



Confidential Questionnaire and Personal Information

[client]

[date] _____

Name _____

Birthday _____

Social Security # _____

Home Address _____

Home Phone _____

Occupation _____

Employer _____

Office Phone _____

Email _____

Employer's Address _____

[spouse]

[children]

Name _____

Name _____ Marital Status _____

Birthday _____

Sex ____ Birthdate _____ # of Children ____

Social Security # _____

Name _____ Marital Status _____

Occupation _____

Sex ____ Birthdate _____ # of Children ____

Employer _____

Name _____ Marital Status _____

Office Phone _____

Sex ____ Birthdate _____ # of Children ____

Email _____

Name _____ Marital Status _____

Employer's Address _____

Sex ____ Birthdate _____ # of Children ____

Name _____ Marital Status _____

Sex ____ Birthdate _____ # of Children ____

[please bring the following to your meeting]

1. Most recent tax return(s)
2. Most recent brokerage/mutual fund statements
3. Most recent retirement plan or IRA statements

[assets]

Checking & Savings \$ _____

Money Market \$ _____

Certificates of Deposit \$ _____

Life Insurance Cash Value \$ _____

Annuities \$ _____

Stocks/Bonds/Mutual Funds

Attach separate statement listing individual securities/funds

\$ _____

\$ _____

Retirement Funds

IRA Accounts \$ _____

Pension Plan \$ _____

Profit Sharing Plan \$ _____

401 (k) or Thrift Plan \$ _____

Tax Shelter Annuity \$ _____

Deferred Compensation \$ _____

ESOP or Stock Option \$ _____

Real Estate

Home \$ _____

Other Real Estate \$ _____

Business Interests

\$ _____

\$ _____

Other Assets

Accounts Receivable \$ _____

Gold or Precious Metal \$ _____

Oil & Gas Interests \$ _____

Coin/Stamp/Other Collection \$ _____

Venture Capital \$ _____

TOTAL ASSETS \$ _____

[liabilities]

Home Equity LOC \$ _____

Other Mortgages \$ _____

Auto Loans/Leases \$ _____

Other Installment Loans \$ _____

Business Loans \$ _____

Taxes Due \$ _____

Credit Cards \$ _____

Other Personal Debt \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH

(Assets minus Liabilities)

\$

What is your income from all sources? \$ _____

What do you estimate your annual spending to be? \$ _____

[financial planning priorities]

In order of importance, what are your three most critical financial issues?

1. _____

2. _____

3. _____

[questions]

[yes]

[no]

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you plan to make a significant financial change in the next five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you expect an inheritance?
How much? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your parents or adult children dependent on you for support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a: | | |
| Will | <input type="checkbox"/> | <input type="checkbox"/> |
| Durable Power of Attorney | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthcare Power of Attorney | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever owned individual stocks or stock mutual funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you plan to pay for your children's or grandchildren's college education? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been declined or rated for life or disability insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you routinely receive an income tax refund? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you plan to retire at a specific age?
When? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you satisfied with your financial progress to date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever invested in a real estate limited partnership or other "tax" shelter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How much annual income do you anticipate needing in retirement? | | |
| 13. Do you have a/an (If so, please list): | | |
| Attorney _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance Agent _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment Advisor _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Planner _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Accountant _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Broker _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Banker _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustee _____ | <input type="checkbox"/> | <input type="checkbox"/> |

[questions]

[yes]

[no]

15. Do you have a/an:

- Homeowner's Policy
- Personal Automobile Policy
- Umbrella Policy
- Long Term Care Policy
- Health Insurance Policy
- Disability Insurance Policy
- Term Life Insurance Policy

16. How much do you think the following affect portfolio performance?

- | | | |
|--------------------|--------------------------------------|--------|
| Security Selection | (Which stocks/bonds to buy) | _____% |
| Market Timing | (When to get in and out of market) | _____% |
| Portfolio Design | (How much cash vs. bonds vs. stocks) | _____% |
| | | 100% |

17. How do you feel when the stock market goes down?

18. What happens to the value of a bond when interest rates go up?

19. What do you think the average annual rate of inflation has been over the past 20 years?

20. What do you believe is a reasonable rate of return on your investments?

21. What do you hope to achieve through a relationship with our firm?
