



Aust Financial Advisory, LLC



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## Confidential Questionnaire

Working with a financial advisor requires that you disclose significant personal and financial information. We want to assure you that all the information requested in this questionnaire will remain confidential. We ask that you take your time when completing this questionnaire and answer all questions to the best of your ability. For couples, we request that you complete two separate sheets for Goals and Attitudes. It is not uncommon for couples to have different goals and investment attitudes. One of the things we will help you with is determining how to merge these into a single plan that satisfies both partners. If you decide to become our Client, this document will be our “starting point.” Good information will allow us to render advice that is appropriate and personally tailored to your individual situation. If there is any significant issue in your life that is not covered by specific questions, please be sure to note this on the final page.

## Contents

General Information

Goals and Attitudes

Employment

Other Advisors

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Liabilities

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**Please return the completed questionnaire before our initial meeting.**

**GENERAL INFORMATION**



**Client Name**

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Home Address:

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City, State, Zip:

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Home Phone:

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Work Phone:

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Fax: (Home or Work)

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E-mail:

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Social Security #:

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Birth date:

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Highest level of Schooling:

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**Co-Client Name**

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Work Phone:

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Fax: (Home or Work)

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E-mail:

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Social Security #:

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Birth date:

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Highest level of Schooling:

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Preferred contact person during business hours: \_\_\_\_\_

Preferred contact method (Circle One):

Email

Phone

Cell Phone

Fax

Regular Mail



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## Family

### Children & Dependents

Please list your children and other dependents:

Name	Relationship	Date of Birth	City, State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Parents

#### Client:

Mother's Name \_\_\_\_\_  
 Mother's Address \_\_\_\_\_  
 Mother's Age\* \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Father's Address \_\_\_\_\_  
 Father's Age\* \_\_\_\_\_

#### Co-Client:

Mother's Name \_\_\_\_\_  
 Mother's Address \_\_\_\_\_  
 Mother's Age\* \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Father's Address \_\_\_\_\_  
 Father's Age\* \_\_\_\_\_

\*If deceased, please note their age at the time of death and the cause of death.



**GOALS AND ATTITUDES**

Both the Client **AND** the Co-Client (if applicable) should complete the next **2 pages** separately. It is important that your answers reflect your individual rather than your joint feelings. (Please print 2 copies)

**Name:** \_\_\_\_\_

Why are you seeking a financial planner?

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What are your short-term goals?

(i.e. Health Club Membership, Car Detailing, Finding time for myself, Participate in more Spiritual activities, Organize my office)

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What are your mid-term goals?

(i.e. Buy a Car, Buy/Remodel a House, Find more meaning in my life, Have Children, College Funding)

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What are your long-term goals?

(i.e. Retire or change jobs at a certain age, Tour around the World, Leave Estate/Bequests)

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Name: \_\_\_\_\_

Circle the number that describes your attitudes or beliefs about the following statements.

-How important is capital preservation (that your account balance never falls below your initial investment)?

<i>Not at All</i>					<i>Moderately Important</i>				<i>Very Important</i>
1	2	3	4	5	6	7	8	9	

-How important is growth (that over time your investments increase in value)?

<i>Not at All</i>					<i>Moderately Important</i>				<i>Very Important</i>
1	2	3	4	5	6	7	8	9	

-How important is low volatility (that the value of your investments does not increase or decrease by a large amount over short time periods)?

<i>Not at All</i>					<i>Moderately Important</i>				<i>Very Important</i>
1	2	3	4	5	6	7	8	9	

-How important is inflation protection (that the value of your investments grows enough to keep pace with the increases in inflation so that you do not lose buying power over time)?

<i>Not at All</i>					<i>Moderately Important</i>				<i>Very Important</i>
1	2	3	4	5	6	7	8	9	

-How important is current cash flow (do you need current cash from your investments to meet your current spending requirements)?

<i>Not at All</i>					<i>Moderately Important</i>				<i>Very Important</i>
1	2	3	4	5	6	7	8	9	

-How much risk are you willing to take to achieve a higher return?

<i>None at All</i>					<i>A Moderate Amount</i>				<i>A Lot</i>
1	2	3	4	5	6	7	8	9	

-I would rather work longer than reduce my standard of living in retirement.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I feel that I/we can reduce our current living expenses to save more for the future if needed.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I prefer the use of mutual funds over stocks.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
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1 2 3 4 5 6 7 8 9

-I am not a risk taker.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I feel a professional advisor may achieve higher results with less risk than I can.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I don't brood over bad investment decisions I've made

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I feel comfortable with aggressive growth investments

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I don't like surprises.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I am optimistic about my financial future.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I am a risk taker.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I make investment decisions comfortably and quickly.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I like predictability and routine in my daily life.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I usually pick the tried and true, the slow, safe but sure investments

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I need to focus my investment efforts on building emergency cash reserves.

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree  
1 2 3 4 5 6 7 8 9

-I prefer predictable, steady return on my investments, even if the return is low.



Strongly Disagree  
1 2

Somewhat Disagree  
3 4

Neutral  
5

Somewhat Agree  
6 7

Strongly Agree  
8 9

**EMPLOYMENT**

**Client:**

Employer: \_\_\_\_\_

Title/job: \_\_\_\_\_

Base Salary: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Other Earned Income (Second Job/Hobby Income): \_\_\_\_\_

**TOTAL (Current Yr) =** \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Do you like your current job/occupation? \_\_\_\_\_

Do you anticipate employment changes in the near future? \_\_\_\_\_

Ideally, when would you like to retire from your current occupation? \_\_\_\_\_

Do you anticipate working at all in your early retirement years? \_\_\_\_\_

If so, what kind of work would you like to do? \_\_\_\_\_

**Co-Client:**

Employer: \_\_\_\_\_

Title/job: \_\_\_\_\_

Base Salary: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Other Earned Income (Second Job/Hobby Income): \_\_\_\_\_

**TOTAL (Current Yr) =** \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Do you like your current job/occupation? \_\_\_\_\_

Do you anticipate employment changes in the near future? \_\_\_\_\_

Ideally, when would you like to retire from your current occupation? \_\_\_\_\_



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Do you anticipate working at all in your early retirement years? \_\_\_\_\_

If so, what kind of work would you like to do? \_\_\_\_\_

**OTHER ADVISORS**

**Taxes:**

Who prepares your tax return? (Circle One)                      Self                      Paid Preparer

If a paid preparer can we contact them directly?                      Yes                      No

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Estate Planning:**

Do you have the following estate planning documents (Please indicate Y or N):

	<u>Client</u>	<u>Co-Client</u>
Wills	_____	_____
Living Trusts	_____	_____
Durable Power of Attorney	_____	_____
Advance Healthcare Directive	_____	_____
Living Will	_____	_____
Other Documents (Specify: _____)	_____	_____

May we contact your estate planning attorney?                      Yes                      No

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Investments:**

How were your current investments selected:

\_\_\_\_\_  
\_\_\_\_\_

Please provide account statements. May I contact your financial advisor in the event it is necessary?

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_





## How do you rate your other Advisors?

Rate your working relationships with each of the following advisors that apply.

1= Not Satisfactory

5 = Very Satisfied

NA = Not Applicable

### Satisfaction Rating

<u>Advisor</u>	<u>Not Satisfactory</u>					<u>Very Satisfied</u>	
Financial Planner	1	2	3	4	5	NA	
Broker	1	2	3	4	5	NA	
Accountant/Tax Preparer	1	2	3	4	5	NA	
Attorney	1	2	3	4	5	NA	
Insurance Agent	1	2	3	4	5	NA	

Describe your best experience working with an advisor:

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Describe your biggest disappointment working with an advisor:

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**ASSETS**

Please note ownership. C=Client CC=Co-Client J=Joint

	<u>Ownership</u>	<u>Value</u>
<b>Bank Accounts</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Taxable Investment Accounts</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Retirement Accts and Current Contribution % (401k,403B,IRAs, SEPs,etc.)</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Investment Property/Real Estate</b>		
_____	_____	_____
_____	_____	_____

<b>Business Interests (Partnerships, Sub-S Corps, Sole Proprietorships)</b>		
_____	_____	_____
_____	_____	_____

<b>Personal Property</b>		
Primary Home		
Second/Vacation Home	_____	_____
	_____	_____



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Vehicles (please list)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Boats/Recreational Items (Jet skis, ATVs, etc.)**

_____	_____	_____
_____	_____	_____

**Collectibles (Art, Coins, Stamps, etc.)**

_____	_____	_____
_____	_____	_____

**Jewelry**

_____	_____	_____
_____	_____	_____

**Other Personal Property (Furniture, Electronics, etc.) (Lump Sum)**

_____	_____	_____
_____	_____	_____

**LIABILITIES**

Please note ownership. C=Client CC=Co-Client J=Joint

	<u>Ownership</u>	<u>Value</u>
<b>Loans</b>		
Mortgage - Primary Home	_____	_____
Line of Credit - Primary Home	_____	_____
Mortgage – Second Home	_____	_____
Line of Credit – Second Home	_____	_____
Business Loans	_____	_____
Student Loans	_____	_____
Auto Loans	_____	_____
_____	_____	_____
_____	_____	_____
<b>Credit Cards</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____



\_\_\_\_\_  
\_\_\_\_\_

**Other (Outstanding Tax Liabilities, etc., Please Specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non Balance Sheet Items**

Do you have any unexercised stock options? (Circle One)                      Yes    No

If "yes" please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any lawsuits pending? (Circle One)                      Yes    No

If "yes" please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect any inheritance? (Circle One)                      Yes    No

If "yes" please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received a recent copy of your credit report? (Circle one)    Yes    No

If "yes" please provide a copy.

**INSURANCE**

Please indicate Group (G) or Individual Policy (I) in the space provided:

	Client		Co-Client	
	<u>Coverage</u>	<u>G/I</u>	<u>Coverage</u>	<u>G/I</u>
Health	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Life	_____	_____	_____	_____
Life	_____	_____	_____	_____
Homeowners	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Liability Umbrella	_____	_____	_____	_____
Professional Liability	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____

Has the client ever been turned down for insurance?      Yes      No

If "yes" please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Has the co-client ever been turned down for insurance?      Yes              No

If "yes" please explain:

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**OTHER**

Please use this space to note significant items that are not covered elsewhere on this questionnaire.

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**These documents may also be necessary if you engage our services:**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| Prior Year Tax Returns             | Mutual Fund Account Statements      |
| Brokerage Statements               | Employee Benefits Booklet           |
| Retirement Plan Account Statements | Legal Documents                     |
| Loan Documents                     | Insurance Policies                  |
| Recent Paycheck Stubs              | Social Security Benefits Statements |

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