

Con	fidential Qu	estionna	aire					
Personal/Background Information	Client 1			Client 2				
Name								
Address								
City, State, Zip								
Primary phone								
Mobile phone								
Email address								
Date of birth								
Marital status								
Date married								
Previously married? (if so, from when to when?)								
Primary contact for purposes of this plan			Preferred	method (phon	o amail atc.)			
			Currently	method (phone, email, etc.)				
Dependents (include names of children and any others who may rely on you for financial support)	Relationship	Date of birth	residing					
Health & Family History	Client 1			Client 2				
Are you a smoker?								
Is your health currently poor, average or exceptional?								
Have your family members lived short, average or long lives?								
Employment	(lient 1		Client 2				
Status (Employed, retired, self-employed, homemaker, or in transition)								
Employer								
Position								
Date started with this employer								
Projected date of retirement or other career change								
Salary								
Bonus/commissions/other employment income								
Self-employment income								
Other income (trust, rental income, alimony, etc.)								
	Concerns							
Money		lient 1			Client 2			
Not having a paycheck anymore								
Running out of money								
Suffering investment losses								
Leaving money to others	<u> </u>							
Health	· · · · · · · · · · · · · · · · · · ·	Client 1			Client 2			
Cost of health care or long term care								
Current or future health issues								
Dying early (self of significant other)								
Living too long								
Alzheimers or other illness								
Personal and Family		lient 1			Client 2			
Being bored					Circut Z			
Too much time together								
Parents needing care								
Something Else								
Other				l				



Your Goals	Client 1			Client 2				
Ideal retirement age	Client I							
Acceptable retirement age								
Willingness to retire later (very, somewhat, slightly, or not at all)								
Must both retire at same time?								
		Frequency (e.g. annually, every 5 years, 1			annual		Client #2 (10	
Financial Goals	Amount	time)	Start date	Ending date	inflation	highest, 1 lowest)	highest, 1 lowest)	
Basic living expenses/yr. (excluding health care, mortgage & loan pmts)		Annually						
Health care costs (out-of-pocket, i.e. premiums, copays, deductibles, etc.)	-	Annually						
Mortgage payments carried into retirement (principal & interest only)								
Other loan payments carried into retirement								
Periodic home maintenance (roof, furnace, hot water heater, etc.)								
Major home improvement(s)								
Car replacements, car #1								
Car replacements, car #2								
College #1								
College #2								
College #3								
Gifts and donations								
New home (cost and approximate date)								
Second home (cost and approximate date)								
Wedding #1								
Wedding #2								
Wedding #3								
Major purchase(s)								
Provide care								
Travel in retirement								
Other Goal #1								
Other Goal #2								
	Your Resour	res	l			L		
	Tour Resource							
		Data incomo	Data incomo	Gross	Inflation			
Sources of Retirement Income	Whose income is it?	starts	Date income will stop	amount of income/yr.	assumption (%)	Survivor be	nefit (if anv)	
Social Security #1								
Social Security #2								
Pension #1								
Pension #2								
Pension #3								
Pension #4	1							
Part-time work #1								
Part-time work #2								
Rental income #1								
Rental income #2								
Other retirement income #1								
Other retirement income #2								
Other retirement income #3								



Financial Assets (List all financial accounts, including bank, brokerage, mutual fund, 401k, 403b, IRA, Roth IRA and health savings)	Whose account is it? (Client 1, Client 2, Joint, Trust, Other?)	Balance / Value	Type of Account (401k, IRA, taxable account, etc.)	Where held?	-	Earmark for	any specific goal?
Employer Stock Plans (Including stock options, qualified and nonqualified, restricted stock, and the like)	Whose stock plan is it? (Client 1, Client 2, Joint, Trust, Other?)	Recent vested value	Type of Account (option, restricted shares, etc.)	Stock / Ticker symbol		(recent stateme	nts provided nt, award letters, ment, participant brochures)
Personal Insurance (Including life, health, disability, long-term care, auto, homeowners, umbrella liability, etc.)	Whose insurance is it?	Type of coverage	Insurance Company	Amount of coverage		Cash value (if any)	Group or individual
Real Estate & Pesonal Property	Whose property is it? (Client 1, Client 2, Joint, Trust, Other?)	Estimated market value	Annual increase or decrease in value	Intended USE (personal use, investment, etc.)		Will	this asset be replaced?



Liabilities (Including mortgages, car loans, student loans, credit cards, etc.; omit any credit cards that are paid-in-full each month.)	Whose liability is it?	Current balance	Interest rate	Monthly payment (principal & interest only)	Maturity		Lender
Estate Planning Documents (Including wills, living wills, powers of attorney,	Whose estate planning document is		State in which	Dud		A	
trusts, etc.)		Date drafted	drafted	Drafting Attorney		Attorney Phone or Email	
	Investment Risk T	olerance					
Enter #1 for	Client #1's answer and	#2 for Client #	#2's answer.	[1		
		< 1 Year	2-3 Yrs.	3-5 Yrs.	6-10 Yrs.	11-15 Yrs.	>15 Yrs.
I plan on taking money from my investments in		. 2	25.4	6 10 1/1	11.45.2	51E V	
As I withdraw money from these investments, I plan to spend it over	a period of	< 2 Yrs.	3-5 Yrs.	6-10 Yrs.	11-15 Yrs.	>15 Yrs.	
As i withdraw money from these investments, i plan to spend it over		1-2 Yrs.	3-4 Yrs.	5-6 Yrs.	7-8 Yrs.	>8 Yrs.	
When making a long-term investment, I plan to keep the money inve	sted for	12113.	5 4 113.	5 6 113.	7 0 113.	y 0 113.	
From September 2008 through November 2008, stocks lost more than 31% of their value. If I owned a stock investment that lost about 31% of its value in 3 months, I would (If you actually owned stocks during that period, select the answer that matches your actions at that time.)		Sell all of the remaining investment	Sell some of the remaining investment	Hold onto it & sell nothing.	Buy more of the investment		
Generally, I prefer an investment with little or now ups or downs in value, and I am willing to accept the lower return these investments may make.		l strongly disagree	I disagree	I somewhat agree	l agree	I strongly agree	
When the market goes down, I tend to sell some of my riskier investments and put the money into safer investments.		l strongly disagree	I disagree	I somewhat agree	l agree	I strongly agree	
Based only on a brief conversation with a friend, coworker, or relative, I would invest in a mutual fund.		I strongly disagree	I disagree	I somewhat agree	l agree	I strongly agree	
From September 2008 through October 2008, bonds lost nearly 4% of their value. If I owned a bond investment that lost almost 4% of its value in 2 months, I would (If you owned bonds during this period, select the answer that matches your actions at that time.)		Sell all of the remaining investment	Sell some of the remaining investment	Hold onto it & sell nothing.	Buy more of the investment		
The chart to the right shows the highest one-year loss and the	\$5,000 \$4,000 \$1,000 \$1,000 \$1,000 \$2,200 \$1,000 \$2,200 \$2	\$1,921 E -\$1,020	\$4,229				
highest one-year gain on three different hypothetical investments of \$10,000. Given the potential gain or loss in any one year, I would invest my money in			-\$3,639	Investment A	Investment B	Investment C	



	1	1	1	1	1			
	Very unstable	Unstable	Somewhat stable	Stable	Very stable			
My current and future sources of income (such as salary, Social Security, pension) are					· ·			
When it comes to investing in stock or bond funds (or individual stocks or bonds), I would describe myself as having	Very little experience	Some but not much experience	Some experience	A meaningful amount of experience	Lots of experience			
	5%	10%	15%	20%	25%	30%		
What is the worst one-year drop in the value of an investment that you could tolerate		40%	45%	50%	55%	60%		
without feeling that you had to sell it								
	4%	5%	6%	7%	8%	9%		
What minimum average annual return would you consider acceptable for your investment	10%	11%	12%	13%	14%	15%		
portfolio over a long period of time, say 10 years or more?								
Documents to bring to	nitial meetin	g						
Complete statements for all retirement accounts			(including 401k, 403b, IRA, Roth IRA, health savings, etc.)					
Complete statements for all taxable bank and investment accounts			(including bank, brokerage, mutual fund, stock, etc.)					
Recent Social Security statements			(download from SSA.gov)					
Official benefit estimates for all defined benefit pensions			(including traditional pensions, cash balance plans, etc.)					
Statements for all outstanding loans			(excluding credit cards that are paid off each month)					
Recent pay statements			(for understanding of benefit plans and net cash flow)					
Statements for all insurance policies			(bring policies themselves if you are requesting analysis)					
Estate planning documents			(only if requesting services in this area)					