Confidential Financial Questionnaire

Date: ___/___/___

Name: ______________________________

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Client Profile

	CLIENT	Co-CLIENT
First Name		
Last Name		
Date of Birth	/ /	/ /
Marital Status		

CONTACT INFORMATION		
Home Address:		
City:	**State:**	**Zip Code:**
Home Phone: - -	**Work Phone** - -	**Email:**

FAMILY MEMBERS			
First Name	**Last Name**	**Birth Date/Age**	**Relationship to you**
		/ / /	
		/ / /	
		/ / /	

EMPLOYER INFORMATION		
	Client	**Co-Client**
Name of Employer		
Occupation		
Month and Year Started		
At what age do you *want* to retire?		

Assets

Description	***Owner (indiv/JT)***	***Purchase Date***	***Cost***	***Market Value***	***Notes***
Residence		/ /			
Auto		/ /			

Assets Continued *(other real estate, boat, jewelry, etc.)*

Description	*Owner*	*Purchase Date*	*Cost*	*Market Value*	*Notes*
		/ /			
		/ /			
		/ /			

Liabilities

LIABILITIES						
Description	*Owner*	*Present Balance*	*Interest Rate*	*Monthly Payment*	*Start Date*	*End Date*
Mortgage					/ /	/ /
Home Equity Line Loan					/ /	/ /
Credit Card					/ /	/ /
					/ /	/ /
					/ /	/ /
Car Loan					/ /	/ /
Student Loans					/ /	/ /

Investments and Savings (attach full PDF statements – all pages)

Description	*Owner*	*Market Value*	*Cost Basis*	*Monthly Contribution*	*Notes*
401(k)/TSA			N/A		
IRA			N/A		
Roth IRA					
Mutual Funds					
CDs					
Stocks, Bonds, Etc.					

Incomes

ANNUAL INCOME				
From what Company?	***Member***	***Income Type: Salary, Bonus, Social Security***	***How many paychecks to you receive per year?***	***Amount Annually***
	Client			
	Co-Client			
Self Employment				
Rentals, Alimony, Child Support				

PENSIONS						
From what Company?	***Family Member***	***% Benefit per years of Service***	***Max. Pension %***	***Benefit Start Date***	***Years Employed***	***Estimate Monthly Pension***
				/ /		
				/ /		

Expenses

EXPENSES	Monthly
I. Housing	
Rent/Mortgage Payment (**Principle & Interest only**)	
Phone/Cell Phone/Pager	
Electric/Gas/Oil	
Water, Sewer & Sanitation/Condo Fee	
TV/Cable/Internet Access/Alarm Service	
Maintenance & Repair, Home Improvements	
Other: Household/Cleaning	
II. Property Taxes (house and car)	
III. Transportation	
Lease Payments	
Vehicle Loans	
Gas/Maintenance/Repairs/Tolls/Parking	
Other (explain)	
IV. Food (household groceries only)	
V. Clothing	
VI. Medical Expenses	
Health & Dental Insurance	
Prescription Expenses (Non-Reimbursed)	
Physician Expenses (Non-Reimbursed)	
Eye Care (Non-Reimbursed)	
Other (explain)	

VII. Other Basic Expenses	
Child Care/Day Care/Preschool	
Education	
Alimony/Child Support/ Children's Allowances	
Professional Dues/Legal fees/Accounting/Planning Fees	
Domestic Help/Personal Care	
Yard Care	
Veterinary Expenses/Pet supplies, Grooming etc.	
Other (explain)	
VIII. Insurance Premiums	
Automobile	
Life	
Long Term Care Insurance	
Disability Income/Individual and Group	
Homeowners/Condo/Renters	
Umbrella/Liability Policy	
Other (explain)	
IX. Discretionary Lifestyle	
Charitable Contributions	
Gifts (birthdays/Christmas/Weddings…)	
Entertainment/Dining Out	
Recreation/Travel	
Club Dues/Hobbies/Professional Associations	
ATM Machine (Lunch, Cash, etc- do not duplicate elsewhere)	
Other: ex. Dry cleaning, haircuts, spa, nails	
X. Regular Contributions to Qualified Plans	
Client 1 401(k), 403-B, 457 with employer	
Client 2 401(k), 403-B, 457 with employer	
Client 1 - IRA, Roth IRA, SEP	
Client 2 - IRA, Roth IRA, SEP	
XI. Contributions to Long Term Objectives	
College Education	
Retirement (other than above)	
Other (explain)	
XII. Contributions to Short-Term Obligations	
Consumer Loans/All Credit Cards	
Installment Loans/Home Equity Loan	
Personal Loans/Other (explain)	
XIII. Contributions to Other Obligations	
Investment Loans	
Business Loans	
Rental Property Mortgage	
Margin/401(k) Loans	
Other (explain)	
XIV. Miscellaneous (please explain)	

Notes: Special circumstances or information that should be known

Life Insurance Policies

EXISTING LIFE INSURANCE POLICIES						
Insured	***Company***	***Policy Type (Term/Perm)***	***Death Benefit***	***Beneficiary***	***Cash Surrender Value***	***Premium and Frequency***

Disability Insurance Policies

EXISTING DISABILITY INSURANCE POLICIES				
	Client	**Client**	**Co-Client**	**Co-Client**
Type of Coverage	**Individual**	**Group**	**Individual**	**Group**
Company				
Monthly Benefit				
Premiums				
Waiting Period				
Benefit Period				

Risk Tolerance

1. Estimated overall time horizon _____

2. Preference for Non-U.S. Investments:
   - ☐ No portion allocated to non-U.S. investments
   - ☐ Include portion of non-U.S. investments that is appropriate based on my investor profile

3. Over the next five years, do you expect your financial situation to?
   - ☐ Dramatically improve
   - ☐ Improve somewhat
   - ☐ Stay about the same
   - ☐ Worsen

4. When investing, there is a natural tradeoff between investment performance and the risk of a decline in portfolio value. Typically, the higher the return that you pursue, the more willing you must be to suffer losses. Please review the following hypothetical investment choices and their risk and return characteristics. Select the investment that would be most likely to meet your expectations for returns in "average" or "good" years without making you uncomfortable during periods of declining values:

		Typical Return in a Bad Year	Typical Return in an Average Year	Typical Return in a Good Year
☐	Investment A	-10%	+4	+10
☐	Investment B	-15%	+5	+13
☐	Investment C	-20%	+6	+16
☐	Investment D	-28%	+7	+20
☐	Investment E	-38%	+8	+30

5. On rare occasions the "worst case scenario" may indeed occur. As a result, investors may suffer greater portfolio losses. The table below shows the cumulative losses that might be expected for four hypothetical $100.000 portfolios, over "worst case scenarios" lasting 12, 24 and 36 month periods. Please select the hypothetical portfolio with maximum losses you may be able to tolerate:

		12-months	24-months	36-months
☐	Portfolio A	($39,000)	($50,000)	($56,000)
☐	Portfolio B	($28,000)	($35,000)	($39,000)
☐	Portfolio C	($15,000)	($17,000)	($18,000)
☐	Portfolio D	($10,000)	($ 11,000)	($9,000)

6. When investing, you must consider several risks. The risk of a "decline in value" is the most

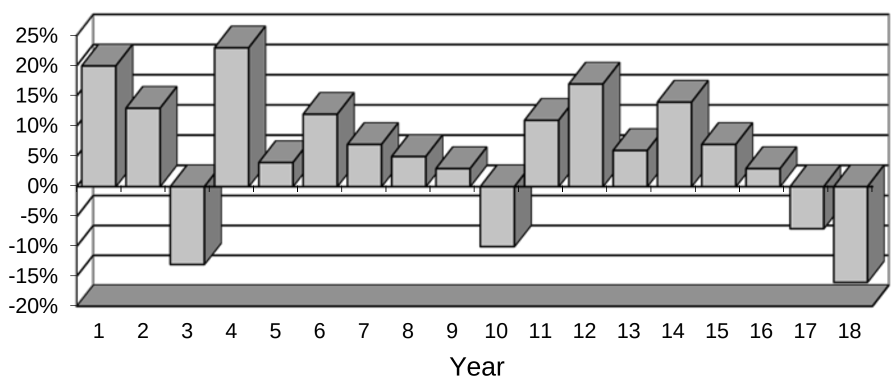
common definition of risk and the one that many people think to avoid first. However, you cannot reduce this risk without assuming others, such as the risk of inflation. Please indicate which of the following risks most concerns you (put a "1" next to it) and the one which is your next most important concern (put a "2" next to it):

1st Choice	2nd Choice	
__	__	a. Possibility that my investment may not grow enough to meet my future needs.
__	__	b. The risk of a sharp decline in value in a short period of time. (1-6 months)
__	__	c. A decline in portfolio value over the course of 1-2 years.
__	__	d. The risk that my portfolio may not grow enough to keep pace with inflation.
__	__	e. The risk of not earning a rate of return greater than the general stock market.
__	__	f. The risk that my portfolio will not generate enough current income.

7. Which statement most accurately describes your attitude and expectations when investing over a market cycle of 5-7 years?

- ☐ It is more important to do well in 'up' markets than it is to limit losses in down' markets.
- ☐ I am comfortable with average returns in both up and down markets.
- ☐ It is more important to limit losses in 'down' markets than it is to do well in up' markets.

8. The graph below shows a hypothetical investment over time. If you owned this investment given its historical and current return, what action would you take today (year 18)?



- ☐ I would immediately sell all of the investment and cut my losses.
- ☐ I would sell some of the investment to protect myself from further loss.
- ☐ I would continue to hold the investment with the expectation of higher future returns.
- ☐ I would invest more now since the price is lower.

9.What type of investor do you believe you are?

Client	**Co-Client**
☐ Conservative	☐ Conservative
☐ Moderate	☐ Moderate
☐ Aggressive	☐ Aggressive

Objectives

YOUR EDUCATION OBJECTIVES			
	Child 1	***Child 2***	***Child 3***
Student's Name			
College Name			
Start Age (year)			
Annual Cost now			
Number of Years			

Major Purchase Objectives

YOUR MAJOR PURCHASE OBJECTIVES				
	Goal 1	***Goal 2***	***Goal 3***	***Goal 4***
Description				
Year of Purchase				
Cost in Today's $				

Estate Planning

ESTATE PLANNING QUESTIONS					
Yes	**No**		**Yes**	**No**	
☐	☐	Client has a will	☐	☐	Current trustee or beneficiary of any trust
☐	☐	Co-Client has a will	☐	☐	Plan for children from previous marriage
☐	☐	Marital Trust Provisions in will	☐	☐	Plan gifts to grandchildren
☐	☐	Revocable Living Trust	☐	☐	Buy/Sell agreements
☐	☐	Durable Power of Attorney	☐	☐	Post-nuptial agreements
☐	☐	Living will/Health Care Proxy	☐	☐	Employment contracts
☐	☐	Own a business	☐	☐	Plan for family with special needs
☐	☐	Pre-nuptial agreements	☐	☐	Real property ownership in another state
☐	☐	Joint property ownership with non-spouse	☐	☐	Plan for current gifts to heirs to reduce potential estate taxes

Checklist of items needed:

- ☐ Wills
- ☐ Statements from Investments
- ☐ Statements from Savings
- ☐ Disability Insurance Policies
- ☐ Education account statements
- ☐ All benefits available through employer
- ☐ Social Security Statements
- ☐ Pension-Monthly benefits at retirement
- ☐ Tax Returns from the past two years
- ☐ Statements from Retirement Plans (401(k)
- ☐ Recent Pay Stubs
- ☐ Life Insurance Policies
- ☐ Home & Auto Insurance Policies
- ☐ Trust Agreements
- ☐ Any other pertinent statements

General Goals

- Tell me what your short-term goals are. (*1-5 yrs. horizon, prioritize if more than one goal*):

- Tell me what your long-term goals are. (*6+ years, prioritize if more than one goal*):

Assets & Liabilities Goal

- How comfortable do you feel with your current level of debt? Is it going up or down?

New Found Money Goal

- If you were given $500,000 tax-free dollars, tell me all the things you would do with it.

Disability/Life Insurance Protection Goal

- How important is it for your family to be able to maintain their lifestyle if something should happen to either of you by disability or death?

Education Funding Goal

- How do you feel about paying all or a portion of your child's education cost? If a portion, what percent?

What exactly would you like to accomplish if you did do a Financial Plan?

Client:

Co-Client:

What do you really like?

1) Upon retirement, if you had met your goals and accumulated all the money you needed, what would you do?

2) If you had 10 years to live, what would you spend your time doing?

3) If you were told you had 24 hrs to live, what in your life would you miss? Why?

(The hypothetical examples provided are not representative of any specific situation. Your results will vary. The hypothetical rates of return used do not reflect the deduction of fees and charges inherent to investing.