

Client Questionnaire

Family Information:

| | |
|-----------------|-------|
| Client's Name: | _____ |
| Spouse's Name: | _____ |
| Address: | _____ |
| City/State/Zip: | _____ |
| Home Phone #: | _____ |
| Cellular #: | _____ |
| Email Address: | _____ |

Dependents (Children/Parents/Others):

| <u>Name:</u> | <u>Birth Date:</u> | <u>SS#:</u> | <u>Relationship:</u> |
|--------------|--------------------|-------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Advisors:

| | <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-----------------|-------------|----------------|--------------|
| Tax Preparer | _____ | _____ | _____ |
| Attorney | _____ | _____ | _____ |
| Insurance Agent | _____ | _____ | _____ |
| Broker | _____ | _____ | _____ |
| Banker | _____ | _____ | _____ |
| Realtor | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

Tell us about yourself.

Social Security No: _____

Date of Birth: _____

Citizenship: _____

Employer: _____

Occupation & Title: _____

Length of Service: _____

Work Phone: _____

Personal Information:

Do you have an employment contract? **Y / N** Term? _____

Do you plan to change employment? **Y / N** If yes, how? _____

Do you have a will? **Y / N** Year last updated? _____

Do you have a living will? **Y / N** Year last updated? _____

Do you have a durable power of attorney? **Y / N** Year last updated? _____

Do you have a living trust? **Y / N** Year last updated? _____

Do you expect any inheritances? **Y / N** Expected amount? _____

Financial Goals:

What must be accomplished for you to feel happy/secure with your financial situation? _____

How would your life change if you had all the money you could possibly want? _____

What concerns you the most about your current financial situation? _____

Tell us about your spouse/mate.

Social Security #: _____

Date of Birth: _____

Citizenship: _____

Employer: _____

Occupation & Title: _____

Length of Service: _____

Work Phone: _____

Personal Information:

Does your spouse/mate have an employment contract? **Y / N** Term? _____

Does your spouse/mate plan to change employment? **Y / N** If yes, how? _____

Does your spouse/mate have a will? **Y / N** Year last updated? _____

Does your spouse/mate have a living will? **Y / N** Year last updated? _____

Does your spouse/mate have a durable power of attorney? **Y / N** Year last updated? _____

Does your spouse/mate have a living trust? **Y / N** Year last updated? _____

Does your spouse/mate expect any inheritances? **Y / N** Expected amount? _____

Your Spouse/Mate's Financial Goals:

What must be accomplished for you to feel happy/secure with your financial situation? _____

How would your life change if you had all the money you could possibly want? _____

What concerns you the most about your current financial situation? _____

What's Important to You?

Please rank the following list of financial objectives in order of importance. We will use your answers to help prepare your personal financial plan.

Indicate the order of importance by numbering each item 1-12, with 1 indicating the highest priority.

| <u>Client</u> | <u>Spouse</u> | |
|---------------|---------------|---|
| _____ | _____ | Manage Cash Resources More Wisely |
| _____ | _____ | Provide Adequate Income During Retirement |
| _____ | _____ | Build Sizable Estate for My Survivors |
| _____ | _____ | Minimize Personal Income Tax Liability |
| _____ | _____ | Develop an Appropriate Investment Strategy |
| _____ | _____ | Provide Educational Funds |
| _____ | _____ | Control Distribution of Assets to My Heirs |
| _____ | _____ | Minimize Estate Taxes and Settlement Costs |
| _____ | _____ | Increase/Maintain Standard of Living |
| _____ | _____ | Buy a House |
| _____ | _____ | Plan for Long-Term Health Care |
| _____ | _____ | Other (specify) _____ |

Retirement:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|---|---------------|--------------------|
| At what age do you plan to retire? | _____ | _____ |
| How long do you estimate your retirement to last? | _____ | _____ |
| In today's dollars, what gross monthly income would you like during retirement? | _____ | _____ |
| Do you plan to deplete your investments during retirement? | _____ | _____ |

Estate Planning:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|---|----------------|--------------------|
| How much pre-tax money would your spouse/mate need if you died prematurely? | _____ | _____ |
| Would your surviving spouse have wage income? How much annually? | _____ _____ | _____ _____ |
| Do you plan to leave an estate? What value? | _____ _____ | _____ _____ |

Educational Funding:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|---|----------------|--------------------|
| Do you expect your children to contribute to the cost of their education? How much annually? | _____ _____ | _____ _____ |
| What amount have you accumulated to date towards education funding for each child? | _____ | _____ |
| How much do you expect each year of college to cost? | _____ | _____ |
| Does an adult in the family intend to go back to school? | _____ | _____ |

How Much Do You Make & Spend?

(Provide Monthly Data)

| | CLIENT | SPOUSE/MATE | TOTAL |
|--|--------|-------------|-------|
|--|--------|-------------|-------|

Income

| | | | |
|------------------------------|----|----|----|
| Salary/Wage | \$ | \$ | \$ |
| Bonus, Overtime, Commissions | \$ | \$ | \$ |
| Pension | \$ | \$ | \$ |
| Disability | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ |
| Investment Income | \$ | \$ | \$ |
| Total Income | \$ | \$ | \$ |

Expenses-Fixed

| | | | |
|--|----|----|----|
| Mortgage/Rent | \$ | \$ | \$ |
| Utilities, Telephone, Cable | \$ | \$ | \$ |
| Food (dining in and out) | \$ | \$ | \$ |
| Clothing | \$ | \$ | \$ |
| Auto (Insurance, gas, maintenance, tags) | \$ | \$ | \$ |
| Life Insurance | \$ | \$ | \$ |
| Medical /Health Insurance | \$ | \$ | \$ |
| Homeowners/Liability Insurance | \$ | \$ | \$ |
| Child/Dependent Care | \$ | \$ | \$ |
| Consumer Debt Repayment | \$ | \$ | \$ |
| Retirement Savings | \$ | \$ | \$ |
| Emergency Savings | \$ | \$ | \$ |
| Systematic Investments | \$ | \$ | \$ |
| Taxes | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ |
| Other (specify) | \$ | \$ | \$ |
| Total Fixed Expenses | \$ | \$ | \$ |

Expenses-Variable

| | | | |
|---|----|----|----|
| Entertainment (videos, theater, sports) | \$ | \$ | \$ |
| Books/Subscriptions/CDs | \$ | \$ | \$ |
| Charitable Contributions | \$ | \$ | \$ |
| Gifts | \$ | \$ | \$ |
| Home Maintenance | \$ | \$ | \$ |
| Housecleaning | \$ | \$ | \$ |
| Vacations/Recreation/Travel | \$ | \$ | \$ |
| Personal (haircuts, dry cleaning, etc.) | \$ | \$ | \$ |
| Education | \$ | \$ | \$ |
| Other (specify) | \$ | \$ | \$ |
| Total Variable Expenses | \$ | \$ | \$ |
| Total Expenses | \$ | \$ | \$ |
| Surplus/Shortage | \$ | \$ | \$ |

What Do You Own?

Liquid Assets:

| | Institution | Owner | Value as of _____ | Interest Rate |
|--------------|-------------|-------|-------------------|---------------|
| Checking | | | | |
| Savings | | | | |
| Money Market | | | | |
| | | | | |
| Total | | | | |

Retirement Assets:

| | Institution | Owner | Value as of _____ |
|---------------------------|-------------|-------|-------------------|
| Pensions | | | |
| Profit Sharing Plans | | | |
| 401(k), 403(b), 457 Plans | | | |
| PERA/TSA | | | |
| IRA's | | | |
| SEP/Keogh | | | |
| | | | |
| Total | | | |

Invested Assets:

| Institution (list all investment accounts) | Title | Value as of _____ |
|--|-------|-------------------|
| | | |
| | | |
| | | |
| Individual Stock Certificates-provide list | | |
| Government Savings Bonds-provide list | | |
| Real Estate | | |
| Cash Value of Life Insurance | | |
| Business Interests | | |
| Total | | |

Personal Assets:

| | Title | Value as of _____ |
|-------------------|-------|-------------------|
| Primary Residence | | |
| Vacation Home | | |
| Automobiles | | |
| Personal Property | | |
| Collections | | |
| Total | | |

How Much Insurance Do You Have?

Health:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|---|---------------|--------------------|
| Do you currently have health insurance? | _____ | _____ |
| If yes, what is the annual premium? | _____ | _____ |
| Is the premium deducted from your paycheck? | _____ | _____ |
| Which family members are covered? | _____ | _____ |
| Does coverage include dental? | _____ | _____ |
| Does coverage include vision? | _____ | _____ |

Disability:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|--|---------------|--------------------|
| Do you currently have disability insurance? | _____ | _____ |
| If yes, what is the annual premium? | _____ | _____ |
| What is the benefit amount? | _____ | _____ |
| What is the waiting period? | _____ | _____ |
| How long do benefits continue? | _____ | _____ |
| How much monthly disability income do you need if you became disabled today? | _____ | _____ |

Life:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|---|---------------|--------------------|
| Do you currently have life insurance? | _____ | _____ |
| If with your employer, what is the death benefit? | _____ | _____ |
| If private coverage, what is the death benefit? | _____ | _____ |
| If private coverage, what is the surrender value? | _____ | _____ |
| How much life insurance do you think you need? | _____ | _____ |

Personal Property:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|--|---------------|--------------------|
| Is your home insured? | _____ | _____ |
| Is your personal property insured? | _____ | _____ |
| Are your autos insured? | _____ | _____ |
| Are your valuables insured? | _____ | _____ |
| Do you carry umbrella liability insurance? | _____ | _____ |

What Is Your Risk Attitude?

To determine your investment risk threshold, answer “yes” or “no” to the following:

| | <u>Client</u> | <u>Spouse/Mate</u> |
|---|---------------|--------------------|
| I would purchase a stock based on a tip from a friend? | | |
| I would invest in speculative stocks? | | |
| I would take a job on a strictly commission basis? | | |
| I feel it’s important to reasonably predict the outcome of an investment? | | |
| I prefer interest from a certificate of deposit over common stock appreciation? | | |
| I transact at least five security trades through my broker each month? | | |
| I would borrow money to buy stocks? | | |
| I get nervous when the market drops more than 100 points in a day? | | |
| If a stock doubled in price five months after I bought it, I would sell for a profit? | | |
| If a stock lost 25% of its value within 30 days of buying it, I would buy more? | | |
| I have adequate liquidity—cash for three months of expenses? | | |
| I play lotto twice a week? | | |
| How do you rate your risk tolerance on a scale of 1-10? (Low=1, High=10) | | |

INVESTMENT GOALS:

Please circle (have your spouse √) the number that most closely matches your priorities. (Low=1; High=10)

| | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| Return should exceed inflation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Principal should be safe | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Investments should be quickly accessible | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Diversification is important | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Build tax-free income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Increase monthly income level | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Build net worth with long-term growth | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Turn short-term profits | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |