

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:		
Birth Date:		
City of Birth:		
Date of Marriage:		
US Citizen?		
If not, Nationality:		
Veteran?		
Employer:		
Occupation:		
# of Years w/ Current Employer:		
Anticipated Employment Change:		
Previously Married?		
If yes, length of marriage?		
Divorce Date:		

CHILDREN / OTHER DEPENDENTS

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

PARENTS

	MOTHER	AGE, IF ALIVE	AGE AT DEATH	FATHER	AGE, IF ALIVE	AGE AT DEATH
Client						
Co-Client						

PROFESSIONAL ADVISORS

	NAME	FIRM	CITY, STATE	SATISFACTION RATING: NOT (1) – VERY (5)
Accountant				
Estate Planning Attorney				
Insurance Agent				
Investment Manager				
Mortgage Broker				

INCOME (in \$ per year)

	CLIENT	CO-CLIENT
Salary		
Bonus		
Commissions		
Professional Fees		
Net Self-Employment (1099 MISC)		
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		
Alimony		
Child Support		
Other		

OTHER RETIREMENT INCOME

OWNER	SOURCE?	BEGINNING	ENDING	AMOUNT/FREQ.	INFLATE?

RETIREMENT PLANNING

If you are already retired, please skip this section.	Client	Co-Client
At what age do you plan to retire?		
Are you eligible for Social Security benefits?	<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).

Please list and describe your financial goals below. Please rank your goals from 1 (low) to 10 (high). It's acceptable to rank goals similarly.

GOALS AND OBJECTIVES

GOAL	AMOUNT	WHEN?	RECURRING?	HOW OFTEN?	ENDING WHEN?	ADJUST FOR INFLATION?	RANK?
Home Maintenance							
Vehicle Replacement							
Travel							
Wedding							
Gift							

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

EDUCATION PLANNING

CHILD'S NAME	STARTING AGE	K - 12		COLLEGE	
		No. YEARS	\$ / YEAR	No. YEARS	\$ / YEAR

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

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

ASSETS & LIABILITIES

Please provide (preferably PDF) copies of recent statements or other documentation for the following types of accounts / assets. For the investment statements, please make certain that they include all pages and that they include ticker symbols and number of shares..

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.
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.

SAVINGS ACCOUNTS

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

PERSONAL ACCOUNTS	CLIENT (in \$)	CO-CLIENT (in \$)	JOINT (IN \$)	OTHER
Taxable brokerage accounts				
Traditional IRA			n/a	
Roth IRA			n/a	
529 Plan/other college savings				

EMPLOYER RETIREMENT PLANS	CLIENT (as %)	CO-CLIENT (as %)	EMPLOYER MATCH (e.g. X% OF Y%)
401(k), 403(b)			
SEP/SIMPLE			

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 (P & I)	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

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	DESCRIPTION	ESTIMATED VALUE	YEAR OF SALE
Vehicle 1			
Vehicle 2			
Boat / RV			
Other (art, jewelry, collectibles, etc)			

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.

BORROWER	LENDER	START DATE	BEGINNING BALANCE	CURRENT BALANCE	TERM	RATE	PAYMENT

INSURANCE INFORMATION

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

<input type="checkbox"/>	Term life insurance
<input type="checkbox"/>	Whole, Universal and/or Variable life insurance
<input type="checkbox"/>	Disability insurance
<input type="checkbox"/>	Long-term care 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 location 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 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:

If not, who prepares your tax return. [the answer field to the right should be open] So, just remove the boxes and the dividing line.

PLANNING, RECORDKEEPING AND TAXES

	CLIENT		CO-CLIENT	
	Yes	No	Yes	No
Do you store your important documents (insurance, estate, birth certificate, Social Security Card, etc.) in a secure electronic format (e.g. ShareFile, Box, Drop Box)?				
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

Please provide us with PDF copies of the following documents.

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

CLIENT QUESTIONNAIRE DISCLOSURE

RESTRICTIONS/OTHER IMPORTANT INFORMATION:

Please Note: Unless you indicate to the contrary in the spaces directly above, we will assume that there are no restrictions on our services, other than to manage the account in accordance with your Investment Policy Statement.

Please Remember: Springwater will rely on the accuracy of the information that you provide until you advise Springwater, in writing, of any changes. **Please remember that it remains your responsibility to advise Springwater, in writing, if there are any changes in the information provided above, including any change in your personal/financial situation, or if you would like to impose, add, or to modify any reasonable restrictions to Springwater’s financial planning and/or investment advisory services.**

Client Signature

Date

Co-Client Signature

Date

Date completed: - -
Month Day Year