

Initial Questionnaire

SECTION 1 – Fact Sheet

Full Name : _____

Age: _____ DOB: _____

Social Security #: _____

Phone: Home _____ Cell: _____ Work: _____

Employer: _____ Profession: _____

Business Address: _____

E-mail: _____

Preferred Method of Communication: Home Cell E-mail Other _____

Spouse/Partner Full Name : _____

Age: _____ DOB: _____

Social Security #: _____

Phone: Home _____ Cell: _____ Work: _____

Employer: _____ Profession: _____

Business Address: _____

E-mail: _____

Preferred Method of Communication: Home Cell E-mail Other _____

Beneficiaries:

1. _____ DOB: _____

Social Security #: _____ Relationship: _____

2. _____ DOB: _____

Social Security #: _____ Relationship: _____

3. _____ DOB: _____

Social Security #: _____ Relationship: _____

4. _____ DOB: _____

Social Security #: _____ Relationship: _____

5. _____ DOB: _____

Social Security #: _____ Relationship: _____

SECTION 2 – Investment Accounts

Type of Account:		Bank/Brokerage:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

Account Name:		Type:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

Account Name:		Type:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

Account Name:		Type:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

Account Name:		Type:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

Account Name:		Type:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

Account Name:		Type:			
Owner:		Beneficiary:			
Current Balance:		Annual Contributions:			
Cost Basis (if known):		Before Taxes:		After Taxes:	

SECTION 3 – Assets and Liabilities

Description:					
Owner:	Asset Details			Liability Details	
	Initial Cost:	\$		Balance Due:	\$
Beneficiary(s):	Current Value:	\$		Interest Rate:	%
	Growth Rate:		%	Payment:	\$
	Plan on Selling:		YR	Pmt Frequency:	

Description:					
Owner:	Asset Details			Liability Details	
	Initial Cost:	\$		Balance Due:	\$
Beneficiary(s):	Current Value:	\$		Interest Rate:	%
	Growth Rate:		%	Payment:	\$
	Plan on Selling:		YR	Pmt Frequency:	

Description:					
Owner:	Asset Details			Liability Details	
	Initial Cost:	\$		Balance Due:	\$
Beneficiary(s):	Current Value:	\$		Interest Rate:	%
	Growth Rate:		%	Payment:	\$
	Plan on Selling:		YR	Pmt Frequency:	

Description:					
Owner:	Asset Details			Liability Details	
	Initial Cost:	\$		Balance Due:	\$
Beneficiary(s):	Current Value:	\$		Interest Rate:	%
	Growth Rate:		%	Payment:	\$
	Plan on Selling:		YR	Pmt Frequency:	

Description:					
Owner:	Asset Details			Liability Details	
	Initial Cost:	\$		Balance Due:	\$
Beneficiary(s):	Current Value:	\$		Interest Rate:	%
	Growth Rate:		%	Payment:	\$
	Plan on Selling:		YR	Pmt Frequency:	

SECTION 4 – Insurance Policies

Policy Name:				
Type:		Face Value:	\$	
Owner:		Premium:	\$	Annual Monthly
Insured:		Cash Value:	\$	\$
Beneficiary:		Cash Value Growth:		%

Policy Name:				
Type:		Face Value:	\$	
Owner:		Premium:	\$	Annual Monthly
Insured:		Cash Value:	\$	\$
Beneficiary:		Cash Value Growth:		%

Policy Name:				
Type:		Face Value:	\$	
Owner:		Premium:	\$	Annual Monthly
Insured:		Cash Value:	\$	\$
Beneficiary:		Cash Value Growth:		%

Policy Name:				
Type:		Face Value:	\$	
Owner:		Premium:	\$	Annual Monthly
Insured:		Cash Value:	\$	\$
Beneficiary:		Cash Value Growth:		%

Policy Name:				
Type:		Face Value:	\$	
Owner:		Premium:	\$	Annual Monthly
Insured:		Cash Value:	\$	\$
Beneficiary:		Cash Value Growth:		%

SECTION 5 – Risk Tolerance (Place an “X” next to your selection)

1. What is your age?
 - A. 56+
 - B. 46-55
 - C. 36-45
 - D. 18-35

2. Which of the following best describes the objectives you want to achieve with your investments?
 - A. I would like to preserve my principle and generate a moderate amount of income.
 - B. I would like to live off the income generated by my investments.
 - C. I would like to generate some income and have the principle grow over the long term.
 - D. I would like my investments to grow as much as possible over the long term.

3. In approximately how many years will you begin withdrawing funds from your investments to satisfy your retirement goals?
 - A. Immediately
 - B. 1-5 years
 - C. 6-10 years
 - D. 11-20 years
 - E. Over 20 years

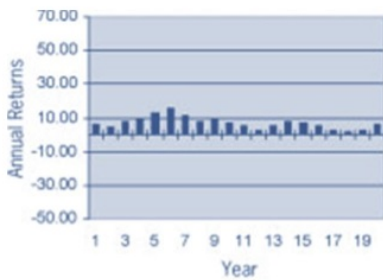
4. Once you begin to withdraw funds from your primary purpose or investment objective, over how long a period do you anticipate the withdraws to continue?
 - A. I expect to withdraw all funds in a single lump-sum.
 - B. 1-5 years
 - C. 6-10 years
 - D. 11-20 years
 - E. Over 20 years

5. Which of the following statements best describes your attitude toward the trade-off between risk and return.
- A. I am primarily concerned with limiting risk. I am willing to accept lower expected returns in order to limit my chance of loss.
 - B. Limiting risk and maximizing return are of equal importance to me. I am willing to accept moderate risk and moderate chance of loss to achieve moderate returns.
 - C. I am primarily concerned with maximizing the returns of my investments. I am willing to accept high risk and high chance of loss in order to maximize my investment return potential.
6. Inflation can greatly diminish the effective returns of your portfolio. Please specify which of the following best summarizes your attitudes regarding investment inflation.
- A. I prefer a portfolio that has the potential to return substantially more than inflation over the long run and I am willing to accept large short term fluctuations in value (and a greater potential for loss) to achieve this goal.
 - B. I prefer a portfolio that has the potential to moderately exceed inflation over the long run and I am willing to accept moderate short-term fluctuations in value (and a moderate potential for loss) to achieve this goal
 - C. I prefer to minimize short-term fluctuations in portfolio value (and the potential for loss) as much as possible, even if it means that my portfolio has the potential to only keep pace with or slightly exceed inflation.
7. Sometimes investment losses are permanent, sometimes that are prolonged, and sometimes they are short-lived. How might you respond when you experience investment losses?
- A. Even if my investments suffered a significant decline over several years, I would continue to follow my long-term investment strategy and not adjust my portfolio.
 - B. I can endure significant declines in the value of my investments and would wait at least one year before adjusting my portfolio.
 - C. Although declines in my investment portfolio make me uncomfortable, I would wait one to two quarters before adjusting my portfolio.
 - D. I would sell my investments immediately if they suffered substantial declines.
8. Do you need current income (that is, will you take regular withdrawals from your savings and investment accounts)?
- A. Yes
 - B. No

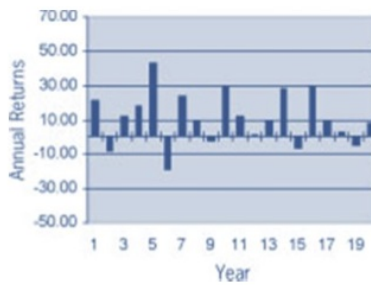
9. If you need income from your investments, approximately what percentage of your savings and investment accounts' current value do you need annually?
- A. Less than 2%
 - B. Greater than 2%, but less than 4%
 - C. Greater than 4%, but less than 6%
 - D. Greater than 6%

10. The following graphs show the historical year-by-year returns for three hypothetical portfolios over a 20-year period. The average annual return over the 20-year period is also indicated. Which portfolio would you choose?

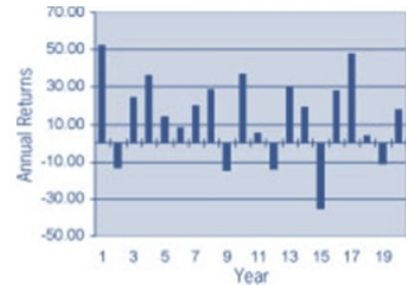
Portfolio A
Average Annual Return=7%



Portfolio B
Average Annual Return=11%



Portfolio C
Average Annual Return=14%



Note that Portfolio B is substantially riskier than Portfolio A and Portfolio C is substantially riskier than Portfolio B.

Additional Notes:

Use this section to provide additional information you feel may be relevant to your advisor.

SECTION 6 – Qualitative Questions

1. What would you like to accomplish through this engagement?

2. What prompted you to look for a financial advisor at this time?

3. What are your most important financial concerns?

4. How do you envision your lifestyle 5 years from now?

5. What are the most important *non*-financial concerns and objectives right now? (Please rank them)

6. What would “financial independence” mean to you? How would you direct your life if there were nothing to impede your choices?

7. Do you have or would you pursue a particular avocation(s) and/or hobby(s) that you especially enjoy doing? Please describe.

8. What are the keys to making the relationship successful for you? What are your expectations of us as your financial advisor?

9. What is the most important characteristic to you in a financial advisor?

10. During our review three years from now, what will need to have happened now and then for you to feel satisfied with your progress?

11. How do you make important investment decisions?

12. Have you ever worked with a financial advisor before? Yes ___ No ___
Was it a good experience?

Unsatisfactory?

13. What is your most memorable investment experience?

14. What things frustrate you about financial planning and investments?

15. How much do you currently save? _____
Where do you put it? _____

16. Do you track your expenses? Yes ___ No ___ If not, is this a concern?

17. Do you have someone prepare your taxes or do you do it yourself? Yes ___ No ___
If you do have a CPA/Enrollment agent, what is their name? _____

18. Do you have a will and/or Trust? Yes ___ No ___
If so, who is your Estate Planning Attorney? _____

19. Do you have life insurance? Yes ___ No ___ If so, how much? _____
Agent? _____

20. What changes do you expect in the future in your finances that you wish to plan for?

Family obligations: _____

Inheritances: _____

Other: _____

21. What are your goals/concerns regarding assigning assets to your children or others?

22. Is there anything else we need to talk about? Any “special needs” situations you are responsible for?
