



CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1): _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Cell Phone: _____ E-mail: _____ Birth date: _____	CLIENT NAME (2): _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Cell Phone: _____ E-Mail: _____ Birth date: _____
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Contact me by (circle one) E-mail or Phone
 Primary Contact Person during business hours?

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

CLIENT EMPLOYER (1): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ Salary: _____ Bonus/Commissions:: _____ Self Employment Income: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____	CLIENT EMPLOYER (2): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ Salary: _____ Bonus/Commissions:: _____ Self Employment Income: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____
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Do you have estate planning documents? When and in what state were they drafted?

Wills	Y N	_____
Living Wills	Y N	_____
Healthcare Power of Attorney	Y N	_____
Living Trusts	Y N	_____
By-Pass Trust	Y N	_____

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RISK TOLERANCE ASSESSMENT

Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.

1. How important is capital preservation?

<i>Not at all</i>				<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

2. How important is growth?

<i>Not at all</i>				<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

3. How important is low volatility?

<i>Not at all</i>				<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

4. How important is inflation protection?

<i>Not at all</i>				<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

5. How important is current cash flow from your investment assets?

<i>Not at all</i>				<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

6. How much risk are you willing to take to achieve a higher return?

<i>Very little</i>				<i>A Moderate amount</i>				<i>A lot</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

7. What is the maximum amount of annual loss could you tolerate without selling some or all of the losing assets?

5%
 10%
 15%
 20%
 25%
 30%
 35%
 40%
 50%

_____ % Enter the Average Annual Rate of Return* you want to earn on your portfolio to reach your financial goals.

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

INSURANCE

	Client (1)			Client (2)		
	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

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FINANCIAL RESOURCES (SEE PAGE 5 FOR A COMPLETE LIST OF DOCUMENTS NEEDED)

Social Security Benefits

	Client 1	Client 2
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If receiving now, enter amount	\$ _____ Per Month	\$ _____ Per Month

Other Retirement Income (Do not include income such as interest & dividends from investments)

Description	Client 1		Client 2	
	Income / Month	Year It Ends	Income / Month	Year It Ends
	\$ _____		\$ _____	
	\$ _____		\$ _____	
	\$ _____		\$ _____	

Investment Assets

Description	Client 1		Client 2	
	Value	Additions / Year	Value	Additions / Year
Employer Plans (e.g., 401k, 403b)	\$ _____	\$ _____ or %	\$ _____	\$ _____ or %
Traditional IRA	\$ _____	\$ _____	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
Tax-Deferred (e.g. annuities)	\$ _____	\$ _____	\$ _____	\$ _____
529 Plans	\$ _____	\$ _____	\$ _____	\$ _____

Description	Total	
	Value	Additions / Year
Taxable	\$ _____	\$ _____

How much of your investments are in stocks? Enter the approximate dollar amount or percentage.		
\$ _____	or	_____ %

Cash from other sources that will be used to fund Goals (e.g. inheritance, sale of property)

Description	Year Received	Amount (After-tax)
		\$ _____
		\$ _____
		\$ _____

PERSONAL PROPERTY

Estimated Value

Primary Residence _____

Personal Property (estimate) _____

Vehicle _____

Vehicle _____

Other _____

LIABILITIES

Debts (Consumer, Mortgage, Education)	Remaining Term	Interest Rate	Payment	Current Balance	Original Balance
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$

Have you received a copy of your credit report recently? Yes No

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YOUR GOALS














Retirement Age

When would you like to retire? Enter your Ideal Age, which is the earliest age you might like to retire. Then enter an Acceptable Age, which is the latest you could retire and still be satisfied. Finally, indicate how willing you are to delay retirement.

	Client 1		Client 2	
Retirement Age	Ideal Age _____	Acceptable Age _____	Ideal Age _____	Acceptable Age _____
How willing are you to retire later?	<input type="checkbox"/> Very Willing <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Slightly Willing		<input type="checkbox"/> Very Willing <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Slightly Willing	
Who can retire first? Select One:	<input type="checkbox"/> Either can retire first <input type="checkbox"/> Both retire in the same yr <input type="checkbox"/> Only Client 1 can retire first. <input type="checkbox"/> Only Client 2 can retire first.			

Lifestyle Goals

First, enter any pre-retirement Goals that will be funded with withdrawals from your Investment Portfolio Then, think about all the Goals you would like to attain during your Retirement. Include what you need, like buying cars every few years; what you want, like taking nice trips every year; and even what you wish you could do, like helping your kids, grandkids or favorite charity. Make each need, want or wish a separate Goal, with a description, an annual cost and how often it will occur. Then put a number from 10 - 1, (10 being the highest) in the box next to each Goal to indicate its importance.

	Car(s) <input type="checkbox"/> _____ <input type="checkbox"/> _____		College / Private School <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Travel <input type="checkbox"/> _____ <input type="checkbox"/> _____		Leave Bequest <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Major Purchase <input type="checkbox"/> _____ <input type="checkbox"/> _____		Gift or Donation <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Home Improvement <input type="checkbox"/> _____ <input type="checkbox"/> _____		Wedding / Celebration <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Health Care Costs <input type="checkbox"/> _____		Provide Care <input type="checkbox"/> _____
	New Home <input type="checkbox"/> _____		Anything Else (Other) <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Start a Business <input type="checkbox"/> _____		

Now that you've identified your Lifestyle Goals, it's time to create a Goal for your basic Retirement Living Expenses.

Retirement Living Expenses

Everyone must pay the bills. This Goal is for your basic day-to-day living expenses during retirement (e.g. food, clothes, utilities, etc.). By making this amount a separate Goal, you can see what it takes to "pay-the-bills" for the rest of your life. This should make your Retirement more secure and leave you free to enjoy spending money to fulfill your Retirement Lifestyle Goals.

Importance	Ideal Amount	Acceptable Amount
10	\$ _____ per year	\$ _____ per year

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Please comment in general on the advice you seek.

Date Completed: ____/____/____

By _____

These items may be needed, should you engage our services:

Prior Year Tax Return
Brokerage Account Statements
Trust Account Statements
Retirement Plan Account Statements
Loan Documents

Paycheck Stubs
Mutual Fund Account Statements
Employee Benefits Booklet
Social Security Annual Statement
Insurance Policies

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax to (888) 391-6669 or mail a copy to us at the following address:

Keffer Financial Planning • 511 West Wesley Street • Wheaton, IL 60187

Phone: (630) 842-5609

Email: Bill@KefferFinancialPlanning.com