

CONFIDENTIAL QUESTIONNAIRE

The information you provide here forms the foundation of our understanding of your financial life.
Please complete this confidential questionnaire and assemble the documents requested below.
If you have any questions as you complete the questionnaire, please give us a call at 888.354.6227.

PERSONAL INFORMATION

	CLIENT	CO-CLIENT
Full Legal Name:		
Home Address:		
City, State, ZIP:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		
Preferred Method of Contact:		
Social Security Number:		
Birth Date:		
Date of Marriage:		
US Citizen?		
If not, Nationality:		
Employer:		
Occupation:		
# of Years w/ Current Employer:		
Anticipated Employment Change:		
Previous Marriage(s):		

CHILDREN / OTHER DEPENDENTS

Name	Date of Birth	Sex	Social Security #	State of Residency

PARENTS

	Mother	Father	Ages	Annual Support Provided to Parents	Amount of Expected Inheritance
Client					
Co-Client					

PROFESSIONAL ADVISORS

	Name / Firm	Phone #	Address	Satisfaction Rating Not (1) – Very (5)
Accountant				
Attorney				
Insurance Agent				
Broker				
Other				

GOALS AND OBJECTIVES

Please describe your financial and non-financial goals below, and indicate their importance. Note that for the financial goals, you should provide additional details in the fields below (including Education Planning, in a separate section).

What is the best thing a financial planner could do for you? _____

Personal Objectives

	Importance		
	High	Medium	Low
Saving regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiring comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping up with inflation during retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts to relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education of grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing on an inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing or modifying your career – Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing or modifying your career – Co-Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Objectives

	Importance		
	High	Medium	Low
Current Income – Dividends or interest to spend or invest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity – Ability to convert the investment into cash quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Appreciation – Possibility of original investment gaining in value over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety – Little or no danger of losing investment principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Shelter – Investments that have current or longer-term tax advantages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description (enter in priority order) (Travel, New Homes, Wedding(s), etc)	Estimated Cost	Purchase Date(s)	How Often Will Goal Occur? (Every ___ Years)

EDUCATION PLANNING

Name	Starting Age	K – 12 # of Yrs \$ / Yr		College # of Yrs Public In-State / Public Out-of-State / Private	

INVESTMENT PHILOSOPHY

Please answer the following 15 questions: 1 = Strongly Disagree 5 = Strongly Agree

Client / Co-Client

- ___ ___ 1. Expected Return. Given historical returns on different kinds of investments, my desired level of investment return is above average.
- ___ ___ 2. Risk Tolerance. I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.
- ___ ___ 3. Holding Period. I am willing to maintain investment positions over a reasonably long period of time (generally considered 10 years or more).
- ___ ___ 4. Liquidity. I do NOT need to be able to readily convert my investments into cash. Aside from my investment portfolio, I have adequate liquid net worth to meet major near-term expenses.
- ___ ___ 5. Ease of Management. I want to be very actively involved in the monitoring and decision-making required to manage my investments.
- ___ ___ 6. Dependents. There are none or only a few dependents that rely on my income and my investment portfolio for support.
- ___ ___ 7. Income Source. My major source of income is adequate, predictable and steadily growing.
- ___ ___ 8. I feel that I/we can reduce our current living expenses to save more for the future if needed.
- ___ ___ 9. I am more concerned about protecting my assets than about growth.
- ___ ___ 10. I am comfortable with investments that promise slow long-term appreciation and growth.
- ___ ___ 11. I brood over bad investment decisions that I have made.
- ___ ___ 12. I feel comfortable with aggressive investments.
- ___ ___ 13. I am a risk taker.
- ___ ___ 14. I need to focus my investment efforts on building cash reserves.
- ___ ___ 15. I prefer predictable, steady returns on my investments, even if the return is low.

Check a number in answer to each of the six questions below.

1. How important is capital preservation?

Not at all		Moderately important		Very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

2. How important is growth of your principal?

Not at all		Moderately important		Very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

3. How important is low volatility?

Not at all		Moderately important		Very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

4. How important is inflation protection?

Not at all		Moderately important		Very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

5. How important is current cash flow?

Not at all		Moderately important		Very important
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

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

Little or none		A moderate amount		A great deal
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

INSURANCE INFORMATION

I. TERM LIFE INSURANCE POLICIES

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

II. WHOLE, UNIVERSAL OR VARIABLE LIFE INSURANCE POLICIES

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

III. DISABILITY INSURANCE POLICIES

Description/Company _____	Insured _____	Monthly Benefit Amount \$ _____	Elimination Period _____ mos _____ yrs
Benefit Period: (select one option) _____ months OR _____ years OR until age _____		Inflation Option: (check one) 1. None _____ 2. _____ % 3. _____ CPI	

Description/Company _____	Insured _____	Monthly Benefit Amount \$ _____	Elimination Period _____ mos _____ yrs
Benefit Period: (select one option) _____ months OR _____ years OR until age _____		Inflation Option: (check one) 1. None _____ 2. _____ % 3. _____ CPI	

IV. LONG-TERM CARE INSURANCE POLICIES

Description/Company _____	Insured _____	Daily Benefit Amount \$ _____	Elimination Period _____ days
Benefit Period: (indicate # of years or Lifetime) _____ years OR _____ Lifetime		Inflation Option: (check one) 1. None _____ 2. _____ % 3. _____ CPI	

Description/Company _____	Insured _____	Daily Benefit Amount \$ _____	Elimination Period _____ days
Benefit Period: (indicate # of years or Lifetime) _____ years OR _____ Lifetime		Inflation Option: (check one) 1. None _____ 2. _____ % 3. _____ CPI	

V. OTHER INSURANCE

	Company	Annual Premium	Deductible	Policy Expir. Date
Major Medical				
Homeowners				
Specified Property				
Auto				
Umbrella Liability				
Professional Liability				

ASSETS & LIABILITIES

Please indicate current balances:

Liquid Assets	Client	Co-Client	Joint	Other
Checking				
Savings				
Certificates of Deposit				
Money Market Funds				
US Treasuries				
Savings Bonds				
Brokerage (cash only)				
Investment Assets				
Brokerage – Equities				
Brokerage – Equities Mutual Funds				
Brokerage – Bonds				
Brokerage – Bond Mutual Funds				
Brokerage - REITS				
Brokerage – Other				

Property	Original Mortgage Amt	Loan Date	Interest Rate	Mortgage Type	Current Balance
Primary Residence					
Secondary Residence					
Other Real Property					
Other Real Property					

Limited Partnership Interests	Description	Date Acquired	Capital Contribution
Real Estate			
Oil / Gas			
Other			
Other			

Closely Held Business Interests	Description	Percentage Owned	Date Acquired	Fair Market Value

Retirement Accounts	Client	Co-Client	Contribution %	Employer Match	Annual Additions (IRAs)
401(k), 403(b)					
401(k), 403(b)					
IRA – Traditional / Roth					
IRA – Traditional / Roth					
IRA – SEP					
Other Qualified Plan(s)					
Other Qualified Plan(s)					

Lifestyle Assets	Estimated Value	If selling to fund goals, year of sale
Primary Residence		
Secondary Residence		
Furnishings		
Vehicle 1		
Vehicle 2		
Other (art, jewelry, collectibles, etc)		

Liabilities	Provider	Interest Rate	Monthly Payment	Current Balance
Credit Cards				
Credit Cards				
Credit Cards				
Consumer Credit				
Consumer Credit				
Vehicle Loan 1				
Vehicle Loan 2				
Home Equity Loan				
Margin Loan				
Education Loan				
Insurance Policy Loans				
Other Loans				
Alimony / Support Obligations				
Charitable Pledges				
Other Debts				
Other Debts				
Other Debts				

STOCK OPTIONS

Grant Date	Vesting Date	Grant Price	ISO / NQSO	Nr. of Shares	Expiration Date

INCOME INFORMATION

Description	Client	(Amount / Year)	Co-Client
Employment Income			
Salary			
Bonus			
Commissions			
Professional Fees			
Net Self-Employment			
Other			
Investment Income			
Taxable Interest			
Non-taxable Interest			
Dividends			
Net Rental Income			
Partnership Distribution Income			
Annuities			
Trusts and Estates			
Social Security			
Pension			
Miscellaneous Income			
Gifts from Others			
Sale of Assets			
Alimony			
Child Support			
Other			

Estimated Employment Income Trends over the next 3 Years (in dollars):

	Next Year	Year After	Year After
Client			
Co-Client			

CASH FLOW INFORMATION

Housing	Monthly	Annually
Mortgage / Rent		
Property Taxes		
Fees: Owners' Association, Parking, etc		
Maintenance & Repairs		
Furnishings		
Services (Cleaning, Gardening, etc)		
Other		

Utilities	Monthly	Annually
Gas / Electric		
Telephone		
Cell Phone(s)		
Internet Access		
Cable / Satellite Television		
Garbage		
Water		
Other		

Insurance	Monthly	Annually
Life Insurance – Client		
Life Insurance – Co-Client		
Medical Premiums		
Dental Premiums		
Vision Care Premiums		
Disability Premiums – Client		
Disability Premiums – Co-Client		
Homeowners' / Renters' Insurance		
Earthquake Insurance		
Automobile Insurance		
Automobile Insurance		
Long Term Care Insurance – Client		

Long Term Care Insurance – Co-Client		
Umbrella Liability Insurance		

Food	Monthly	Annually
Groceries		
Dining Out		

Clothing	Monthly	Annually
Purchases		
Drycleaning / Laundry		

Health Care	Monthly	Annually
Prescriptions / Medication		
Medical / Dental (Out-of-Pocket)		
Toiletries		
Vision Care / Contact Lenses / Glasses		

Personal Items	Monthly	Annually
Gifts		
Charitable Contributions		
Tobacco / Alcohol		
Education		
Cosmetics		
Beautician / Salon / Barber		
Personal Allowances (Cash Withdrawals)		

Child Care / Pet Care	Monthly	Annually
Tuition / School Supplies		
Tutoring / Lessons / Camp / Allowances		
Child Care / Babysitting		
Pet Food		
Veterinary Care		

Recreation	Monthly	Annually
Vacation		
Entertainment		

Membership Dues / Expenses		
Books / Magazines / Subscriptions		
Hobbies / Collections		
Film / Developing		

Transportation	Monthly	Annually
Auto Finance Payment(s)		
Gasoline		
Maintenance / Repairs		
Parking / Tolls / License / Registration		
Commuting Expenses		

Other	Monthly	Annually
Alimony		
Child Support		
Professional Services		
Other		
Other		
Other		

BORROWING / CREDIT CONSIDERATIONS

	Yes	No
Do you or your partner have a line of credit with a bank?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of how the credit bureaus rate your personal credit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering making a major purchase in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering the purchase of a primary or secondary residence in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering any major home improvements?	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering securing a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Other		

RETIREMENT PLANNING

If you are already retired, please skip this section.

	Client		Co-Client	
At what age do you plan to retire?	_____		_____	
	Yes	No	Yes	No
Have you estimated how much income you will have at retirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you think it is sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What will your income requirement be when you retire (in today's dollars)?	_____		_____	
	Yes	No	Yes	No
Are you eligible for Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have the option of taking a lump-sum pension payment instead of an annuity at retirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the next two questions only if you are over age 50.

Have you considered alternative places to live when you retire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Describe your plans for retirement, including your lifestyle.

ESTATE PLANNING

Wills

	Client		Co-Client	
	Yes	No	Yes	No
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any amendments to your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to make any changes to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the will up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you designated the distribution of personal property to heirs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trusts

Do you receive income from any trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you created a trust other than as part of your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to be named a beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a letter of instructions that provides information for your survivors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, have you appointed a financial guardian for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you and your spouse established a durable power of attorney or a living trust in the event you become incapacitated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed the contents and whereabouts of your estate planning documents with your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLANNING, RECORDKEEPING AND TAXES

	Client		Co-Client	
	Yes	No	Yes	No
Are you satisfied with your personal recordkeeping system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safe-deposit box for storage of valuable papers and possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you periodically prepare a personal balance sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you periodically prepare a household budget that lists expected income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you prepare your own income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider yourself knowledgeable on tax-saving techniques and the latest changes in the tax law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, is your personal recordkeeping system adequate to be useful in preparing your tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you record miscellaneous tax-deductible expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the potential benefits of tax-advantaged investments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCURACY OF INFORMATION SUPPLIED

Overall, how would you classify the monetary information provided in this questionnaire?

- Very accurate
- Based on estimates that are reasonably accurate
- Based on rough estimates

DOCUMENTS TO BRING WITH YOU

Please be sure to provide COPIES of the following:

- a. Most recent state and federal income tax returns
- b. Copies of all investment statements, including retirement plans (if any)
- c. Mortgage and loan statements
- d. Recent Social Security statements
- e. Insurance policies (declaration pages): life, disability, medical, long-term care, homeowners, auto, umbrella liability
- f. Two month's worth of pay stubs, if relevant
- g. Company benefit statements and Employee benefit information
- h. Estate planning documents: wills, trusts, powers of attorney, if any
- i. Any other information related to your financial situation

Date completed