

NEW CLIENT SURVEY FORM

This form captures some basic information, which helps us understand who you are and what you hope to accomplish. Please complete the form to the best of your ability. Since this is just a preliminary questionnaire, you can enter rough estimates wherever dollar amounts are requested.

CLIENT

SPOUSE/PARTNER

Name: _____
Last First MI _____
Last First MI

Address: _____

Phone: _____
(H-home, W-work, C-cell) (H-home, W-work, C-cell)

Email: _____

Date of Birth: _____

Total Annual Income: _____
(Estimated total gross earned income from employment. Do not include income from investments)

Children and Other Dependents: _____

How did you hear about us? _____

What qualities are you looking for in a financial advisor? _____

YOUR ASSETS *(What You Own)*

Assets – Please estimate the value of the following:

Checking & Savings Accounts	\$ _____	Retirement Accounts <i>(IRA's, 401k's, etc.)</i>	\$ _____
CD's and Savings Bonds	\$ _____	Your Home <i>(estimated fair market value)</i>	\$ _____
Taxable Brokerage Accounts <i>(A/c's holding stocks, mutual funds, etc.)</i>	\$ _____	Other Real Estate	\$ _____
Autos/Boats/RV's	\$ _____	Personal Assets	\$ _____

YOUR DEBTS (Who You Owe Money To)

Liabilities – Please estimate the current balances of the following:

Home Mortgage	\$ _____	Auto loans	\$ _____
Home Equity Line	\$ _____	Education Loans	\$ _____
Other Mortgages	\$ _____	Other Debts	\$ _____
Credit Card Balances	\$ _____		

YOUR CURRENT SAVINGS RATE

How much are you currently saving each year?

Company Retirement Plans (401k's, 403b's, SEP, etc.)	\$ _____	529 Savings, Coverdell, etc.	\$ _____
Traditional IRA's	\$ _____	Taxable/Other Savings	\$ _____
Roth IRA's	\$ _____		

YOUR EXISTING INSURANCE COVERAGE

Life: Yes No Disability: Yes No Long-term Care: Yes No Personal Umbrella: Yes No

YOUR PLANNING NEEDS

A. Which Services are you most interested in? (select 1, 2, or 3 and/or 4)

1. **Comprehensive Financial Planning** – Recommended for people who want a full-time planner and a comprehensive evaluation of their overall financial situation. Includes ongoing advice, annual plan updates, and periodic reports on your progress toward achieving your financial goals. Annual Retainer Fee.
OR
2. **Hourly Consulting** – Recommended for people who are generally “do-it-yourselfers” and want a little advice from time to time or a second opinion about important financial decisions (no long-term commitments). Also recommended for people who want "modular" planning. Hourly Rate.
AND/OR
3. **Investment Advisory Services** – Recommended for people who want professional management of their investments. Fees generally based on a percentage of assets under management (AUM).

B. In what areas are you seeking help and advice? (check all that apply)

<input type="checkbox"/> Cash Management & Budgeting	<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Investment Planning	<input type="checkbox"/> Education Planning
<input type="checkbox"/> Tax Planning/Tax Preparation	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Insurance Planning	

C. Do you currently manage your own investment portfolio? Yes No

Twenty Questions

- | | Yes | No | | Yes | No |
|---|--|---|--|--------------------------|--------------------------|
| 1. Do you follow a budget? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Are you self-employed or do you own a business?
Entity type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you use a computer program to track your expenses? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you participate in a company stock option plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you considering any major purchases (e.g., car, real estate) in the near future? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you participate in a company stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you feel you spend your money wisely? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are your parents or adult children dependent on you for support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you know the amount of your annual or monthly living expenses? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Do you plan to pay for your children's or grandchildren's college education? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you expect an inheritance?
How much \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | 18. Do you plan to make a significant Financial change in the next Five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you save systematically? | <input type="checkbox"/> | <input type="checkbox"/> | 19. What do you think the average rate of inflation has been over the past 30 years?

_____ | | |
| 8. Do you have a:
Will
Durable Power of Attorney
Healthcare Power of Attorney
Revocable Living Trust | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | 20. What do you believe is a reasonable rate of return on your investments?

_____ | | |
| 9. Do you plan to retire at a specific age?
When? _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 10. Are you satisfied with your financial progress to date? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. Do you have a/an:
<input type="checkbox"/> Attorney
<input type="checkbox"/> Insurance Agent
<input type="checkbox"/> Investment Advisor
<input type="checkbox"/> Financial Planner | | <input type="checkbox"/> Accountant
<input type="checkbox"/> Broker
<input type="checkbox"/> Banker
<input type="checkbox"/> Trustee | | | |
| 12. Do you own annuities or are you receiving a guaranteed stream of payments from an annuity? | <input type="checkbox"/> | <input type="checkbox"/> | | | |