\_

#### Mutual Fund Account

Institution \_\_\_\_\_

Balance \_\_\_\_\_ Joint

Contribution \_\_\_\_\_

#### Stocks

Company \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Stocks

Company \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### UGMA / UTMA / 529 (Minor/Education Accounts)

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Other Investments (including bonds, CDs, etc.)

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_ Joint

Contribution \_\_\_\_\_

#### Other Investments

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_ Joint

Contribution \_\_\_\_\_

### Spouse / Partner

#### Checking / Savings

Checking Balance \_\_\_\_\_

Savings Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Mutual Fund Account (includes Money Markets)

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Mutual Fund Account

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Stocks

Company \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Stocks

Company \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### UGMA / UTMA / 529 (Minor/Education Accounts)

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Other Investments (including bonds, CDs, etc.)

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

#### Other Investments

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

# Retirement & Investment Accounts

## Client

### 401K / 403B

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

Employer Match \_\_\_\_\_

### Deferred Compensation

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

Employer Match \_\_\_\_\_

### Qualified Annuities

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

### Traditional IRA

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

### Roth IRA

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

### Other Retirement Accounts

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

## Spouse / Partner

### 401K / 403B

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

Employer Match \_\_\_\_\_

### Deferred Compensation

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

Employer Match \_\_\_\_\_

### Qualified Annuities

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

### Traditional IRA

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

### Roth IRA

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

### Other Retirement Accounts

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

Type \_\_\_\_\_

Institution \_\_\_\_\_

Balance \_\_\_\_\_

Contribution \_\_\_\_\_

# Insurance

## Client Insurance

### Auto

Name of Company \_\_\_\_\_  
Premium \_\_\_\_\_  
Comprehensive Deductible \_\_\_\_\_  
Collision Deductible \_\_\_\_\_  
Liability \_\_\_\_\_

### Health / Medical

Name of Company \_\_\_\_\_  
Premium \_\_\_\_\_  
Deductible \_\_\_\_\_  
Co-pay \_\_\_\_\_  
 Personal  Group → If Group, policy is through  
 Company **OR**  Spouse

### Disability

Name of Company \_\_\_\_\_  
Premium \_\_\_\_\_  
Monthly Benefit \_\_\_\_\_  
Elimination Period \_\_\_\_\_  
 Group  Personal

### Homeowners

Name of Company \_\_\_\_\_ Premium \_\_\_\_\_  Joint

## Spouse / Partner Insurance

### Auto

Name of Company \_\_\_\_\_  
Premium \_\_\_\_\_  
Comprehensive Deductible \_\_\_\_\_  
Collision Deductible \_\_\_\_\_  
Liability \_\_\_\_\_

### Health / Medical

Name of Company \_\_\_\_\_  
Premium \_\_\_\_\_  
Deductible \_\_\_\_\_  
Co-pay \_\_\_\_\_  
 Personal  Group → If Group, policy is through  
 Company **OR**  Spouse

### Disability

Name of Company \_\_\_\_\_  
Premium \_\_\_\_\_  
Monthly Benefit \_\_\_\_\_  
Elimination Period \_\_\_\_\_  
 Group  Personal

## Client Insurance (Con't)

### Long Term Care

Name of Company \_\_\_\_\_

Premium \_\_\_\_\_

Benefit \_\_\_\_\_

Elimination Period \_\_\_\_\_

### Life

Name of Company \_\_\_\_\_  Term  VUL  Whole  Universal

Premium \_\_\_\_\_

Benefit \_\_\_\_\_

Cash Value \_\_\_\_\_

Personal  Group → If Group, policy is through  Company **OR**  Spouse  
 Smoker  Non-Smoker  Tobacco User

### Life

Name of Company \_\_\_\_\_  Term  VUL  Whole  Universal

Premium \_\_\_\_\_

Benefit \_\_\_\_\_

Cash Value \_\_\_\_\_

Personal  Group → If Group, policy is through  Company **OR**  Spouse  
 Smoker  Non-Smoker  Tobacco User

## Spouse / Partner Insurance (Con't)

### Long Term Care

Name of Company \_\_\_\_\_

Premium \_\_\_\_\_

Benefit \_\_\_\_\_

Elimination Period \_\_\_\_\_

### Life

Name of Company \_\_\_\_\_  Term  VUL  Whole  Universal

Premium \_\_\_\_\_

Benefit \_\_\_\_\_

Cash Value \_\_\_\_\_

Personal  Group → If Group, policy is through  Company **OR**  Spouse  
 Smoker  Non-Smoker  Tobacco User

### Life

Name of Company \_\_\_\_\_  Term  VUL  Whole  Universal

Premium \_\_\_\_\_

Benefit \_\_\_\_\_

Cash Value \_\_\_\_\_

Personal  Group → If Group, policy is through  Company **OR**  Spouse  
 Smoker  Non-Smoker  Tobacco User



## Long-Term Liabilities

### First Mortgage

Institution \_\_\_\_\_ Interest Rate \_\_\_\_\_  Fixed  Arm  Balloon  
Type/Length of Loan \_\_\_\_\_ Amount Financed \_\_\_\_\_ Date: \_\_\_\_\_  
Balance \_\_\_\_\_ Purchase Amount \_\_\_\_\_  
Full Payment (Monthly) \_\_\_\_\_ Approximate Value \_\_\_\_\_  
Monthly Payment (Principal & Interest only) \_\_\_\_\_ Escrow \_\_\_\_\_ Years Left on Loan \_\_\_\_\_  
 Client  Spouse/Partner  Joint

### Second Mortgage

Institution \_\_\_\_\_ Interest Rate \_\_\_\_\_  Fixed  Arm  Balloon  
Type/Length of Loan \_\_\_\_\_ Amount Financed \_\_\_\_\_ Date: \_\_\_\_\_  
Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Years Left on Loan \_\_\_\_\_  
 Client  Spouse/Partner  Joint

Do you currently pay extra to your mortgage?  Yes  No Amount \_\_\_\_\_

Do you currently carry Private Mortgage Insurance?  Yes  No Amount \_\_\_\_\_

### Vehicle Loan

Institution \_\_\_\_\_  
Current Balance \_\_\_\_\_  
Interest Rate \_\_\_\_\_  
Payment \_\_\_\_\_  
Years Remaining/Lease Due \_\_\_\_\_  
 Client  Spouse/Partner  Joint

### Vehicle Loan

Institution \_\_\_\_\_  
Current Balance \_\_\_\_\_  
Interest Rate \_\_\_\_\_  
Payment \_\_\_\_\_  
Years Remaining/Lease Due \_\_\_\_\_  
 Client  Spouse/Partner  Joint

### Other Liabilities

Institution \_\_\_\_\_  
Current Balance \_\_\_\_\_  
Interest Rate \_\_\_\_\_  
Payment \_\_\_\_\_  
Years Remaining \_\_\_\_\_  
 Client  Spouse/Partner  Joint

### Other Liabilities

Institution \_\_\_\_\_  
Current Balance \_\_\_\_\_  
Interest Rate \_\_\_\_\_  
Payment \_\_\_\_\_  
Years Remaining \_\_\_\_\_  
 Client  Spouse/Partner  Joint

## Short-Term Liabilities

	Institution	Current Balance	Interest Rate	Payment Amount	Required Min. Payment	Your Avg. Payment	Card being used
Credit Card / Loan							<input type="checkbox"/>
Credit Card / Loan							<input type="checkbox"/>
Credit Card / Loan							<input type="checkbox"/>
Credit Card / Loan							<input type="checkbox"/>
Installment Loans							<input type="checkbox"/>
Personal Loans							<input type="checkbox"/>
Student Loan							<input type="checkbox"/>
Student Loan							<input type="checkbox"/>
Other							<input type="checkbox"/>
Other							<input type="checkbox"/>

## Taxes

Tax refund this Year \_\_\_\_\_

Previous year refund \_\_\_\_\_

Federal refund \_\_\_\_\_

Federal refund \_\_\_\_\_

State refund \_\_\_\_\_

State refund \_\_\_\_\_

Exemptions that you claim (M1, M2, S1, S2, etc.)

Client Fed\_\_\_\_St\_\_\_\_

Spouse / Partner Fed\_\_\_\_St\_\_\_\_

Is this an average refund?  Yes  No If no, what is average? \_\_\_\_\_

Do you plan to inherit money in the future? Y N

If so, from who and approximate amount? \_\_\_\_\_

Do you intend to pass on assets to a family member (other than spouse) when you pass? Y N

If so, to whom? \_\_\_\_\_

Do you have a living will? Y N

Do you have a healthcare directive? Y N

Additional Information:

\_\_\_\_\_  
 \_\_\_\_\_

## Goals and Priorities

A goal is a statement of what you want the future to look like. Goals identify achievements that will bring us pleasure. They give us something to look forward to, work toward, and save for.

Your goals might include buying a house or a car, setting up a college fund for a child or grandchild, or taking exotic vacations every year. And don't forget the goal that everyone shares: saving for retirement.

Without goals, your financial planning loses meaning. It's hard to make financial decisions if you don't know what you are saving for; with goals, you'll accomplish more, add to your financial security, and improve your quality of life.

### What are your financial priorities?

#### Goals ( 1 low – 5 high )

	1	2	3	4	5
Buy or upgrade residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy expensive items: car, boat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a disciplined savings/investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain estate for spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start/maintain education fund for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain adequate insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy a vacation property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan a major holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieve financial independence at age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retire at normal age of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retire early at age of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce taxable income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Comments

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Are you accomplishing your goals? What *can* you do about them? What *will* you do about them?

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List your most important goals that you would like account for in your financial plan. These could be goals such as a vacation home, major purchase, home improvement, wedding, or any other plan you would like to specifically fund.

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