

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):

Home Address:

City, State, Zip:

Home Phone:

Work Phone:

Fax: (Home or Work)

E-mail:

Social Security #:

Birthdate:

CLIENT NAME (2):

Home Address:

City, State, Zip:

Home Phone:

Work Phone:

Fax: (Home or Work)

E-mail:

Social Security #:

Birthdate:

Primary Contact Person during business hours?

FAMILY MEMBERS (Please list children and other dependants.)

<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?

When do you plan to retire?

Salary:

Self Employment Income:

Client Employer (2):

Title/Job:

Number of years with this employer?

Anticipated employment changes?

When do you plan to retire?

Salary:

Self Employment Income:

Bonus/Commissions: _____
Other Earned Income: _____
TOTAL (Current Yr) = _____

Bonus/Commissions: _____
Other Earned Income: _____
TOTAL (Current Yr) = _____

Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Do you have estate planning documents?

When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected?

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.

(1 being most true and 5 least true)

- _____ I would rather work longer than reduce my standard of living in retirement.
_____ I feel that I/we can reduce our current living expenses to save more for the future if needed.
_____ I am more concerned about protecting my assets than about growth.
_____ I prefer mutual funds over individual stocks and bonds.
_____ I am comfortable with investments that promise slow, long term appreciation and growth.
_____ I don't brood over bad investment decisions I've made.
_____ I feel comfortable with aggressive growth investments.
_____ I don't like surprises.
_____ I am optimistic about my financial future.
_____ My immediate concern is for income rather than growth opportunities.
_____ I am a risk taker.
_____ I make investment decisions comfortably and quickly.
_____ I like predictability and routine in my daily life.
_____ I usually pick the tried and true, the slow, safe but sure investments.
_____ I need to focus my investment efforts on building cash reserves.
_____ I prefer predictable, steady return on my investments, even if the return is low.

Client (1)

Client (2)

INSURANCE

	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>
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"/>
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"/>
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"/>
Professional 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

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

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

Please comment on the advice you seek.

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

- | | |
|------------------------------------|--------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | 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) mail a copy to us at the following address:

Mahlon R. Edwards Financial Planning & Investment Strategies, Inc.
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