



MAXWELL  
FINANCIAL MANAGEMENT

## *Maxwell Financial Management*

### *Confidential Data Questionnaire*

*Client Name:*

\_\_\_\_\_  
*Client Signature:*

*Date*

*Client Name:*

\_\_\_\_\_  
*Client Signature:*

*Date*

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*Planner Name:*

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*Planner Name:*

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## Overview

This CDQ is designed to help us gather the information required for your customized financial plan.

Please provide the following:

- Tax returns (Prior year)
- Latest estate planning documents wills, trusts, powers of attorney

You may wish to provide:

- Life and disability insurance statements
- Retirement Plans statements
- Recent Pay stub
- Brokerage and Investment statements
- Mortgage statements
- Other Relevant documentation

## Basic Client Information

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_  
*(If different than client)*

Marital Structure: \_\_\_\_\_  
*(e.g. married, divorced, single)*

Number of Dependents: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CLIENT	CO-CLIENT
Given Name: _____	Given Name: _____
Gender: _____ Date of Birth: _____ <i>(mm/dd/yy)</i>	Gender: _____ Date of Birth: _____ <i>(mm/dd/yy)</i>
Social Security Number: _____	Social Security Number: _____
Email: _____	Email: _____
Fax Phone: # _____ Business Phone: # _____ <i>(If different from the previous section)</i>	Fax Phone: # _____ Business Phone: # _____ <i>(If different from the previous section)</i>
Cell Phone: # _____	Cell Phone: # _____
Occupation: _____	Occupation: _____
Business Name: _____	Business Name: _____
Length of Employment: _____	Length of Employment: _____
Do you plan to move or change occupations : Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Do you plan to move or change occupations: Yes <input type="checkbox"/> No <input type="checkbox"/> _____
If yes, describe: _____	If yes, describe: _____
Education: _____	Education: _____
Military Service: _____	Military Service: _____
Ideal Age for Retirement: _____	Ideal Age for Retirement: _____
Latest Age for Retirement: _____	Latest Age for Retirement: _____



**Children, Grandchildren and Other Dependents**

Name	Gender	Date of Birth	Relationship			Marital Status		Child of This Marriage?		Dependent?	
			C(Child)	G(Grandchild)	O(Other Dependent)	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No
			C	G	O	S	M	Yes	No	Yes	No

**Advisors**

Attorney: \_\_\_\_\_ Financial Advisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Accountant/Tax Preparer: \_\_\_\_\_ Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Basic Estate Planning**

Has the **Client** executed a Will? Yes  No  Last updated on: \_\_\_\_\_  
Has the **Co-Client** executed a Will? Yes  No  Last updated on: \_\_\_\_\_  
Location of Will: \_\_\_\_\_  
Has the **Client** created any Trusts? Yes  No  Last updated on: \_\_\_\_\_  
Does the **Co-Client** created any Trusts? Yes  No  Last updated on: \_\_\_\_\_  
Location of Trusts: \_\_\_\_\_  
Does the **Client** have a living trust? Yes  No  Last updated on: \_\_\_\_\_  
Does the **Co-Client** have a living trust? Yes  No  Last updated on: \_\_\_\_\_  
Is any member of your family a beneficiary of a trust Yes  No  (Please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Have you made gifts under the Uniform Gifts to Minors Act (UGMA) Yes  No  (Please describe) \_\_\_\_\_  
\_\_\_\_\_

**Please provide copies of existing estate planning documents, wills, trusts, etc.**



### Special Family Circumstances

Special health problems or needs concerning yourself, spouse, children, or other dependents: \_\_\_\_\_  
\_\_\_\_\_

Do you expect any major inheritances or legal settlements now pending?  Yes  No

Source: \_\_\_\_\_

Expected Date: \_\_\_\_\_ Expected Amount: \_\_\_\_\_

Have you made any gifts in excess of \$3,000 prior to 1981 or in excess of \$10,000 after 1980?  Yes  No If so, please enter details in the Estate Planning section.

Upon death, do you intend to make any gifts, charitable or other bequests?  Yes  No

By whom: \_\_\_\_\_ To whom: \_\_\_\_\_ Amount(s): \_\_\_\_\_

Do you expect future financial dependency by relatives?  Yes  No

Relationship: \_\_\_\_\_

Date(s): \_\_\_\_\_ Amount(s): \_\_\_\_\_

#### Parents Names

#### Current Age

#### Living

Client's Father: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_

Yes  No

Cause of death: \_\_\_\_\_

Client's Mother: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_

Yes  No

Cause of death: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

CoClient's Father: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_

Yes  No

Cause of death: \_\_\_\_\_

CoClient's Mother: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_

Yes  No

Cause of death: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_



# Assets

## Real Estate

### Homes (Residences and Vacation homes only)

Description	Purchase Amount	Owner (Client, Co-Client, Joint)	Purchase Date	Cost of Improvements	Current Market Value	Growth Rate

### Home Mortgages and Home Equity Loans (For the above properties listed above.)

Description	Original Principal	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Term (Years)	Payment Frequency (e.g. Weekly, Monthly)	Principal and Interest Payment	Outstanding Principal Amount (if available)

### Real Estate Investments (Income Producing Property)

Name	Owner	Purchase Date	Market Value	Cost Basis	Property Growth Rate	Rental Income (Monthly Amount)	Rental Expenses (Monthly Amount)	Annual Rental Growth Rate (Amount or %)

### Mortgages (For the above properties)

Description	Original Principal	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Term (Years)	Payment Frequency (e.g. Weekly, Monthly)	Principal and Interest Payment	Outstanding Principal Amount (if available)

### Additional Information Use this section to enter any other Real Estate Information you feel would be relevant to your financial plan.

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**Limited Partnerships** (Alternatively, attach copies of recent statements, tax disclosures or other information.)

Name	Owner(s) (Client, Co-Client, Joint, Trust, Child)	Type**	Purchase Date	Initial Capital Contribution	Add'l Investments	Current Value	Current Taxable Income Loss	Current Cash Flow	Tax Credits and Preference Items

\*\* Real Estate, Oil & Gas, Equipment Leasing, Etc.

**Accounts/Notes Receivable** (Include only amounts that appear to be collectible)

Debtor	Owner(s) (Client, Co-Client, Joint, Trust, Child)	Date Originated	Original Amount	Interest Rate	Maturity Date	Payment Amount	Payment Frequency	Outstanding Principal



## Deferred Annuities

(Use a separate sheet to enter additional annuities; alternatively, provide most recent annuity statement)

### Annuity #1:

Name: \_\_\_\_\_ Premium Amount/Frequency: \_\_\_\_\_  
(e.g. Annually, Monthly, etc.)

Ownership: \_\_\_\_\_ Annuitant(s): Client  Co-Client  Joint

Cost Basis: \$ \_\_\_\_\_ Start of Year Basis: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_ Surrender Value: \$ \_\_\_\_\_ Account type: General  Separate

Surrender Charges (Percentage):  
Year 1 %: \_\_\_\_\_ Year 2 %: \_\_\_\_\_ Year 3 %: \_\_\_\_\_ Year 4 %: \_\_\_\_\_ Year 5 %: \_\_\_\_\_  
Year 6 %: \_\_\_\_\_ Year 7 %: \_\_\_\_\_ Year 8 %: \_\_\_\_\_ Year 9 %: \_\_\_\_\_ Year 10 %: \_\_\_\_\_

Annuitization:  
Start Date: \_\_\_\_\_ or On Retirement: \_\_\_\_\_

Type: \_\_\_\_\_ Payment Frequency: \_\_\_\_\_  
(e.g. Amount Certain, Term Certain, Life Income, etc.) (e.g. Annually, Monthly, etc.)

Guaranteed Number of Years: \_\_\_\_\_

### Annuity #2:

Name: \_\_\_\_\_ Premium Amount/Frequency: \_\_\_\_\_  
(e.g. Annually, Monthly, etc.)

Ownership: \_\_\_\_\_ Annuitant(s): Client  Co-Client  Joint

Cost Basis: \$ \_\_\_\_\_ Start of Year Basis: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_ Surrender Value: \$ \_\_\_\_\_ Account type: General  Separate

Surrender Charges (Percentage):  
Year 1 %: \_\_\_\_\_ Year 2 %: \_\_\_\_\_ Year 3 %: \_\_\_\_\_ Year 4 %: \_\_\_\_\_ Year 5 %: \_\_\_\_\_  
Year 6 %: \_\_\_\_\_ Year 7 %: \_\_\_\_\_ Year 8 %: \_\_\_\_\_ Year 9 %: \_\_\_\_\_ Year 10 %: \_\_\_\_\_

Annuitization:  
Start Date: \_\_\_\_\_ or On Retirement: \_\_\_\_\_

Type: \_\_\_\_\_ Payment Frequency: \_\_\_\_\_  
(e.g. Amount Certain, Term Certain, Life Income, etc.) (e.g. Annually, Monthly, etc.)

Guaranteed Number of Years: \_\_\_\_\_



**Tax-Deferred Accounts** (Use for IRAs, 401ks, ROTH IRAs, SIMPLE IRAs, SEP IRAs)

**Individual Retirement Accounts (IRAs)**

**IRA #1:**

Institution: \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

Cumulative Nondeductible Contributions: \_\_\_\_\_

Annual Contributions: \_\_\_\_\_

*List investments below or provide most recent statements.*

Investment Name	Annual Contribution	Number of Shares or Face Value of Bonds	Current Value	KFA Use	KFA Use

**IRA #2:**

Institution: \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

Cumulative Nondeductible Contributions: \_\_\_\_\_

Annual Contributions: \_\_\_\_\_

*List investments below or provide most recent statements.*

Investment Name	Annual Contribution	Number of Shares or Face Value of Bonds	Current Value	KFA Use	KFA Use



## Employer Sponsored or Self- Employed Savings Plans - Client

### Plan #1

Type (401k, 403b, Profit Sharing, Keogh, SIMPLE, etc.): \_\_\_\_\_ Company: \_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

Annual Employee Contributions (\$ or % Compensation): \_\_\_\_\_

Annual Employer Contributions (\$ or % Compensation): \_\_\_\_\_

After-tax Contributions to date: \_\_\_\_\_

*List investments below or provide most recent statements.*

Investment Name*	Value	% of Employee Contributions	% of Employer Contributions	KFA Use	KFA Use

**\*For employer plans, if there are other investment options available, please provide list.**

### Plan #2:

Type (401k, 403b, Profit Sharing, Keogh, SIMPLE, etc.): \_\_\_\_\_ Company: \_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

Annual Employee Contributions (\$ or % Compensation): \_\_\_\_\_

Annual Employer Contributions (\$ or % Compensation): \_\_\_\_\_

After-tax Contributions to date: \_\_\_\_\_

*List investments below or provide most recent statements.*

Investment Name*	Value	% of Employee Contributions	% of Employer Contributions	KFA Use	KFA Use

**\*For employer plans, if there are other investment options available, please provide list.**



**Employer Sponsored or Self- Employed Savings Plans – CoClient**

**Plan #1**

Type (401k, 403b, Profit Sharing, Keogh, SIMPLE, etc.): \_\_\_\_\_ Company: \_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

Annual Employee Contributions (\$ or % Compensation): \_\_\_\_\_

Annual Employer Contributions (\$ or % Compensation): \_\_\_\_\_

After-tax Contributions to date: \_\_\_\_\_

*List investments below or provide most recent statements.*

Investment Name*	Value	% of Employee Contributions	% of Employer Contributions	KFA Use	KFA Use

**\*For employer plans, if there are other investment options available, please provide list.**

**Plan #2:**

Type (401k, 403b, Profit Sharing, Keogh, SIMPLE, etc.): \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

Annual Employee Contributions (\$ or % Compensation): \_\_\_\_\_

Annual Employer Contributions (\$ or % Compensation): \_\_\_\_\_

After-tax Contributions to date: \_\_\_\_\_

*List investments below or provide most recent statements.*

Investment Name*	Value	% of Employee Contributions	% of Employer Contributions	KFA Use	KFA Use

**\*For employer plans, if there are other investment options available, please provide list.**





# Incomes

## Preretirement Income *(You may wish to provide your current pay stub.)*

Description	Owner (Client, Co-Client, Joint)	Amount (Annual)	Applicable Period (While Working, While Retired, Both, Other - e.g. Jan. 2000 - Dec 2011)	\$ or % While Retired*	% While Survivor*	Growth Rate
Employment Salary	Client					
Employment Bonus	Client					
Employment Salary	Co-Client					
Employment Bonus	Co-Client					
Taxable Benefits						
Net Self-employed earnings						
Net Self-employed commission						
Tax-Free Income						
Royalty Income Received						
Alimony Payments Received						

\* Use the While Survivor column to indicate amounts if partner is disabled or deceased.

## Social Security *(Provide most recent estimate of benefits if available.)*

Eligible for benefits? Yes  No  Eligibility % \_\_\_\_\_  
 Start at retirement? Yes  No   
 At what age will these benefits begin? \_\_\_\_\_  
 Years worked to date? \_\_\_\_\_  
 Benefits based on average annual salary: \$ \_\_\_\_\_  
 Estimated Monthly Benefits: \$ \_\_\_\_\_

Eligible for benefits? Yes  No  Eligibility % \_\_\_\_\_  
 Start at retirement? Yes  No   
 At what age will these benefits begin? \_\_\_\_\_  
 Years worked to date? \_\_\_\_\_  
 Benefits based on average annual salary: \$ \_\_\_\_\_  
 Estimated Monthly Benefits: \$ \_\_\_\_\_

## Defined Benefit Plans *(Provide pension statements or obtain information from employees' pension administrator.)*

Description	Owner (Client, Co-Client)	Expected Amount (Annual/Monthly)	Benefits Begin (Age, Date, Retirement or Disabled)	% Payable to Survivor (If Applicable)	Benefit Reduction for Survivor Coverage (If Applicable)	Benefit Indexing (Specify Maximum Indexing if applicable)	% Percent Penalty for Early Retirement (per year)



# Expenses

## Annual Expenses

Expense Description	Annual Amount	End Date (if applicable)	% or \$ amount While Retired*	% or \$ amount While Disabled*	% or \$ amount While Survivor*
Rent					
Property Taxes					
Health Insurance Premiums					
Homeowner's Insurance					
Utilities: Gas & Electric					
Utilities: Water, Sewer, Sanitation					
Telephone					
Home Maint/ Condo Fees					
Domestic Help					
Lawn/Pool Maintenance					
New Household Purchases					
Automobile Maintenance					
Automobile Gas and Oil					
Auto Insurance					
Parking/Tolls					
Transportation Other					
Food/ Groceries					
Restaurants					
Clothing					
Cleaners					
Personal Care					
Animal Care					
Entertainment					
Annual Vacation					
Club Dues					
Schools/Lessons/Camps (excluding college)					
Subscriptions					
Gifts					
Miscellaneous					
Other					
Alimony					
Charitable Contributions					
Childcare					
Child Support					
Unreimbursed Medical Expenses					
Tax Preparation					
Investment/Legal Fees					
Unreimbursed Employee Business Expenses					

\* Use "While Retired" column to indicate different amounts if indicated for your retirement years, "While Disabled" to indicate amounts that would change in event of disability and "While Survivor" to indicate different amounts if client or co-client is deceased.



**Semi-Regular** (Use this section for expenditures that occur less often than annually, Use current dollars, we will adjust for anticipated inflation.)

Expense Description	Annual Amount	Frequency	Start Date	End Date	% or \$ Amount While Retired*	% or \$ Amount While Disabled*	% or \$ Amount While Survivor*
		(Specify in years)					
Vacation							
Auto Purchase							
Home Repairs/Furnishings							

\* Use "While Retired" column to indicate different amounts if indicated for your retirement years, "While Disabled" to indicate amounts that would change in event of disability and "While Survivor" to indicate different amounts if client or co-client is deceased.

**Lump Sum** (Use this section for expenditures that are expected to occur once. Use current dollars, we will adjust for anticipated inflation.)

Expense Description	Amount	Date Expected
Weddings/Ceremonies		

**Education Expense**

Family Member	Description (e.g. Tuition Fees, Room and Board)	Annual Amount (or indicate Public or Private College)	Month and Year Expenses Begin	Years (Number of years expense will be incurred)	Asset Description (For example, UTMA account or 529 plan)

**Additional Notes** Use this section to enter any other Expense information that you feel would be relevant to your financial plan.

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# Insurance

## Life Insurance (Use a separate sheet to enter additional policies)

\* If the Death Benefits, Premiums or Cash Surrender Values (CSVs) are not level, attach the appropriate schedules.

Type (e.g. Whole Life, Variable, Term)	Policy Name	Premium Payer	Insured Member (e.g. Client, Co-Client, Joint 1st to Die, Other)	Policy Owner	Beneficiary (e.g. Client, Co-Client, Joint 1st to Die, Other)	* Annual Premiums	* Death Benefit	Coverage Ceases	* CSV

## Disability Insurance (Use a separate sheet to enter additional policies)

Description (Group LTD, Group STD, Individual Disability)	Insured	Effective Date	Monthly Benefit	Monthly Premium	Waiting Period	Coverage Applies Until Age	Taxable (Yes / No)

## Long Term Care Insurance (Use a separate sheet to enter additional policies)

Company	Type (Group/ Individual Policy)	Insured	Effective Date	Monthly Premium	Daily Benefit Maximum	Inflation Protection	Waiting Period	Maximum Benefit Period

## Property and Casualty Insurance (Use a separate sheet to enter additional policies)

	Company Name	Annual Premium	Type of Coverage	Benefits/ Liability Limits	Deductible
Medical					
Homeowners					
Automobile					
Excess Liability					

**Additional Notes** Use this section to enter any other Insurance information that you feel would be relevant to your financial plan.

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# Advanced Estate Planning-Completion Optional

## Trusts Created

Has the <b>Client</b> executed an Irrevocable Life Insurance Trust (ILIT)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide a copy of the trust and complete the information below.	Has the <b>CoClient</b> executed an Irrevocable Life Insurance Trust (ILIT)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide a copy of the trust and complete the information below.
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## ILIT Information

Trust Name <small>(Irrevocable Life Insurance Trust)</small>	Insured	Company	Annual Premium	Premium Payer	Death Benefit	Current Cash Surrender Value	Beneficiaries	Additional Notes

Has the <b>Client</b> executed a Charitable Remainder Trust (CRT)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide a copy of the trust and complete the information below.	Has the <b>CoClient</b> executed a Charitable Remainder Trust (CRT)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide a copy of the trust and complete the information below.
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## CRT Information (Use this section to enter basic information regarding any Charitable Remainder Trusts that the client has established.)

Trust Name <small>(CRT – XYZ Foundation)</small>	Market Value	Cost Basis	Income Details <small>(Annuity/Unitrust, Amount/Pmt. Pct, Frequency)</small>	Trust Term <small>(Term-10, Life – Client)</small>	Beneficiaries	Additional Notes

Has the <b>Client</b> made a gift to a Donor-Advised Fund? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the <b>CoClient</b> made a gift to a Donor-Advised Fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Gifting History (Use this section to enter taxable gifts, gifts in excess of \$3,000 prior to 1981 or in excess of \$10,000 after 1980.)

Beneficiary Name	Description	Prior Gifts from Client	Prior Gifts from Co-Client

## Additional Notes Use this section to enter any other Estate Planning information that you feel would be relevant to your financial plan.

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# Savings

## **Regular Savings** *(Savings currently made on a regular, periodic basis)*

<b>Asset Name</b>	<b>Owner</b> <small>(Client, Co-client)</small>	<b>Amount</b>	<b>Frequency</b> <small>(e.g. yearly monthly, weekly)</small>	<b>Increase with Inflation Y/N?</b>	<b>When is this Transaction Applicable?</b> <small>(While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)</small>



# FINANCIAL OBJECTIVES AND PHILOSOPHY

## A. General Economic and Investment Attitudes

1. Do you read the financial section of the newspaper?  Daily  Weekly  Monthly  Never

What financial periodicals do you read? \_\_\_\_\_

Do you visit financial websites?  Daily  Weekly  Monthly  Never

Which websites do you visit? \_\_\_\_\_

Do you watch or listen to financial television or radio programs?

Daily  Weekly  Monthly  Never

Which programs do you watch or listen to? \_\_\_\_\_

2. Do you feel you are living within your income?  Yes  Moderately  No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you spend time managing your assets?  No  Moderate  Yes

4. How experienced are you at managing your investments?

No experience  Little  Moderate  Experienced  Very experienced

5. What is your investment temperament?

I am very conservative and am more interested in *conserving my capital* than in growth. I am willing to accept *moderate income* and nominal capital gains potential in exchange for *minimum risk*.

I am interested only in high quality investments and will be satisfied with a *reasonable current return* and some *growth potential* with some risk.

I can accept a *lower level of income* now in order to aim for capital appreciation over the years and *growth of income* in the future.

I am willing to be speculative and accept relatively *high risks* in exchange for the possibility of *above average appreciation*.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you follow a plan for savings and investments  Yes  No

If yes, describe the plan and indicate how long you have been doing so. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you presently satisfied with the way in which you are accomplishing your investment goals?

Yes  No

Comments: \_\_\_\_\_

8. With whom do you discuss or make your investment decisions?

Spouse  Broker  Colleagues  Lawyer  Accountant  Best friend

9. Of those listed, whose opinion most influences your final decision? \_\_\_\_\_



10. Are you willing or able to delegate investment responsibilities to someone else?  
 Yes     Like to be personally involved     Don't know anyone     Don't trust anyone  
 Undecided     Past experience has not been good     Would like to have a professional involved

11. Have you ever had an Investment Advisor?     Yes     No

Why? \_\_\_\_\_

12. Are there any investments to which you feel tied (e.g., for past performance, family or social reasons, etc.)?

Yes     No

If yes, identify and explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there any investments that are unacceptable; i.e., tobacco stocks, etc.?

\_\_\_\_\_  
\_\_\_\_\_

14. Do you consider tax consequences in making an investment? \_\_\_\_\_

\_\_\_\_\_

15. Indicate the items you consider most important in your personal financial management program.  
(Use 1 as the most important, 3 as indifferent and 5 as least important.)

Liquidity	1	2	3	4	5
Current Income	1	2	3	4	5
Future Income	1	2	3	4	5
Long-term Growth	1	2	3	4	5
Income Tax Deferral/Relief	1	2	3	4	5
Inflation Protection	1	2	3	4	5
Safety of Principal	1	2	3	4	5
Low Volatility	1	2	3	4	5
Aggressive Growth	1	2	3	4	5
Ease of Management	1	2	3	4	5
Diversification	1	2	3	4	5

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. How much do you feel you should maintain in cash or its equivalent? \_\_\_\_\_

\_\_\_\_\_

17. From an investment point of view, what is your opinion of the current economic outlook? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



18. In buying insurance protection, do you think it is:

- Good protection for the family       Necessary evil       Good investment  
 Very complicated       Not well enough informed to evaluate

19. What income you feel would be required for survivor?

With dependent children \_\_\_\_\_ Alone \_\_\_\_\_

20. In the event of your long-term disability, would your spouse begin or continue to work?       Yes       No

If yes, how much income can be anticipated from this source? \_\_\_\_\_

**B. General Financial Planning Objectives and Comments**

1. In order of priority, summarize your prime financial planning objectives (e.g., family protection, disability, tax savings, financial independence, retirement, education, estate conservation, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are the main questions you want your financial planning analysis to answer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe your investment goals and objectives in order of priority.

Short-range (1 year): \_\_\_\_\_

Intermediate-range (1-5 years): \_\_\_\_\_

Long-range (over 5 years): \_\_\_\_\_

3. What does financial independence mean to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What annual cash flows do you estimate you will need in retirement? \_\_\_\_\_

5. What is your single most important objective at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments relevant to your needs, objectives, and expectations from us, which have not been previously discussed.