**PERSONAL FINANCIAL QUESTIONNAIRE**

This information will help us serve you better! If a question does not apply to you, please write N/A. If you need more space for answers or if the information is in another document, please include an attachment or reference the other document. A list of documents that will assist us in preparing your financial plan is provided as part of this package. Once you have completed this questionnaire, please make a copy for yourself and return the original along with the documents requested.

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**General Information**

| | | |
|---|---|---|
| Client(s) Name | ________________________ | ________________________ |
| Date of Birth | ________________________ | ________________________ |
| Address | ________________________ | ________________________ |
| | ________________________ | ________________________ |
| | ________________________ | ________________________ |
| Home Phone | ________________________ | ________________________ |
| Business Phone | ________________________ | ________________________ |
| Fax | ________________________ | ________________________ |
| Cell Phone | ________________________ | ________________________ |
| E-mail | ________________________ | ________________________ |
| Citizenship | ________________________ | ________________________ |
| Occupation | ________________________ | ________________________ |

Dependents - relationship and age of each

| | | |
|---|---|---|
| | ________________________ | ________________________ |
| | ________________________ | ________________________ |
| | ________________________ | ________________________ |

Advisors (Name, Address, Phone and E-mail)

| | | |
|---|---|---|
| CPA | ________________________ | ________________________ |
| Attorney | ________________________ | ________________________ |
| Insurance Agent | ________________________ | ________________________ |

**Objectives**

What do you consider your primary financial goals and/or concerns? Rank the relative importance of the following goals from 1 to 5, starting with 1 (one) for the most important.

| | Over The Next 12 months | Over The Next 5 Years | Longer term (5-50 years) |
|---|---|---|---|
| Understanding/managing current income and expenses | ______ | _______ | _______ |
| Developing an investment plan | ______ | _______ | _______ |
| Maximizing Tax Deductions | ______ | _______ | _______ |
| Having a comfortable lifestyle in the future | ______ | _______ | _______ |
| Providing for appropriate estate documents (wills, health care proxies) | _______ | _______ | _______ |
| Dependant care and/or education | _______ | _______ | _______ |
| Understanding insurances needs, costs | _______ | _______ | _______ |
| Other________________________ | _______ | _______ | _______ |

**Income and Expenses**

Do you feel that you currently have a comfortable lifestyle?

Do you generally live within your income?

Could you save more money if needed to achieve a financial goal?

Do you receive any other form of compensation other that salary and bonus?

**<u>Income</u>**

| | | |
|---|---|---|
| Salary | $_______ | $_______ |
| Investments | $_______ | $_______ |
| Social Security | $_______ | $_______ |
| Pension | $_______ | $_______ |
| Alimony | $_______ | $_______ |
| Inheritance | $_______ | $_______ |
| Other | $_______ | $_______ |

How much have you been able to save over the past 12 months?

Retirement Accounts (tax deferred investments)_______________

Other Savings (taxable investments)________________________

Do you anticipate a significant change (+ or - 10%) in your own (or your partner's earnings) over the next 12 months and the next 5 years?________________________________________________

**Expenditures**

Indicate your annual expenditures for each of the following (if possible and as appropriate):

| | | | |
|---|---|---|---|
| Savings / Investments | $_______ | Spending Money / Misc. | $_______ |
| Taxes - Income | $_______ | Insurance - Auto | $_______ |
| - Real Estate | $_______ | Home | $_______ |
| Housing - Rent / Mortgage | $_______ | - Health | $_______ |
| - Assoc./Mgmt Fees | $_______ | - Disability | $_______ |
| Utilities | $_______ | - Life | $_______ |
| Telephone | $_______ | - Umbrella | $_______ |
| Cable | $_______ | - Long Term Care | $_______ |
| Home Repairs | $_______ | Child Care | $_______ |
| Auto - Loans | $_______ | Education | $_______ |
| - Operations | $_______ | Alimony | $_______ |
| Food / Home Supplies | $_______ | Child Support | $_______ |
| Dining Out / Entertainment | $_______ | Business Expenses | $_______ |
| Travel / Vacation | $_______ | Gifts | $_______ |
| Clothing | $_______ | Credit Card Debt | $_______ |
| Laundry / Cleaning | $_______ | Taxes | $_______ |
| Medical / Dental | $_______ | Other | $_______ |
| Charities | $_______ | | |

**Assets and Liabilities**

Where possible, provide the latest statements from your bank, brokerage firm, mutual fund companies and other accounts for your assets and liabilities. If you would like a review of your insurance coverage, please provide a copy of the policies for life, disability, health, long term care, property and casualty insurance.

| Assets | | Liabilities | |
|---|---|---|---|
| Cash / Money Market | $_______ | Home Mortgage | $_______ |
| Checking Accounts | $_______ | Second Mortgage | $_______ |
| Savings Accounts | $_______ | Student Loans | $_______ |
| Stocks | $_______ | Car & Other Loans | $_______ |
| Bonds | $_______ | Credit Card Debt | $_______ |
| Mutual Funds | $_______ | Life Insurance Loans | $_______ |
| Investment Accounts | $_______ | | |

| | | | |
|---|---|---|---|
| IRAs | $_______ | Brokerage Loans | $_______ |
| * 401(K) or other Retirements | $_______ | Major Unpaid Bills | $_______ |
| Annuities | $_______ | Other Loans / Liabilities | $_______ |
| Investment Real Estate | $_______ | | |
| Residence | $_______ | | |
| Other Real Estate | $_______ | | |
| Insurance Cash Value | $_______ | | |
| Collections | $_______ | | |
| Personal Property | $_______ | | |
| Other | $_______ | | |
| | $_______ | | |

* If you will be receiving a lump sum at retirement, enter the amount or estimated amount here.

**Retirement**

What, if any, concerns or questions do you or your partner have that might affect your lifestyle during retirement or in the future?

______________________________________________________________

______________________________________________________________

______________________________________________________________

**Estate Information**

Do you have a will? ____________________ ____________________

Year written? ____________________ ____________________

Describe your estate and gifting plans, if any (Use the reverse side if necessary.):

**Investment Information**

What experiences have you had with investing your money?

Are you satisfied with your current investment advisor or broker? Why or why not?

What goals or objectives have you set in the past for your money?

To estimate your investment knowledge and your personal tolerances for risk, please complete this section. If you are not comfortable doing this or lack experience, indicate that and skip the specific question or section.

Which of the investor temperaments below best describes you? A___ B___C___D___

To coincide with your investment temperament, indicate by % (total 100%) how you would prefer to position your investments.

A) Very conservative - Subject to little risk _______%

Conserving principal is your primary goal
even if you cannot keep up with inflation.

B) Conservative - Subject to some risk _______%
Conserving your principal is somewhat more
important than keeping up with inflation

C) Not Conservative - Subject to moderate risk _______%
Keeping up with inflation is more important than
capital preservation.

D) Aggressive - Subject to above average risk _______%
Growth of your principal is your primary goal,
above average risk is acceptable, even desirable.