



COVEY
&
COVEY
A FINANCIAL ADVISORY FIRM

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Documents

Completion of this confidential questionnaire is the first step in successfully planning your financial future. Please complete the information as accurately and comprehensively as possible. Please leave blank any questions that do not pertain to your individual situation or that you do not understand. Please bring the questionnaire and requested documents to our first appointment.

Please provide the following documents:

1. Tax return for last year
2. Investment Statements – i.e. brokerage accounts, mutual funds
3. Pay check stubs - latest month
4. Latest Statements for - IRA, SEP, 401K, other Retirement Plan documents
5. Social Security earnings & benefit statement (www.ssa.gov)
6. Estate Documents – Wills / Trusts
7. Interest rate & amount in savings accounts, CDs, money markets
8. Life Insurance Policies
9. Medical, Disability, Homeowners, Auto Insurance & Liability Policies
10. Employee Benefits Package
11. Deferred Compensation and Stock Option Agreements
12. Real Estate- purchase price, date of purchase, mortgage balance, interest rate, current market value
13. Annuity Policies
14. Other



“The world steps aside for a person who knows where they are going”

Personal Information

Please print

Home Phone: _____ Client cell phone: _____ Client cell phone: _____

Client office phone: _____ ext _____ Client office phone: _____ ext _____

Address: _____ City & Zip Code _____

How long at this address: _____ Previous Address: _____

E-mail address: _____ @ _____

E-mail address: _____ @ _____

Legal Information:

Client _____ Date of Birth _____ Social Security # _____

Place of Birth _____ U.S. Citizen _____ Driver's License & Exp. Date _____

Client _____ Date of Birth _____ Social Security # _____

Place of Birth _____ U.S. Citizen _____ Driver's License & Exp. Date _____

Employment:

Employer _____ Address _____

Job Title _____ Date Started _____ Future Job plans _____

Employer _____ Address _____

Job Title _____ Date Started _____ Future Job plans _____

Children:

Name _____ Date of Birth _____ Social Security # _____

Name _____ Date of Birth _____ Social Security # _____

Name _____ Date of Birth _____ Social Security # _____

Parents or Other Dependents:

Name _____ Relationship _____ Age _____

Advisors:

Attorney _____ Address _____ Telephone # _____

Tax Preparer _____ Address _____ Telephone # _____

Insurance Agent _____ Address _____ Telephone # _____

Please list anyone else who gives you advice regarding your finances.

Name _____ Address _____ Telephone # _____

How did you learn of Covey & Covey? _____

Have you ever been involved in any lawsuit? _____

Financial Concerns

What led you to seek professional financial advice at this time?

What financial situation(s) require immediate attention?

Please rank your financial concerns 1 lowest – 9 highest

- 1. Planning for retirement _____
- 2. Professional investment advice _____
- 3. Better investment performance or diversification _____
- 4. Outpacing inflation _____
- 5. Reducing income taxes _____
- 6. Current cash flow _____
- 7. Planning for children/grandchildren's college education _____
- 8. Income to spouse/children if there is a premature death _____
- 9. Estate planning _____
- Other _____

	Client	Client
Do you have a will/Trust?	___ yes ___ no	___ yes ___ no
Date of will/Trust	_____	_____
Do you have Advanced Directives for health care?	___ yes ___ no	___ yes ___ no
If your parents are alive, do they have a will/trust?	___ yes ___ no	___ yes ___ no
Do your parents have Advanced Directives for health care?	___ yes ___ no	___ yes ___ no
Do your parents have long term care insurance?	___ yes ___ no	___ yes ___ no
Do you smoke?	___ yes ___ no	___ yes ___ no
Are you anticipating any major changes, i.e. marriage, divorce, moving, new occupation?		
If so, what are the changes? _____ when? _____		
Do you have any health concerns? If so, what are they? _____		
Do you expect any significant changes in your cash flow? If so, what are they? _____		
When? _____		
Are you anticipating any major expenses this year? If so, what are they? _____		
Do you owe any money due in a lump sum? If so, when is the money due? _____		

Goals

Retirement

Social Security and pension benefits provide an average of 43% of retirement income needs according to the Social Security Administration and the Bureau of Labor Statistics.

At what age do you wish to retire? Age _____ Life expectancy _____ years; Age _____ Life expectancy _____ years

If you were retiring *today*, living the lifestyle you would like to live, you would need? \$ _____ per month

Are you covered by a company retirement plan?

Benefit \$ _____ per month; Cost of living increase _____ %; Benefit continues to spouse? _____ yes _____ no

Are you contributing to the plan? Client \$ _____ month; Company match \$ _____ month or _____ %

Client \$ _____ month; Company match \$ _____ month or _____ %

Please provide information on company retirement plans, i.e. pensions, 401K, profit sharing, SEP, deferred comp

Have you paid into Social Security? Client _____ yes or _____ no Medicare _____ yes or _____ no

Social Security Client _____ yes or _____ no Medicare _____ yes or _____ no

College Education

Recent surveys indicate only 50% of the families who want to send their children to college have any type of educational savings program. Less than 11% have saved sufficiently to send their children to college.

Name _____ Date of birth _____ Type: private; public; community college; Number of years _____

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Name _____ Date of birth _____ Type: private; public; community college; Number of years _____

Other Goals

Please indicate any other goals that you wish to achieve _____

When would you like to achieve this goal? _____

Family Security

According to the Bureau of Labor Statistics, 50% to 70% of gross income is required for the family to maintain their lifestyle after death of a breadwinner. This assumes that the residential mortgage and educational expenses are provided for separately.

What percentage of gross income would your family require to maintain their present lifestyle? _____ %

Would college plans change if a premature death occurred? _____ yes _____ no

Would the survivor live in your current home? _____ yes _____ no

Would you want the home mortgage paid off if a premature death occurred? _____ yes _____ no

Estate Planning

Will you be receiving any significant inheritance? _____ yes _____ no

Is it important to make charitable bequests? _____ yes _____ no

Investment Experience

Please indicate if you have invested in any of the following investments:

Circle: (1) for frequently (2) for occasionally or (3) for never

Certificates of Deposit (CDs)	1	2	3
Money markets	1	2	3
Annuities	1	2	3
Bonds	1	2	3
Stocks	1	2	3
Mutual funds	1	2	3
Real Estate(rental)	1	2	3
REITs	1	2	3
RE limited partnership	1	2	3
Equipment leasing partnerships	1	2	3
Coins	1	2	3
Precious metals	1	2	3
Commodities	1	2	3
Other _____	1	2	3

Are you satisfied with your current investments? _____Yes _____No

If not, why? _____

Have you ever lost money in an investment? _____Yes _____No

If so, what type of investment? _____

Do you have any assets you wish you didn't own? _____Yes _____No

If so, what asset? _____

What type of annual return do you expect on your investments? _____%

How many years do you anticipate holding your investments? _____ years

Risk Preference

Please indicate the statement that best describes your risk tolerance

___ I feel very uncomfortable with any uncertainty in my finances I prefer to lower my return.

___ I dislike uncertainty in my finances, I will accept slight amount of risk in order to achieve my objectives.

___ I will accept normal investment risks if the reward is commensurate.

___ I really like the idea of high returns and realize occasionally I will have losses.

___ I am very venturesome and would prefer a chance at a very high return.

Please answer the following questions by circling the letter to best describe your investment needs

1. In approximately how many years do you expect to require income from your portfolio?

- A. Immediately B. 1-5 years C. 6-10 years D. 11+ years

2. Which of the following best describes your level of investment experience?

- A. Novice/Beginner: Your first investment in the financial markets was in the past 12 to 18 months.
B. Somewhat experienced: You understand the basics of investing, but are less confident about how the markets actually works?
C. Experienced: You've been actively investing and are reasonably confident in your knowledge of financial markets.
D. Very experienced: You are knowledgeable about the financial markets & feel very comfortable making investment decisions.

3. If over a two- or three-year period, market fluctuations caused your portfolio to lose value, what action would you take?

- A. Develop a more aggressive strategy to recover my losses.
B. Maintain my present strategy.
C. Transfer my investment to another investment manager.
D. Move my investment to a more conservative portfolio.

4. Please select the hypothetical portfolio with the five-year investment performance you would find most appealing.

	1 Year	2 Year	3 Year	4 Year	5 Year	5 Yr. Average
A.	+14%	-4%	+9%	+12%	+4%	+7%
B.	+27%	-7%	+19%	+17%	-6%	+10%
C.	+33%	-15%	+26%	+30%	-9%	+13%

Income & Expenses

Writing down your income and expenses can create an awareness of where your money is really going. This awareness allows you to make informed decisions that support your financial goals.

Income:	Annual
Client	\$_____ How many times per year are you paid? __12 __24 __26
Client	\$_____ How many times per year are you paid? __12 __24 __26
Self-Employed Income	\$_____
Dividends	\$_____
Interest	\$_____
Short Term Capital Gains	\$_____
Long Term Capital Gains	\$_____
Pension/Annuities	\$_____
Rents/Partnership	\$_____
Social Security	\$_____
One-time income, i.e. inheritance, sale of property	\$_____
Other income_____	\$_____
Total Income	\$_____

Expenses:**Monthly****Housing:**

Payment/Rent \$ _____
 Condo fees \$ _____
 Homeowners Insurance \$ _____
 Maintenance \$ _____
 R.E. Taxes \$ _____
 Improvements \$ _____
 SDG & E (utilities) \$ _____
 Water \$ _____
 Trash \$ _____
 Telephone \$ _____
 Cell phone \$ _____
 Internet \$ _____
 Cable TV \$ _____
 Bottled water \$ _____
 Housekeeping \$ _____
 Pest service \$ _____
 Yard/pool \$ _____
Subtotal \$ _____

Health:

Health Insurance \$ _____ Provider _____ Co-Pay \$ _____
 Disability Insurance \$ _____ Provider _____
 Doctor/Dentist \$ _____
 Medications \$ _____
 Vision \$ _____
 Life Insurance \$ _____ Provider _____ Amount \$ _____
Subtotal \$ _____

Transportation:

Auto payment \$ _____ Amount \$ _____ % rate _____ % _____ years
 License \$ _____
 Insurance \$ _____ Provider _____ Deductible \$ _____
 Gas/tires \$ _____
 Repairs \$ _____
 Parking/wash \$ _____
Subtotal \$ _____

Food:

Groceries	\$ _____
Liquor	\$ _____
Eating out (dinners, lunches, coffee)	\$ _____
Subtotal	\$ _____

Personal:

Barber/beauty	\$ _____
Cleaners/laundry	\$ _____
Clothing	\$ _____
Gym membership	\$ _____
Gifts	\$ _____
Pocket money (cash)	\$ _____
Toiletries	\$ _____
Subtotal	\$ _____

Professional Services:

Tax preparation	\$ _____
Attorney	\$ _____
Financial Advisor	\$ _____
Safe deposit box	\$ _____
Professional Dues	\$ _____
Subtotal	\$ _____

Children:

Allowance	\$ _____
Babysitter	\$ _____
Child care	\$ _____
Education	\$ _____
Subtotal	\$ _____

Entertainment:

Clubs, i.e. country club membership	\$ _____
Hobbies, i.e. stamp collecting	\$ _____
Classes	\$ _____
Newspaper/magazines	\$ _____
Recreation, i.e. golf, skiing	\$ _____
DVD/CDs	\$ _____
Sport/events / Theater / movies	\$ _____
Vacations	\$ _____
Subtotal	\$ _____

Payments:

Alimony	\$ _____
Child support	\$ _____
Church/Temple	\$ _____
Charity	\$ _____
Political	\$ _____
Subtotal	\$ _____

Credit Cards:

1. _____ Int. _____%	\$ _____	Balance \$ _____
2. _____ Int. _____%	\$ _____	Balance \$ _____
3. _____ Int. _____%	\$ _____	Balance \$ _____

Subtotal \$ _____

Other:

Investments	\$ _____
Savings	\$ _____
401K/ 403B	\$ _____

Subtotal \$ _____

Total Expenses \$ _____

Assets & Liabilities

Assets are things you own

Please indicate the owner of the assets using the following codes:

S = Single **H** = Husband **W** = Wife **J** = Joint **I** = IRA **T** = Trust **C** = Community **TC** = Tenants in Common

Liquid Funds: checking; savings; money market; CD's; cash

Ownership	Bank	Acct. Type	Balance	Interest Rate	Maturity

Treasuries: treasury bills; treasury notes; treasury bonds; EE savings bonds

Ownership	Type	Current Value	% Rate	Maturity Date	Date of Purchase

Real Estate: residence; rental; commercial

Date	Purchase Price	Payment	Balance	% Rate	Current Value

Stocks & Mutual Funds

Ownership	Name	# of Shares	Cost Basis	Dividends	Date Acquired

Bonds: government; municipal; corporate

Ownership	Type	Current Value	# of Bonds	Purchase Price	Date Purchased

Pensions Plans: IRA; Roth IRA; SEP; 401k; Defined Benefit; etc.

Ownership	Plan Type	Current Value	Where Invested	% Return	Contribution

Annuities: fixed; variable; tax-sheltered

Ownership	Company	Type	% Return	Date Acquired	Surrender Charges

Other Investments: oil & gas; leasing; real estate limited partnership; etc.

Name _____ Amount \$ _____ Date _____ Return _____ Type _____

Name _____ Amount \$ _____ Date _____ Return _____ Type _____

Personal Property (estimated value)

Auto \$ _____ make _____ model _____ year _____ Auto \$ _____ make _____ model _____ year _____

Home Furnishings \$ _____ Jewelry \$ _____ Collectibles \$ _____ type _____ Other _____ \$ _____

Liabilities are things you owe

Liabilities: mortgages; credit cards; auto loans; student loans; personal loans, etc.

Creditor	Type	Monthly Payment	% Rate	Original Amount	Balance

Insurance Coverage

The best plans can be de-rail by an unexpected event such as a premature death, disability, auto accident or illness.

Disability

Statistics show that in the event of long-term disability, approximately 80% of gross income is required to maintain the lifestyle of the family.

What amount of income would your family need if disability occurred to: Client \$ _____ Client \$ _____

Do you have disability coverage with your employer? Client _____ yes _____ no Client _____ yes _____ no

Please provide information on the disability coverage to determine the benefit amount; length benefits are paid; when benefits begin.

Life Insurance

Insured	Company	Amount	Premium	Cash Value	Loans

Medical Insurance

Insured	Company	Premium	Co-Pay	Deductible	Lifetime Maximum

Auto Insurance

Insured	Company	Premium	Deductible	Coverage

Homeowners Insurance

Company	Premium	Deductible

Liability Insurance

Company	Premium	Deductible