



CONFIDENTIAL QUESTIONNAIRE

NAME _____ CLIENT I.D. # _____

Completion of this confidential questionnaire is the first step in the planning process for more efficient utilization of your income and assets for the attainment of your financial goals. For maximum value, the information must be sufficiently comprehensive to provide a financial profile for tax planning, investment planning and estate planning. If in doubt about the meaning of a question, leave it blank and we will review it with you. Please use additional sheets to expand on any particular area.

We will discuss this information with you and ask additional questions. Any of the following documents that you have should be brought to our meeting, as they will be helpful in preparing a more accurate plan.

DOCUMENTS

1. THIS FORM
2. RISK TOLERANCE QUESTIONNAIRE
3. LATEST INVESTMENT STATEMENTS
4. RETIREMENT PLAN STATEMENTS
(IRA Pension, Profit Sharing, 401(k))
5. FEDERAL TAX RETURNS
6. INSURANCE POLICY STATEMENTS
7. ANY OTHER DOCUMENTS YOU FEEL ARE PERTINENT

It has been said that the world steps aside for a man or woman who knows where they are going. The timely preparation and implementation of this document will tell you where you are and help us guide you to your goals. As your CERTIFIED FINANCIAL PLANNER™ professional, we stand ready to help you establish and implement your plan.

Please sign and date this form so that our files reflect the fact that you provided this information.

Signature Date

Signature Date

PERSONAL INFORMATION

Name _____ Soc. Sec. No. _____
Address _____ City _____ State _____ Zip _____
Business Address _____ City _____ State _____ Zip _____
Home Phone _____ Business Phone _____ Years at Present Address _____
Date of Birth _____ Citizen of _____ E-mail Address _____
Occupation _____
Employer (If self-employed, name firm) _____ Years with this employer _____
Do you have a retirement plan? _____ Date established _____

Spouse's Name _____ Soc. Sec. No. _____
Spouse's Date of Birth _____ Citizen of _____ E-mail Address _____
Spouse's Occupation _____ Spouse's Business Phone _____
Spouse's Employer _____ Years with this employer _____
Spouse's Business Address _____ City _____ State _____ Zip _____

Children	Date of Birth	Age	Grades in School as of 1/1	Soc. Sec. No.	Estimated College Expenses Per Year	Educational Funds Already Set Aside/Type
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Other dependents _____
Do you have a will? _____ Does your Spouse? _____ Do you expect any windfalls? _____ Est. Amt. _____
Do you have a trust, family partnership, etc? _____ Type _____ Title _____ Date _____
Your Attorney _____ Address _____ Phone _____
Your Accountant _____ Address _____ Phone _____
Do you plan any business or occupational changes in the near future? _____ Explain _____
Do you expect any major changes in your income in the near future? _____ Explain _____
Age at retirement _____ Spouse _____ Desired Monthly Income in Today's Dollars \$ _____
Sources of retirement income: Social Security _____ Pension _____ Other _____

INSURANCE COVERAGE

Life Insurance		Your agent _____ Phone _____						
Insured	Policy Number	Company	Face Amount	Issue Date	Cash Value	Policy Loan	Beneficiary	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Annuities		Your agent _____ Phone _____						
Annuitant	Policy Number	TSA/403(b)	Company	Current Value	Issue Date	Interest Rate	Fixed or Variable	Periodic or Single Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Medical Insurance		Your agent _____ Phone _____						
Insured	Policy Number	Plan	Company	Issue Date	Deductible	Stop Loss	Maximum Limits	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Disability Insurance		Your agent _____ Phone _____							
Insured	Policy Number	Plan	Company	Issue Date	Monthly Income Benefit	Waiting Period	Benefit Period	Premium Payor	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

How much would you need if you were disabled? \$ _____/mo Where would that income come from currently? _____

Automobile Insurance Your agent _____ Phone _____
 Auto (Make/Year) Policy Number Company Liability Collision Comprehensive Medical Uninsured Property Annual
 Bodily Injury (Deductible) Amount Motorist Damage Premium

Homeowners Insurance Your agent _____ Phone _____
 Property/Sq. Footage Policy Number Company Fire Ins. Extended Cov. Personal Personal Medical Living Annual
 (Amount) (Hail/Flood Damage) Property Liability Expense Premium

Is this replacement or depreciable coverage? _____ Do you have an umbrella policy? _____ Amount _____

PERSONAL ASSETS (What you own)

Cash Reserves (Checking, Savings, CDs, T-Bills, Money Market Accounts, Etc.)

Financial Institution	Type of Account	Amount	Interest Rate	Term	Date Due	How Registered*

Real Estate (Residence, 2nd Home, Rental, Commercial, Land)

Type	Month/Year Acquired	Purchase Price	Current Value	Original Mortgage	Current Mortgage(s)	Mortgage Rate	Principle & Int. Pymts.	Loan Term**	How Registered*

** (1) Regular Amortization (2) Interest Only (3) Principal Only (4) Arbitrary Payment (5) Any Balloon Payments?

Notes Receivable (Trust Deeds, Promissory Notes, Interest Free Loans, Etc.)

From Whom	Original Amt. Loaned	Date Loaned	Repayment Schedule	Balloons	Interest Rate	Balance

Stocks (Common, Preferred, Options, Mutual Funds)

Your Stock Broker _____ Phone _____

No. of Shares	Name of Company	Date Acquired	Inherited (Yes/No)	Total Cost	Current Price Per Share	Current Value	Dividend Yield	How Registered*

Bonds (Government, Municipal, Corporate)

Total Face Amount	Name of Company/Municipality	Interest Rate	Maturity Date (Mo/Yr)	Date Acquired	Inherited (Yes/No)	Total Cost	Current Price	Current Value	How Registered*

Other Assets (Gold, Silver, Rare Coins, Antiques, Collectibles, Etc.)

Item	Date Acquired	Total Cost	Estimated Current Value

*JT – Joint Tenancy CP – Community Property TC – Tenants In Common SP – Separate Property LT – Living Trust CPWROS – Community Property With Rights Of Survivorship

Estimated Value of Personal Property?(Home Furnishings, Etc) \$ _____ Autos \$ _____

Limited Partnerships (Oil & Gas, Real Estate, Equipment Leasing, Cable, Other)

Company	Amount Invested	Date Acquired	Current Value	Current Income	How Registered

PERSONAL RETIREMENT PLANS (IRA, ROTH IRA, SEP, TSA)

Owner	Type (ex: ROTH IRA)	Value of Account	Invested With

COMPANY RETIREMENT PLANS (PENSION, PROFIT SHARING, 401(K), SINGLE(K), SIMPLE)

Owner	Type (ex: 401(K))	Value of Account	Invested With

PERSONAL LIABILITIES (What you owe – EXCLUDING MORTGAGES)

To whom owed	Original Amount Borrowed	Date Borrowed (Mo./Year)	Repayment Schedule	Interest Rate	Balloons	Loan Balance

FINANCIAL OBJECTIVES (GOALS)**(Number in order of importance on scale of 1=most important 10=least important)**

- _____ - Lower Income Taxes
- _____ - Hedge Inflation
- _____ - Increase Current Income
- _____ - Fund Children's Education
- _____ - Grow Net Worth
- _____ - Plan Retirement Income
- _____ - Assure Safety of Principal
- _____ - Assure Proper Disposition Of Assets (Estate Planning)
- _____ - Other _____

HOW DO YOU RATE YOUR TOLERANCE FOR RISK?**(Check one)**

- _____ - I am very conservative and I am more interested in holding on to what I have than in taking risks.
- _____ - I am fairly conservative but I am willing to accept some risks in return for potential growth.
- _____ - I can accept a fair amount of risk in exchange for the possibility of having my money grow substantially.
- _____ - I am willing to risk losing some or all of my money in a particular investment if I'm convinced that my investment has a chance of paying off.