

# CONFIDENTIAL QUESTIONNAIRE

*This confidential questionnaire is the first step in providing you with a personal financial consultation. We have designed it to be easy and quick to fill out. Please be as accurate as possible. Your cooperation is appreciated. The information will be treated with the highest degree of confidentiality.*

*Please call if you have any questions. Thank you.*

## **Included in your packet are:**

- FAMILY DATA
- SAVINGS ASSETS
- REAL ESTATE & CONSUMER DEBT
- SUPPLEMENTAL QUESTIONNAIRE
- GOALS, PRIORITIES, & PLANNING
- INVESTMENT ASSETS
- PROTECTIONS

## **Documents to bring to your next interview:**

We will be able to work to your best advantage when you provide the following documents along with this completed questionnaire. Your documents will be professionally safeguarded under strict, confidential control during the analysis period; they will be returned to you in the same condition as when provided. If you prefer, duplicate copies of your financial papers are acceptable.

- Personal and/or business tax return(s) for latest year
- Paycheck stub(s) for you and your spouse showing deductions from gross income
- Statements for each investment you own, where applicable
- Automobile and Homeowners policies  
(be certain that these include declarations of coverage)
- Liability coverages
- Life insurance policies (for all members of your family)
- Disability income insurance policies
- Company-provided group benefits for you and your spouse  
(If a printout of specific coverages is available, please include)
- Any other types of insurance policies (e.g. long term care, health, business, worker's comp)
- Wills, trust, or entity documents

**Continue until complete ►►**

# FAMILY DATA

<b>Family:</b>	Full Name	Date of Birth	Birth Place	Social Security Number
Your Full Name				
Spouse Full Name				
Child				
Child				
Child				
Child				
<b>Residence:</b>	Address	City	State	Zip
Primary				
Other				
<b>Phone Numbers</b>	Home	Work	Preference for use:	
You			<input type="checkbox"/> Home <input type="checkbox"/> Work	
Spouse			<input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Email Address:</b>	Home	Work	Preference for use:	
			<input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Drivers License</b>	Number	State	Expiration Date	
You				
Spouse				
<b>Employment:</b>	Occupation/Specialty		How long at current employer?	
You				
Spouse				
<b>Employer's Info:</b>	Address	City	State	Zip
You				
Spouse				
<b>Income Info:</b>	Base Salary	Bonus	Other Sources	
You				
Spouse				

**Continue** ➔➔

# GOALS, PRIORITIES, & PLANNING

1. What are Your Most Important Financial Goals? \_\_\_\_\_

2. What are your Priorities? (please prioritize: 1, 2, 3, etc.)

- # \_\_\_ Education
- # \_\_\_ Retirement
- # \_\_\_ Wealth Accumulation
- # \_\_\_ First/Second Home
- # \_\_\_ Family Security
- # \_\_\_ Other \_\_\_\_\_
- # \_\_\_ Other \_\_\_\_\_

3. How much more could you save on a regular basis \_\_\_\_\_

4. Is there anything disturbing you about your financial planning? \_\_\_\_\_

5. How would you rate your knowledge of life, disability income, health, or long term care insurance?

(please rate: 1, very low 5, well informed)

- 1    2    3    4    5

6. Do you have a valid will or trust?    Yes    No   Last updated \_\_\_\_\_

7. Do you have an attorney?    Yes    No   Name \_\_\_\_\_

8. Do you have an accountant?    Yes    No   Name \_\_\_\_\_

a. What kind of services does your accountant perform for you?

b. Are you happy with your relationship and service you receive?

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NOTES

# SAVINGS ASSETS

Item	Institution	Account Balance	Initial Deposit	Growth Rate
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Money Market Fund				
Credit Union				
Savings Bonds (Type & Maturity)				
Certificate of Deposit				
Annuity				
IRA				
IRA				
IRA				
IRA				
Your Savings Plan at Work				
401k, TSA, 403b, Profit Sharing				
Spouse's Savings Plan at Work				
401k, TSA, 403b, Profit Sharing				
Your Pension				
Spouse's Pension				
Other				
Other				
Other				

NOTES

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# INVESTMENT ASSETS

## STOCKS, BONDS, MUTUAL FUNDS, ETC

Item	# of Shares	Account Balance	Annual Deposit	Growth Rate
Mutual Funds		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
Government Securities		\$	\$	%
		\$	\$	%
Corporate Bonds		\$	\$	%
		\$	\$	%
Municipal Bonds		\$	\$	%
		\$	\$	%
Stocks		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
Partnerships		\$	\$	%
		\$	\$	%
Other		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

### NOTES

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# REAL ESTATE & CONSUMER DEBT

**LOANS & DEBT** (Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.)

Type	Name	Balance	Monthly Payment	Interest Rate
Credit Cards			\$	%
Credit Cards			\$	%
Credit Cards			\$	%
Credit Cards			\$	%
Credit Cards			\$	%
Student Loans			\$	%
Student Loans			\$	%
Misc			\$	%
Misc			\$	%

NOTES

PROPERTY	Name	Year Purchased	Balance of loan/Mortgage	Monthly Payment	Interest rate	Currant Value
Auto			\$	\$	%	\$
Auto			\$	\$	%	\$
Auto			\$	\$	%	\$
Primary Residence			\$	\$	%	\$
Other Home			\$	\$	%	\$
Land			\$	\$	%	\$
Other			\$	\$	%	\$
Other			\$	\$	%	\$
Other			\$	\$	%	\$

NOTES

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# PROTECTIONS

<b>INSURANCE</b>						
<b>LIFE INSURANCE</b>	<b>Name Company</b>	<b>Insured's Name</b>	<b>Amount of Coverage</b>		<b>Type of Insurance</b>	<b>Annual Premium</b>
			\$			\$
			\$			\$
			\$			\$
			\$			\$
<b>DISABILITY INSURANCE</b>	<b>Name Company</b>	<b>Insured's Name</b>	<b>Monthly Benefit</b>		<b>Waiting Period</b>	<b>Annual Premium</b>
			\$			
			\$			
<b>LONG TERM CARE INSURANCE</b>	<b>Name Company</b>	<b>Insured's Name</b>	<b>Daily Benefit</b>	<b>Benefit Period</b>	<b>Waiting Period</b>	<b>Annual Premium</b>
			\$			
			\$			
<b>HEALTH INSURANCE</b>	<b>Name Company</b>	<b>Individual/Family Plan</b>	<b>HMO/PPO?</b>	<b>Co-Pay</b>	<b>Deductible</b>	<b>Annual Premium</b>
			\$			
			\$			
<b>AUTOMOBILE INSURANCE</b>	<b>Name Company</b>	<b>Coverage Amounts</b>	<b>Limits of Liability</b>		<b>Deductible</b>	<b>Annual Premium</b>
					\$	\$
					\$	\$
					\$	\$
<b>HOMEOWNERS</b>	<b>Name Company</b>	<b>Deductible</b>	<b>Renewal Date</b>		<b>Annual Premium</b>	
<b>PERSONAL LIABILITY UMBRELLA</b>	<b>Name Company</b>	<b>Amount of Coverage</b>	<b>Renewal Date</b>		<b>Annual Premium</b>	
		\$				
		\$				
<b>NOTES</b>						

# INVESTOR RISK TOLERANCE QUESTIONNAIRE

Your risk tolerance is an indication of your potential level of comfort with different investment products. Check the response that best reflects your answer to each of the following questions.

1. Which of the following investments would you feel most comfortable owning?

- a. Certificates of Deposit                       b. U.S. Government securities  
 c. Blue-chip stocks                                 d. Stocks of new, growth companies

2. Which of the following investments would you least like to own?

- a. Stocks of new, growth companies     b. Blue-chip stocks  
 c. U.S. Government securities             d. Certificates of Deposit

3. How optimistic are you about the long-term prospects for the economy?

- a. Very pessimistic             b. Unsure     c. Somewhat optimistic     d. Very optimistic

4. Which of the following best describes your attitude about investments outside the US?

- a. I believe that investing in foreign markets involves risk  
 b. I believe that overseas markets provide attractive investment opportunities

5. Which of the following statements would best describe your reaction if the value of your purchase were to decline suddenly by 15%?

- a. I would be very concerned because I cannot accept fluctuations in the value of my purchase  
 b. If the amount of income I receive was unaffected, it would not bother me  
 c. Although I invest for long-term growth, I would be concerned about even a temporary decline  
 d. Because I invest for long-term growth, I accept temporary fluctuations due to market influences

6. You have just received a windfall of \$50,000. How would you invest it?

- a. I would invest in something that offered preservation of my money  
 b. I would invest in something that offered the potential for high income with a moderate amount of risk  
 c. I would invest in something that offered the potential for high total return (income plus capital appreciation with a moderately high amount of risk)  
 d. I would invest in something that offered substantial capital appreciation even though it has a high amount of risk

7. Which of the following best describes your investment objectives?

- a. Preserving principal and getting a moderate amount of income  
 b. Generating a high amount of income  
 c. Generating some income and increasing my assets over an extended time frame  
 d. Increasing my assets substantially over an extended time frame

8. What do you expect your standard of living to be 10 years from now as compared to your standard of living today?

- a. Lower than it is today                       b. The same as it is today  
 c. Somewhat higher than it is today         d. Substantially greater than it is today

9. Ten years from today, you expect the value of your purchase to be:

- a. The same as it is today                       b. Somewhat more than it is today  
 c. Greater than it is today                       d. Substantially greater than it is today

10. What is your age?

- a. 56 and over     b. 46-55             c. 36-45             d. 18-35

11. What is your primary financial goal?

- a. Wealth preservation     b. Retirement Planning     c. Wealth accumulation

12. What is the time frame for you to achieve your financial goals?

- a. 0-4 years             b. 5 to 14 years         c. 15 years or more

**Complete ✓**