

FAMILY QUESTIONNAIRE



| | | | |
|---|---|--|--|
| Name: _____ Nickname: _____ Email: _____ Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Birth: _____ Age: _____ Cell Phone: _____ Actual or Planned Year of Retirement: _____ | |
| Spouse's Name: _____ Nickname: _____ Email: _____ Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Birth: _____ Age: _____ Cell Phone: _____ Actual or Planned Year of Retirement: _____ | |
| Wedding Anniversary: _____ Address: _____ Home Phone: _____ | | Hobbies: _____ City: _____ State: _____ Zipcode: _____ Number of Children: _____ | |
| Children's Names: _____ _____ _____ | Date of Birth _____ _____ _____ | State of Residence _____ _____ _____ | |

Number of Grandchildren: _____

| General Information (Please circle the appropriate answer.) | | | Financial Planning Objectives Rank the following according to your level of concern. (Please circle the most appropriate answer.) | |
|---|-----|------|--|----------------------|
| Do you have a financial advisor? If yes, who? | Yes | No | Outliving my money | 1 2 3 4 5 6 7 8 9 10 |
| Do you have an attorney? | Yes | No | Increasing current income | 1 2 3 4 5 6 7 8 9 10 |
| Do you have an accountant? | Yes | No | Reducing current income taxes | 1 2 3 4 5 6 7 8 9 10 |
| Do you have a will or trust? | Yes | No | Safety of principal | 1 2 3 4 5 6 7 8 9 10 |
| Do you want to leave money to your children? | Yes | No | Maximum investment return | 1 2 3 4 5 6 7 8 9 10 |
| Do you currently own or rent your home? | Own | Rent | Safety of retirement money | 1 2 3 4 5 6 7 8 9 10 |
| Do you have any income from real estate? | Yes | No | Safety of non-retirement money | 1 2 3 4 5 6 7 8 9 10 |
| Do you expect to care for a child or parent? | Yes | No | Estate planning | 1 2 3 4 5 6 7 8 9 10 |
| Do you have a pension, 401(k), or IRA? | Yes | No | Rising health care costs | 1 2 3 4 5 6 7 8 9 10 |
| Do you have life insurance? | Yes | No | Long-term care | 1 2 3 4 5 6 7 8 9 10 |
| Do you have long-term care protection? | Yes | No | Have you had problems with stockbrokers? | Yes No |

PLEASE RESPOND WITH YOUR OPINIONS

| | | |
|---|-------------------------|----------------------------|
| What do you think is a reasonable rate of return? | You _____ % | Spouse _____ % |
| How much short-term , immediate cash do you want available? | \$ _____ | |
| What percentage of money are you comfortable with being at risk ? | You _____ % | Spouse _____ % |
| What is your risk tolerance ? (1 = ultra conservative, 10 = very aggressive) | You | 1 2 3 4 5 6 7 8 9 10 |
| | Spouse | 1 2 3 4 5 6 7 8 9 10 |
| What % or dollar amount of your money would be OK with losing to a market decline? | You _____ % or \$ _____ | Spouse _____ % or \$ _____ |

What is your main concern with your money?

You: _____

Spouse: _____

Knowing what you know now, what would you have done differently with your money?

You: _____

Spouse: _____

EMPLOYMENT / WORK HISTORY

| | |
|-------------------------|-------------------------|
| You | Spouse |
| Company Name: _____ | Company Name: _____ |
| Occupation: _____ | Occupation: _____ |
| Years of Service: _____ | Years of Service: _____ |

REAL ESTATE

| | | | |
|-----------------------|----------|--------------------|----------|
| Home Value | \$ _____ | 2nd Home Value | \$ _____ |
| Remaining Mortgage | \$ _____ | Remaining Mortgage | \$ _____ |
| Rental Property Value | \$ _____ | Other | \$ _____ |
| Remaining Mortgage | \$ _____ | Remaining Mortgage | \$ _____ |

SOURCES OF MONTHLY INCOME

| | You | Spouse |
|--------------------|------------|---------------|
| Current Employment | \$ _____ | \$ _____ |
| Pension | \$ _____ | \$ _____ |
| Social Security | \$ _____ | \$ _____ |
| Rental Income | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ |
| Total | \$ _____ | \$ _____ |

Does pension continue upon death? Yes No How much? \$ _____
 Is there a pension that hasn't started? Yes No How much? \$ _____

What I really want from my Financial Advisor is:

You _____
Spouse _____

How would you want to be remembered:

You _____
Spouse _____

**There are four things you can do with your money.
Which two are most important to you and your spouse?**

_____ Growth _____ Income _____ Protection (Don't Lose) _____ Liquidity (Access)