



CONFIDENTIAL PROFILE QUESTIONNAIRE

Personal & Confidential

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Please begin by gathering together the following documents which will not only help you to complete this questionnaire, but copies of which should also be sent/faxed along with this form.

Please remember that this and all information you provide will be kept completely confidential. Your information will not be shared with or sold to any third party. In the event that it becomes prudent or necessary to share your information with another party (tax attorney, accountant, etc.), no information will be shared without your permission.

NOTE: If a document listed below does not apply to you, please disregard.

- Your most recent Federal Income Tax Return
- Your most recent State Income Tax Return
- Your most recent Pay Stub (and that of any other party included in this document – spouse, etc.)
- Your most recent 401k statements
- 401k Plan documents (including those that describe options, choices within the 401k)
- Your most recent IRA Statements
- Your most recent other Retirement Plan Statements
- Your most recent Stock Option Plan Documents
- Your most recent Stock Option Statements of Award and Vesting
- Your most recent Employee Stock Purchase Plan Statements
- Your Wills
- Your Durable Power of Attorneys
- Your Health Care Proxy or Living Wills
- Your most recent Trust Documents or Statements
- Your most recent Annual Statement on Life Insurance Policies
- Your Group Benefits Statement or Booklets
- Your Home Owner/Renter Insurance Policy Coverage Sheets
- Your Auto Policy Coverage Sheets
- Your most recent Investment Accounts, Mutual Funds, Brokerage Accounts, and Annuity Statements
- Your most recent Social Security Benefit Statements

YOU ...

Full Name: _____

Date of Birth: _____ U.S. Citizen? _____

Social Security #: _____

Home Address: _____

Mobile: _____

Fax: _____

E-mail: _____

Occupation: _____

Company Name: _____

Company Address: _____

Business Phone: _____ Fax: _____

Years with Company: _____

YOUR SPOUSE ...

Full Name: _____

Date of Birth: _____ U.S. Citizen? _____

Social Security #: _____

Mobile: _____

Fax: _____

E-mail: _____

Occupation: _____

Company Name: _____

Company Address: _____

Business Phone: _____ Fax: _____

Years with Company: _____

YOUR MARRIAGE ...

Date when Married: _____

Prior Marriage(s): _____

Date of divorce(s): _____

Any special circumstances? _____

YOUR CHILDREN ...

Child 1 Full Name: _____

Date of Birth: _____ Soc Sec #: _____

Dependent? _____ Married to (if any): _____

Special Needs? _____

Child 2 Full Name: _____

Date of Birth: _____ Soc Sec #: _____

Dependent? _____ Married to (if any): _____

Special Needs? _____

Child 3 Full Name: _____

Date of Birth: _____ Soc Sec #: _____

Dependent? _____ Married to (if any): _____

Special Needs? _____

Child 4 Full Name: _____

Date of Birth: _____ Soc Sec #: _____

Dependent? _____ Married to (if any): _____

Special Needs? _____

Child 5 Full Name: _____

Date of Birth: _____ Soc Sec #: _____

Dependent? _____ Married to (if any): _____

Special Needs? _____

OTHER DEPENDENTS ...

Grandchildren _____ Ages: _____

Will you provide for their education? If so, how much? _____

Other dependents? Please explain: _____

YOUR Health ...

Do you, your spouse, or any dependent have health issues or special needs? If so, please explain: _____

Please rate YOUR primary financial concerns and/or objectives:

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
• Comfortable retirement	_____	_____	_____
• Retiring at age(s) _____	_____	_____	_____
• College education costs	_____	_____	_____
• Major purchase	_____	_____	_____
• Reduction of debt	_____	_____	_____
• Increased/improved savings	_____	_____	_____
• Estate planning	_____	_____	_____
• Protecting wealth	_____	_____	_____
• Evaluating investments	_____	_____	_____
• Evaluating insurance coverage	_____	_____	_____
• Investing a lump sum	_____	_____	_____

Which (if any) professionals is YOUR household currently working with?

Tax Preparer / Accountant / CPA

E-Mail: _____

Name: _____

Phone: _____

Years of relationship: ____ Satisfaction: ____

Insurance Agent

E-Mail: _____

Name: _____

Phone: _____

Years of relationship: ____ Satisfaction: ____

Estate Planning / Trust Attorney

E-Mail: _____

Name: _____

Phone: _____

Years of relationship: ____ Satisfaction: ____

Business Attorney

E-Mail: _____

Name: _____

Phone: _____

Years of relationship: ____ Satisfaction: ____

Trustee / Trust Officer / POA

E-Mail: _____

Name: _____

Phone: _____

Years of relationship: ____ Satisfaction: ____

Other

E-Mail: _____

Name: _____

Phone: _____

Title/Function: _____

Years of relationship: ____ Satisfaction: ____

Other

E-Mail: _____

Name: _____

Phone: _____

Title/Function: _____

Years of relationship: ____ Satisfaction: ____

YOUR current annual income:

	YOU	SPOUSE/PARTNER
Salary	_____	_____
Bonus(es)	_____	_____
Commission(s)	_____	_____
Gift(s)	_____	_____
Other income	_____	_____
Interest (taxed)	_____	_____
Interest (non-taxed)	_____	_____
1099 Self-Employment income	_____	_____
IRA distributions	_____	_____
401k, 501c3, 403b, Keogh distributions	_____	_____
Pension Plan	_____	_____
Non-Qualified Annuities	_____	_____
Dividends (individual securities/mutual funds)	_____	_____
Child support (taxable)	_____	_____
Alimony (taxable)	_____	_____
Social security	_____	_____
Trusts	_____	_____
Real Estate Rental income	_____	_____
Capital gains/losses short-term	_____	_____
Capital gains/losses long-term	_____	_____
Sale of Assets	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

Do either of you foresee any major income changes the next 2-5 years?

YOUR annual savings.

Please provide statement copies for all ...

	Annual Contribution	Current Balance
Traditional Savings Account	_____	_____
Roth IRA	_____	_____
Traditional IRA	_____	_____
529 College Savings Plan	_____	_____
UTMA / UGMA	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Employer 401k (or 403b, etc)	_____	_____
Does employer match contributions?	YES ____	NO ____
If so, at what rate?	_____	

SPOUSE / PARTNER annual savings.

Please provide statement copies for all ...

	Annual Contribution	Current Balance
Traditional Savings Account	_____	_____
Roth IRA	_____	_____
Traditional IRA	_____	_____
529 College Savings Plan	_____	_____
UTMA / UGMA	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Employer 401k (or 403b, etc)	_____	_____
Does employer match contributions?	YES ____	NO ____
If so, at what rate?	_____	

Have either of you ever declared bankruptcy? If so, please provide date and circumstances.

Do you either of you ever had other credit-related problems? Please describe.

Which of the following types of insurance do you or your spouse currently have? Please provide copies of any/all documents for which you answer "yes" ...

	YOU	SPOUSE/PARTNER
Medical insurance (through employer)	_____	_____
Medical insurance (other)	_____	_____
Auto insurance	_____	_____
Homeowner's insurance	_____	_____
Renter's insurance	_____	_____
Life insurance	_____	_____
Short-term disability insurance	_____	_____
Long-term disability insurance	_____	_____
Umbrella liability insurance	_____	_____
Are you both in good health? If not, please explain.	_____	

Have you ever been denied insurance coverage? If so, please explain. _____

Do either of you currently smoke? _____

If you smoked in the past, when did you quit? _____

Estate planning ... do you have any of the following?

Please provide copies of any/all documents for which you answer "yes" ...

Will	_____	_____
Trust (you've established)	_____	_____
Trust (you're beneficiary)	_____	_____
Health Care Proxy	_____	_____
Durable Power of Attorney	_____	_____

Do any family members expect a major inheritance? If so, whom, how much and when expected? _____

Currently, are either of you gifting assets to anyone? If so, how much and to whom?

Have either of you recently or are you currently giving charitable gifts? If so, how much and to whom? _____

YOUR other assets ...

Do either of you own investment property, etc? Please describe: _____

YOUR goals ...

When were/are you planning to retire? _____

What do you expect your income needs will be within retirement? _____

Are you planning to work during retirement? If not, what are your plans? _____

What other goals/needs are you planning for (education, home improvements, travel, wedding, care of an elder, philanthropy, etc.) _____

In terms of involvement in your financial planning, how involved do you want to be?

Please circle one ...

HEAVILY INVOLVED

SOMEWHAT INVOLVED

NOT VERY INVOLVED

I/WE DON'T WANT TO THINK ABOUT IT AT ALL

NOT SURE

What are your greatest financial concerns? _____

What concerns, if any, do you have working with a Financial Professional?

What are the most important qualities you are looking for in a Financial Professional?

Have you worked with a Financial Professional in the past? If so, how was the experience?

What did you like, what didn't you like, how did the relationship end?

Ideally, how often would you want to hear from us?

Please circle one ...

ONCE PER MONTH

ONCE PER QUARTER

TWICE PER YEAR

ONCE PER YEAR

ONLY WHEN NECESSARY

AS LITTLE AS POSSIBLE

How do you prefer to be contacted (letter, email, phone call)? _____

I acknowledge that the information herein is accurate and true to the best of my knowledge. If I pursue a working relationship, I will advise of any change in my financial situation immediately. I understand that changes in my circumstances, financial and otherwise, can alter the appropriateness of my financial plan and any recommendations I may receive. I realize that periodic review is necessary. I also understand and acknowledge that there are no guarantees that future results will match with projections I may be given. I understand that I am responsible for all taxes due on capital gains or income that results from implementation of the recommendations I may receive.

Your Name

Date

Signature

Spouse/Partner Name

Date

Signature

**UPON COMPLETION, PLEASE RETURN FORM BY FAX TO (949) 258-5525 OR BY EMAIL TO
DPICHARDO@MYBRIDGECAPITAL.COM**

**Daniel Pichardo may be reached at (949) 229-2262 or
DPichardo@mybridgecapital.com
www.myBridgeCapital.com**

Please note: None of the information herein is intended as tax, accounting or legal advice. If you need assistance in these matters to complete the questionnaire, please contact your legal counsel or tax advisor. Neither this letter nor the accompanying questionnaire should be construed as a solicitation or offer for any sale or purchase. Please also note: Insurance and investment products are not insured by the FDIC or other government agency. Investing involves risk, including the potential loss of the invested principal amount.

*Past performance is not indicative of future results.

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