

Confidential Questionnaire



Reasons for Seeking Financial Advice

- Want/need: Retirement Plan Investment Recommendation
 Retirement Income Plan Complete Financial Review

Other motivation:

Has some event or important decision caused you to seek advice? If so, what?

Client Information

Client 1:

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Fax (Hm or Wk) _____

E-mail _____

Date of Birth _____

Primary contact person during business hours? _____

Preferred method of contact (check one): E-mail Phone

Client 2:

Name _____

Work Phone _____

Mobile Phone _____

Fax (Hm or Wk) _____

E-mail _____

Date of Birth _____

Family Members (please list children and other dependants)

| Name | Relationship | Date of Birth | Dependant | Resides (City & State) |
|-------|--------------|---------------|--------------------------|------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |

Employment

Client 1:

Employer _____
 Title/Job _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Salary _____
 Self Employment Income _____
 Bonus/Commissions _____
 Other Earned Income _____
 TOTAL (Current Year) = _____

Client 2:

Employer _____
 Title/Job _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Salary _____
 Self Employment Income _____
 Bonus/Commissions _____
 Other Earned Income _____
 TOTAL (Current Year) = _____

Financial Opinions & Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

| Client 1 | Client 2 | 1 = Most True | 5 = Least True |
|----------|----------|---------------|--|
| _____ | _____ | | I would rather work longer than reduce my standard of living in retirement. |
| _____ | _____ | | I feel that I/we can reduce our current living expenses to save more for the future if needed. |
| _____ | _____ | | I am more concerned about protecting my assets than about growth. |
| _____ | _____ | | I prefer the ease of mutual funds over individual securities. |
| _____ | _____ | | I am comfortable with investments that promise slow, long term appreciation and growth. |
| _____ | _____ | | I don't brood over bad investment decisions I've made. |
| _____ | _____ | | I feel comfortable with aggressive growth investments. |
| _____ | _____ | | I don't like surprises. |
| _____ | _____ | | I am optimistic about my financial future. |
| _____ | _____ | | My immediate concern is for income rather than growth opportunities. |
| _____ | _____ | | I am a risk taker. |
| _____ | _____ | | I make investment decisions comfortably and quickly. |
| _____ | _____ | | I like predictability and routine in my daily life. |
| _____ | _____ | | I usually pick the tried and true, the slow, safe but sure investments. |
| _____ | _____ | | I need to focus my investment efforts on building cash reserves. |
| _____ | _____ | | I prefer predictable, steady return on my investments, even if the return is low. |
| _____ | _____ | | I check my investment account balances daily. |

Financial Opinions & Preferences continues on next page >>

Insurance

| | Client 1 | | | Client 2 | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Coverage | Group | Individual | Coverage | Group | Individual |
| Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeowners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Umbrella Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever been turned down for Insurance?

Client 1: Yes No

Client 2: Yes No

Assets

(If you have this information in a format of your own design, please feel free to omit this section and bring those documents to our meeting.)

Brokerage, Mutual Fund & Retirement Accounts

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

| Account Name | Type: IRA, 401K, After Tax, etc. | Current Balance |
|--------------|----------------------------------|-----------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

Bank Accounts

| Bank Name | Checking (C); Savings (S); Money (MM) | Ownership | Average Balance |
|-----------|---|-----------|-----------------|
| <hr/> | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | <hr/> | <hr/> |
| <hr/> | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | <hr/> | <hr/> |

Assets continues on next page >>

Assets, continued from previous page

CDs

| Institution | Interest Rate (%) | Maturity Date | Ownership | Average Balance |
|-------------|-------------------|---------------|-----------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do you have a pension?

Client 1: Yes No If yes: Monthly benefit _____ Started at age _____
 COLA? Yes No

Client 2: Yes No If yes: Monthly benefit _____ Started at age _____
 COLA? Yes No

I am currently receiving Social Security.

Client 1: Yes No If yes: Monthly benefit _____ Started at age _____

Client 2: Yes No If yes: Monthly benefit _____ Started at age _____

Personal Property

| | Estimated Value | | Estimated Value | | Estimated Value |
|---------------------------------|-----------------|---------|-----------------|-------|-----------------|
| Primary Residence | _____ | Vehicle | _____ | Other | _____ |
| Furnishings (Liquidation Value) | _____ | Vehicle | _____ | Other | _____ |

Personal Liabilities

| Credit Cards | Interest Rate (%) | Avg. Monthly Payment* | Current Balance |
|--------------|-------------------|-----------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(*If not paid in full each month)

| Debts | Term | Interest Rate (%) | Payment | Approximate Balance |
|-------------------------------------|-------|-------------------|---------|---------------------|
| (Residence, Auto, Business, School) | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |