

CONFIDENTIAL QUESTIONNAIRE

The information you share in this confidential questionnaire helps us understand you and your financial situation. Please complete it carefully and assemble the documents requested below. If you have any questions as you complete the questionnaire, please call us at 888.998.4796.

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:		
Driver's License No. / State:		
Driver's License Date / Exp. Date		
Birth Date:		
Date of Marriage:		
US Citizen?		
If not, Nationality:		
Veteran?		
Employer:		
Employer's Address:		
City, State, ZIP:		
Occupation:		
# of Years w/ Current Employer:		
Anticipated Employment Change:		
Previously Married?		

CHILDREN / OTHER DEPENDENTS

NAME	BIRTHDATE	GENDER	RELATIONSHIP	SPECIAL NEEDS?	SOCIAL SECURITY #	FINANCIALLY DEPENDENT?	STATE OF RESIDENCY

PARENTS

	MOTHER	LIVING OR DEC?	AGE	FATHER	LIVING OR DEC?	AGE
Client						
Co-Client						

PROFESSIONAL ADVISORS

	NAME	FIRM	CITY, STATE	SATISFACTION RATING: NOT (1) – VERY (5)
Accountant				
Attorney				
Insurance Agent				
Broker				
Financial Advisor				
Other				

INCOME INFORMATION

	CLIENT	CO-CLIENT
Employment Income (in \$ per year)		
Salary		
Bonus		
Commissions		
Professional Fees		
Net Self-Employment		
Other		
Social Security (if already receiving)		
Pension (if already receiving)		
Does the pension have a survivor benefit? If so, describe:		
Miscellaneous Income (in \$ per year)		
Gifts from Others		
Sale of Assets		
Alimony		
Child Support		
Other		

EDUCATION PLANNING

NAME	STARTING AGE	K – 12		COLLEGE	
		NO. YEARS	\$ / YEAR	No. Years	PUBLIC IN-STATE / PUBLIC OUT-OF-STATE / PRIVATE

Will grandparents or others be providing any education funding for your children? If so, please explain.

What percent of college costs do you intend to pay for, if any?

RETIREMENT PLANNING

If you are already retired, please skip this section.	Client	Co-Client
At what age do you plan to retire?		
Please provide your estimated living expenses per month in retirement.		
Are you eligible for Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you considered moving after you retire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please briefly describe your plans for retirement, including your lifestyle and plans for part-time employment (if any).

Retirement Preferences

Yes No

Rank the following in order of preference. 1 = Most Important, 3 = Least Important

	Retiring at my desired age/date
	Having my desired retirement income
	Maintaining my current cashflow (versus decreasing current expenses and/or increasing current savings)

INVESTOR RISK TOLERANCE ASSESSMENT

We will invite you to complete a brief secure, online risk tolerance assessment through FinaMetrica. FinaMetrica is an Australian company that provides personal assessments of investment risk tolerance. If you prefer, you can instead complete a paper version.

Your FinaMetrica score, combined with the information you provide in this questionnaire, will help us determine a suitable investment strategy and mix of investments for you.

ASSETS & LIABILITIES

Please provide (preferably electronic) COPIES of recent statements or other documentation for the following types of accounts / assets:

Liquid Assets: checking accounts, savings accounts, money market accounts, CDs, etc.
Taxable (non-retirement) Assets: brokerage accounts, mutual fund accounts, etc. (INCLUDING COST BASIS)
US Treasury bonds or savings bonds
Education savings accounts: 529 plans, Coverdell ESAs, etc.
Employer-sponsored retirement savings accounts: 401(k), 403(b), 457, Simple IRA, SEP IRA, etc.
Social Security
Non-qualified plans
Other Qualified Plan assets
Personal retirement savings accounts: Traditional IRA, Rollover IRA, Roth IRA, etc.
Annuity contracts
Pensions
Incentive Stock Options, Non-Qualified Stock Options, Restricted Stock Units, Employee Stock Purchase Plans, etc with grant, vesting and expiration information
Other investments, such as limited partnerships, etc.

Please indicate your annual savings rates (as a % of salary or \$ amount) to these accounts.

NON-RETIREMENT PLANS	CLIENT (IN \$)	CO-CLIENT (IN \$)	JOINT (IN \$)	OTHER
Liquid savings				
Taxable brokerage accounts				
Traditional IRA			<i>n/a</i>	
Roth IRA			<i>n/a</i>	
529 Plan/other college savings				

RETIREMENT PLANS	CLIENT (AS %)	CO-CLIENT (AS %)	EMPLOYER MATCH (E.G. X% OF Y%)
401(k), 403(b)			
SEP/SIMPLE			
Other Qualified Plan(s)			
Other Qualified Plan(s)			

STOCK OPTIONS

If you receive Incentive Stock Options, Non-Qualified Stock Options, Restricted Stock Units, etc through your employment, please provide us with a detailed overview, including:

Grant date(s)
Vesting date(s)
Grant price(s)
Type(s) of options(s)
Number(s) of shares/units
Expiration date(s)

REAL ESTATE

ADDRESS	CURRENT VALUE	COST BASIS	PLAN TO SELL?	IF SO WHEN?

MORTGAGES

ADDRESS	LENDER	LOAN DATE	ORIGINAL BALANCE	TYPE	TERM	INTEREST RATE	PAYMENT	CURRENT BALANCE

How long do you intend to stay in your current residence? Please describe your future move: downsizing, "dream home," retirement community, other?

BUSINESS/OTHER ASSETS

TYPE	NAME	OWNER	DATE ACQUIRED	MARKET VALUE	PURCHASE PRICE	TOTAL CONTRIBUTION	PLAN TO SELL?
Limited Partnership							

CLOSELY HELD BUSINESS INTERESTS	DESCRIPTION	BUSINESS FORM (C, S-CORP, LLC, OTHER)	PERCENTAGE OWNED	DATE ACQUIRED	FAIR MARKET VALUE

What are your plans for the sale or disposition of your business? When? To whom? How? Do you have a buy-sell agreement?

OTHER ASSETS

TYPE	BORROWER	ORIGINAL LOAN AMOUNT	LOAN DATE	LOAN TERM	INTEREST RATE	CURRENT BALANCE
Installment Sale						
Personal Loans (where you are the creditor)						
Other receivable						

ANTICIPATED INHERITANCE

	MOTHER/YEAR	FATHER/YEAR	OTHER/YEAR
CLIENT			
CO-CLIENT			

LIFESTYLE ASSETS

LIFESTYLE ASSETS	ESTIMATED VALUE	IF SELLING TO FUND GOALS, YEAR OF SALE
Vehicle 1		
Vehicle 2		
Boat / RV		
Memberships		
Other (art, jewelry, collectibles, etc)		

OTHER RETIREMENT INCOME

OWNER	SOURCE?	BEGINNING	ENDING	AMOUNT/FREQ.	INFLATE?

LIABILITIES

Please provide the following details for any liabilities such as credit cards, student loans, margin loans, home equity lines, insurance policy loans, auto loans, alimony and/or support obligations, charitable pledges, etc.

WHOSE	LENDER	START DATE	BEG. BALANCE	CURRENT BALANCE	TERM	RATE	REVOLVING?	PAYMENT

CASH FLOW INFORMATION

Please complete our living expenses worksheet as accurately as possible.

INSURANCE INFORMATION

Please provide us with copies of your various insurance policy contracts and statements, including those provided by your employer(s). These include:

Term life insurance
Whole, Universal and/or Variable life insurance
Disability insurance
Long-term care insurance
Medical/Health insurance
Auto insurance
Homeowners' / Renters' insurance
Specified Property insurance
Umbrella Liability insurance
Professional Liability insurance

ESTATE PLANNING

	Client		Co-Client	
	Yes	No	Yes	No
Wills				
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts				
Have you created a trust other than as part of your will? If so, please describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Is your spouse the beneficiary of your retirement accounts and other financial assets? If no, who is? _____	<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 in the event you become incapacitated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Medical Advance Directive and/or Health Care Power of Attorney?	<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"/>

OTHER CONSIDERATIONS

Are you listed as a co-signer on another person's debt such as a student loan or mortgage? If so, describe:

Are you listed as a co-owner on another person's asset such as bank account or real estate? If so, describe:

Are there other considerations such as prenuptial agreements, divorce settlement-related issues, lawsuits, back taxes or other such situations that we should be aware of in developing your financial plan? If so, describe:

PLANNING, RECORDKEEPING AND TAXES

	Client		Co-Client	
	Yes	No	Yes	No
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 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"/>

OTHER DOCUMENTS TO BRING WITH YOU

In addition to the documents listed above under Assets and Liabilities, please be sure to provide COPIES (electronic files acceptable and preferred) of the following:

	Most recent state and federal income tax returns
	Mortgage and loan statements
	Recent Social Security statements
	Recent pension statements
	Estate planning documents: wills, trusts, powers of attorney, if any
	Any other information related to your financial situation

Date completed: _____