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YOUR FINANCIAL PROFILE QUESTIONNAIRE

This questionnaire will aid in gathering information needed to develop your financial plan. Please complete this “homework assignment” as accurately as possible. In addition, we suggest you assemble the following items and bring them with you to our next meeting:

Before starting, assemble these items:

- Last Paycheck Stub(s)
- Monthly budget summary (Quicken or other) or statement for previous 2 months primary checking account transactions
- Checking & Savings Accounts: last statement
- Mortgages, Loans & Credit Cards: last statement
- Real Estate Property Titles
- Investment Accounts: last statement
- Insurance Policies: original policy & statement for
 - life
 - auto/home or renters/umbrella—liability
 - disability income
 - medical/health care
 - nursing home—home health care—LTC
- Employee Benefits: last statement & informational booklet
- Retirement Plans and Pension Plans: last statement & informational booklet
- Business or Partnership Agreements; business loan or lease agreements
- Wills & Trust Agreements
- Most Recent Federal and State Income Tax Returns, including all schedules
- Any other pertinent financial data you may have such as info regarding a major purchase, debt refinancing, expected inheritance, etc.

All information provided will be held in the strictest confidence.

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PERSONAL INFORMATION

	<i>Client 1</i>		<i>Client 2</i>	
<i>First Name, MI</i>				
<i>Last Name</i>				

<i>Children's Names</i>	<i>Birth Date</i>	<i>Current Grade in School</i>

FINANCIAL GOALS

Rank the following priorities from 1 being the highest priority to 7 the lowest. **Do not** use the same number twice. **SKIP any that do not apply.**

<i>Priorities</i>	<i>Rank (1-7)</i>
Achieve financial security for retirement.	
Provide funds for education.	
Achieve other goals. (Funds needed to meet this goal: \$ _____)	
Maintain adequate life insurance.	
Protect your resources in case of disability.	
Maximize the return on investments given your risk profile.	
Minimize estate taxes / provide for heirs / create/review estate documents	

(1) Do you expect any inheritances, legal settlements, trusts or gifts that may affect your financial plan? If so, please explain:

(2) _____
Do you need to make any special financial provisions for any member of your family?

(3) _____
Do you plan to leave any portion of your estate to charity?

(4) _____
Are you aware of upcoming changes in your life or lifestyle which will directly affect your present financial situation (e.g., early retirement, divorce, child support)? If so, please explain.

(5) Does client 1 or client 2 have any health problems that may cause you to retire earlier than you wish? If so, please explain.

(6) If client 1 or client 2 were to die would the survivor want the mortgage on your personal residence paid off?

If client 1 died Yes No

If client 2 died Yes No

(7) Should we include Social Security benefits when planning for your retirement?

Yes No

(8) Age of Retirement /
Financial Independence? Client 1 Client 2

(9) Does client 1 have a will? Yes No

Does client 2 have a will? Yes No

When was it written? Client 1 _____ Client 2 _____

RISK TOLERANCE

Take a few minutes to complete this short questionnaire, which will create a recommended portfolio with the appropriate mix of assets. The score reflects the level of risk you're willing to take in your investment decisions.

1. From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?

I would look for a way to invest more

I would take no action

I would be somewhat concerned

I would avoid any investment that could suddenly lose 15% of its value (Choose last answer for next question)

2. Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?

- I would look for a way to invest more
- I would take no action
- I would be somewhat concerned
- I would probably sell
- I would never have made this investment (Chose last answer on previous question)

3. Have you invested in Equities?

- No Yes

4. Have you invested in Fixed Incomes?

- No Yes

5. Have you invested in Mutual Funds?

- No Yes

6. Have you invested in Options, Futures or Derivatives?

- No Yes

7. How would you describe your level of investment knowledge?

- None
- Limited
- Good
- Extensive

8. How much investment experience do you have?

- None
- Limited (1 to 3 years)
- Good (4 to 5 years)
- Extensive (more than 5 years)

9. Do you have current income needs from your investments?

- Yes
- No

10. When will you begin to use your invested funds?

- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years

ADDITIONAL COMMENTS AND EXPLANATION:

INVESTMENT ASSETS: LIQUID FUNDS, INVESTMENT FUNDS, RETIREMENT FUNDS

Banking Accounts			Current Value	Owner (Joint, Community, Client, Spouse)	Intended Use (Retirement, Education, Other)
(custodian)			\$		
			\$		
			\$		
			\$		
CD	Rate	Date Matures	\$		
		/ /			
CD	Rate	Date Matures	\$		
		/ /			

Investment Accounts

Account Name	Value	Owner	Use
	\$		
	\$		
	\$		
	\$		

Retirement Accounts

Account Name	Value	Owner	Use
	\$		
	\$		
	\$		
	\$		

Other Holdings

Description	Value	Owner	Use
	\$		
	\$		
	\$		
	\$		

Business Assets

Business Name	Base Value	Tax Basis	Business Type
	\$	\$	
	\$	\$	
	\$	\$	

PERSONAL ASSETS/LIABILITIES

Real Estate

#1

Property Type:

Property Names:

Address 1:

Address 2:

City, State, Zip:

Purchase Year:

Purchase Amount:

Current Value:

Loan Amount	Interest Rate	Current Balance	Monthly Payment (P/I only)
\$	%	\$	\$

#2

Property Type:

Property Names:

Address 1:

Address 2:

City, State, Zip:

Purchase Year:

Purchase Amount:

Current Value:

Loan Amount	Interest Rate	Current Balance	Monthly Payment (P/I only)
\$	%	\$	\$

#3

Property Type: _____
 Property Names: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip: _____ [State Dropdown] _____
 Purchase Year: _____
 Purchase Amount: \$ _____
 Current Value: \$ _____

Loan Amount	Interest Rate	Current Balance	Monthly Payment (P/I only)
\$ _____	% _____	\$ _____	\$ _____

Personal Property (vehicles, boats, other)

#1

Asset Name: _____
 Current Value: \$ _____

Loan Amount	Interest Rate	Current Balance	Monthly Payment
\$ _____	% _____	\$ _____	\$ _____

#2

Asset Name: _____
 Current Value: \$ _____

Loan Amount	Interest Rate	Current Balance	Monthly Payment
\$ _____	% _____	\$ _____	\$ _____

#3

Asset Name: _____
 Current Value: \$ _____

Loan Amount	Interest Rate	Current Balance	Monthly Payment
\$ _____	% _____	\$ _____	\$ _____

#4

Asset Name: _____
 Current Value: \$ _____

Loan Amount	Interest Rate	Current Balance	Monthly Payment
\$ _____	% _____	\$ _____	\$ _____

INCOME

	Annual Salary	Bonus	Stock Grants / RSUs
Client:	\$	\$	\$

Payroll Deductions (Our software will calculate taxes but we need to know what other expenses come out of your paycheck):

Health Insurance	\$
Life Insurance	\$
Disability Insurance	\$
HSA Contributions	\$
Fees/Parking/Donations	\$
Other	\$

Retirement Contributions	Yours	Employer Match
	\$	\$

	Salary	Bonus	Stock Grants / RSUs
Spouse:	\$	\$	\$

Payroll Deductions:

Health Insurance	\$
Life Insurance	\$
Disability Insurance	\$
HSA Contributions	\$
Fees/Parking/Donations	\$
Other	\$

Retirement Contributions	Yours	Employer Match
	\$	\$

INSURANCE

Life Insurance

Insured	Death Benefit	Term Length / Year Purchased	Cash Surrender Value	Loan	Beneficiary	Group or Individual Policy
	\$		\$	\$		G <input type="checkbox"/> I <input type="checkbox"/>
	\$		\$	\$		G <input type="checkbox"/> I <input type="checkbox"/>
	\$		\$	\$		G <input type="checkbox"/> I <input type="checkbox"/>
	\$		\$	\$		G <input type="checkbox"/> I <input type="checkbox"/>
	\$		\$	\$		G <input type="checkbox"/> I <input type="checkbox"/>
	\$		\$	\$		G <input type="checkbox"/> I <input type="checkbox"/>

Disability Insurance

Monthly Benefit: Enter the amount that you will receive each month.

Elimination Period: Enter the number of months that you must wait before payments begin.

Benefit Period: Enter the total number of months that you will receive payments before they stop **OR** check the box if monthly benefits are received to age 65 instead.

Insured	Monthly Benefit Per Month	COL A %	Elimination Period (Months)	Benefit Period # of Months	Check if to Age 65 <input type="checkbox"/>	Do You Pay Premium with Personal Funds? (After Tax)
	\$	%		or <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	%		or <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	%		or <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	%		or <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Property Insurance (Homeowner's, auto, excess liability)

Type	Annual Premium
	\$
	\$
	\$
	\$

Health Insurance

Type	Annual Premium
<input type="checkbox"/> Group <input type="checkbox"/> Individual	\$
<input type="checkbox"/> Group <input type="checkbox"/> Individual	\$

Long Term Care Insurance

Owner	Benefit Amount	Benefit Period	Annual Premium
	\$		\$
	\$		\$

EXPENSES

We have reviewed payroll deductions, loan payments and insurance premiums, now we need to list basic living expenses. Since we will be looking at your current cash flow as well as future (retirement) cash flow we will look at expenses in two categories: 'ongoing' and 'time sensitive.'

Ongoing Expenses:

In this section, include only those expenses that you are likely to incur consistently throughout your lifetime:

Basic Household Expenses:

	Monthly	Annual
Phone / Cell Phone	\$	\$
Electric / Gas	\$	\$
Water / Sewer	\$	\$
Garbage	\$	\$

	Monthly	Annual
Cable / Internet	\$	\$
Maintenance / Repair	\$	\$
Home Security	\$	\$
HOA Dues	\$	\$

Transportation: Monthly Annual

Gas	\$	\$
Maintenance / Repairs	\$	\$
Vehicle Lease	\$	\$
Tolls/Parking/Fees	\$	\$

Medical: Monthly Annual

Prescriptions	\$	\$
Physician Expenses	\$	\$
Eye Care	\$	\$
Dental Care		\$

Other Ongoing

Expenses:	Monthly	Annual
Food	\$	\$
Clothing	\$	\$
Personal Care	\$	\$
Pet Care	\$	\$
Property Tax	\$	\$
Other	\$	\$
Other	\$	\$

Rent	\$	\$
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Time Sensitive Expenses:

In this section, include those expenses that will only occur for a specified period of time or that you expect to change significantly (i.e.travel expenses, pre- and post-retirement):

	Current Annual Amount	Annual % increase	Start Date	Stop Date
Child Care	\$	%		
Child Support	\$	%		
Alimony	\$	%		
Children's Allowance	\$	%		
Charitable Giving	\$	%		
Gifts	\$	%		
Club Memberships	\$	%		
Dining	\$	%		
Entertainment	\$	%		
Travel/Vacations	\$	%		
Hobbies	\$	%		
ATM	\$	%		
Medicare Premiums	\$	%		
Other	\$	%		
Savings:	\$	%		
IRA contributions	\$	%		
Roth IRA contrib.	\$	%		
Health Savings Plan	\$	%		
Education Funding	\$	%		
Additional savings	\$	%		

MISCELLANEOUS INFORMATION

	Client 1	Client 2
Daytime Phone		
Work Phone		
Best time to reach during the day		

	Client 1	Client 2
Accountant/CPA Name		
Firm		
Phone Number		
Email		
Attorney Name		
Firm		
Phone Number		
Email		

Please provide any explanation or additional information that you feel may be important.

THANK YOU!