

Confidential Questionnaire

Working with a financial advisor requires that you disclose significant personal and financial information. We want to assure you that all the information requested in this questionnaire will remain confidential. We ask that you take your time when completing this questionnaire and answer all questions to the best of your ability. For couples, we request that you complete two separate sheets for Goals and Attitudes. It is not uncommon for couples to have different goals and investment attitudes. One of the things we will help you with is determining how to merge these into a single plan that satisfies both partners. If you decide to become our Client, this document will be our "starting point." Good information will allow us to render advice that is appropriate and personally tailored to your individual situation. If there is any significant issue in your life that is not covered by specific questions, please be sure to note this on the final page.

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Please return the completed questionnaire before our initial meeting.

GENERAL INFORMATION

Client Name					
Home Address: City, State, Zip: Home Phone: Work Phone: Fax: (Home or Wo E-mail:	ork)				
Social Security #: Birth date: Highest level of S	chooling:				
Co-Client Na	ıme				
Work Phone: Fax: (Home or Wo E-mail:	ork)				
Social Security #: Birth date: Highest level of S	chooling:				
Preferred contact	person durin	g business hours:			
Preferred contact	method (Circ	ele One):			
Email	Phone	Cell Phone	Fax	Regular Mail	

Family

Children & Dependents

Please list your children and other dependents:						
Name	Relationship	Date of Birth	City, State			
Parents						
Client:						
Mother's Name						
Mother's Address Mother's Age*						
Father's Name						
Father's Address						
Father's Age*						
Co-Client:						
Mother's Name						
Mother's Address						
Mother's Age*						
Father's Name						
Father's Address						
Father's Age*						

^{*}If deceased, please note their age at the time of death and the cause of death.

GOALS AND ATTITUDES

Both the Client **AND** the Co-Client (if applicable) should complete the next **2 pages** separately. It is important that your answers reflect your <u>individual</u> rather than your joint feelings. (Please print 2 copies)

Name:
Why are you seeking a financial planner?
What are your short-term goals? (i.e. Health Club Membership, Car Detailing, Finding time for myself, Participate in more Spiritual activities, Organize my office)
What are your mid-term goals? (i.e. Buy a Car, Buy/Remodel a House, Find more meaning in my life, Have Children, College Funding)
What are your long-term goals? (i.e. Retire or change jobs at a certain age, Tour around the World, Leave Estate/Bequests)

Name: _ Circle the	e numbe	er that desc	ribes you	r attitudes	or beliefs	s about the	following	g statements.
-How imp		capital pres	servation (t	hat your ac	count bala	ince never f	alls below	your initial
Not at All			Мо	derately Impo	ortant		Very	Important
1	2	3	4	5	6	7	8	9
-How important is growth (that over time your investments increase in value)? Not at All Moderately Important Very Important								
1	2	3	4	5	6	7	8	9
-How important is low volatility (that the value of your investments does not increase or decrease by a large amount over short time periods)? Not at All Moderately Important Very Important								
1	2	3	4	5	6	7	8	9
•		•	es in inflati		ou do not	vestments of lose buying 7	g power ov	•
-		current cas ding require	ments)?	you need co		h from your		nts to meet
1	2	3	4	5	6	7	8	9
-How muc None at All	ch risk ar	e you willin	_	achieve a Moderate Arr	•	urn?		A Lot
1	2	3	4	5	6	7	8	9
-I would rather work longer than reduce my standard of living in retirement. Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree								
1	2	3	4	5	6	7	8	9
-I feel tha Strongly Dis		n reduce ou Somewhai		ving expens Neutral 5		e more for t hat Agree 7		if needed. gly Agree 9
-l prefer t	he use o	f mutual fur	ids over sto	ocks.				
Strongly Dis		Somewhai		Neutral	Somewh	hat Agree	Strone	gly Agree
1	2	3	4	5	6	7	8	9

-I am not a risk take Strongly Disagree 1 2	er. Somewhat Disagree 3 4	Neutral 5	Somewhat Agree 6 7	Strongly Agree 8 9
-I feel a professiona Strongly Disagree 1 2	al advisor may achiev Somewhat Disagree 3 4	e higher res <i>Neutral</i> 5	ults with less risk than Somewhat Agree 6 7	n I can. Strongly Agree 8 9
-I don't brood over l Strongly Disagree 1 2	bad investment decis Somewhat Disagree 3 4	ions I've ma <i>Neutral</i> 5	de Somewhat Agree 6 7	Strongly Agree 8 9
-I feel comfortable v Strongly Disagree 1 2	with aggressive growt Somewhat Disagree 3 4	h investmer <i>Neutral</i> 5	Somewhat Agree 6 7	Strongly Agree 8 9
-I don't like surprise Strongly Disagree 1 2	es. Somewhat Disagree 3 4	Neutral 5	Somewhat Agree 6 7	Strongly Agree 8 9
-I am optimistic abo Strongly Disagree 1 2	out my financial future Somewhat Disagree 3 4	Neutral 5	Somewhat Agree 6 7	Strongly Agree 8 9
-I am a risk taker. Strongly Disagree 1 2	Somewhat Disagree 3 4	Neutral 5	Somewhat Agree 6 7	Strongly Agree 8 9
-I make investment Strongly Disagree 1 2	decisions comfortabl Somewhat Disagree 3 4	y and quickl <i>Neutral</i> 5	y. Somewhat Agree 6 7	Strongly Agree 8 9
-I like predictability Strongly Disagree 1 2	and routine in my dai Somewhat Disagree 3 4	ly life. <i>Neutral</i> 5	Somewhat Agree 6 7	Strongly Agree 8 9
-I usually pick the to Strongly Disagree 1 2	ried and true, the slow Somewhat Disagree 3 4	v, safe but s Neutral 5	ure investments Somewhat Agree 6 7	Strongly Agree 8 9
-I need to focus my Strongly Disagree 1 2	investment efforts or Somewhat Disagree 3 4	n building en <i>Neutral</i> 5	nergency cash reserv Somewhat Agree 6 7	es. Strongly Agree 8 9
-I prefer predictable Strongly Disagree 1 2	e, steady return on my Somewhat Disagree 3 4	/ investment Neutral 5	ts, even if the return is Somewhat Agree 6 7	S low. Strongly Agree 8 9

EMPLOYMENT

Client:	
Employer:	
Title/job:	
Base Salary:	
Bonus/Commissions:	
Self Employment Income:	
Other Earned Income (Second Job/Hobby Income):	
TOTAL (Current Yr) =	
Number of years with this employer?	
Do you like your current job/occupation?	
Do you anticipate employment changes in the near future?	
Ideally, when would you like to retire from your current occu	ipation?
Do you anticipate working at all in your early retirement year	rs?
If so, what kind of work would you like to do?	
Co-Client:	
Employer:	
Employer: Title/job:	
Title/job:	
Title/job: Base Salary:	
Title/job: Base Salary: Bonus/Commissions:	
Title/job: Base Salary: Bonus/Commissions: Self Employment Income:	
Title/job: Base Salary: Bonus/Commissions: Self Employment Income: Other Earned Income (Second Job/Hobby Income):	
Title/job: Base Salary: Bonus/Commissions: Self Employment Income: Other Earned Income (Second Job/Hobby Income): TOTAL (Current Yr) =	
Title/job: Base Salary: Bonus/Commissions: Self Employment Income: Other Earned Income (Second Job/Hobby Income): TOTAL (Current Yr) = Number of years with this employer?	
Title/job: Base Salary: Bonus/Commissions: Self Employment Income: Other Earned Income (Second Job/Hobby Income): TOTAL (Current Yr) = Number of years with this employer? Do you like your current job/occupation?	upation?
Title/job: Base Salary: Bonus/Commissions: Self Employment Income: Other Earned Income (Second Job/Hobby Income): TOTAL (Current Yr) = Number of years with this employer? Do you like your current job/occupation? Do you anticipate employment changes in the near future?	

OTHER ADVISORS

Taxes: Who prepares your tax return? (Circle One)	Self	Paid Preparer
If a paid preparer can we contact them directly? Name: Address:		No
Estate Planning: Do you have the following estate planning docum Wills Living Trusts Durable Power of Attorney Advance Healthcare Directive Living Will	nents (Please ind	dicate Y or N): Co-Client
Other Documents (Specify:) May we contact your estate planning attorney? Name: Address:		No
Investments: How were your current investments selected:		
May we contact your investment advisor? Name: Address:	Yes Phone	No

How do you rate your other Advisors?

Rate your working relationships with each of the following advisors that apply.

1= Not Satisfactory 5 = Very Satisfied NA = Not Applicable **Satisfaction Rating** Advisor **Not Satisfactory Very Satisfied** Financial Planner 2 3 4 5 NA NA Broker 2 3 4 5 2 NA Accountant/Tax Preparer 1 3 4 5 2 3 5 NA Attorney 2 Insurance Agent 3 4 5 NA Describe your best experience working with an advisor: Describe your biggest disappointment working with an advisor:

ASSETS

Please note ownership.	C=Client	CC=Co-Client	J=Joir	nt
Bank Accounts		Ownersh	nip_	Value
Taxable Investment Acco	ounts			
Retirement Accts and Cu	ırrent Contributi	on % (401k,403B	,IRAs, SE	Ps,etc.)
Investment Property/Rea	Il Estate			
Business Interests (Partr	nerships, Sub-S	Corps, Sole Prop	orietorshi	ps)
Personal Property Primary Home				
Second/Vacation Home Vehicles (please list)				
Boats/Recreational Items	s (Jet skis, ATVs	., etc.)		

Collectibles (Art, Coins, S				<u> </u>	
Jewelry					
Other Personal Property	(Furniture, Ele	ectronics,	etc.) (Lur	mp Sum)	
LIABILITIES					
Please note ownership.	C=Client	CC=Cc	-Client	J=Joir	nt
			Owners	ship	Value
Mortgage - Primary Ho Line of Credit - Primary Mortgage – Second Ho Line of Credit – Second Business Loans Student Loans Auto Loans	/ Home ome				
Credit Cards					
Other (Outstanding Tax L	iabilities, etc.	, Please S	pecify)		

Non Balance Sheet Items

Do you have any unexercised stock options? (Circle One)	Yes	No	
If "yes" please provide details:			
De veu have any lavavita nanding? (Cirola One)	Ves	Ne	
Do you have any lawsuits pending? (Circle One) If "yes" please provide details:	Yes	No	
Do you expect any inheritance? (Circle One) If "yes" please describe:	Yes	No	
Have you received a recent copy of your credit report? (Circle one) If "ves" please provide a copy.	Yes	No	

INSURANCE

Please indicate Group (G) or Individual Policy (I) in the space provided:

	Client	Co-Client	
	Coverage G/I	Coverage	<u> </u>
Health			
Disability			
Disability			
Life			
Life			
Homeowners			
Auto			
Liability Umbrella			
Professional Liability			
Long Term Care			
Has the client ever been turn	ed down for insurance?	Yes	No
If "yes" please explain:			
Has the co-client ever been to	urned down for insurance?	Yes	No
If "yes" please explain:			

OTHER

Please use this space to note significant items that questionnaire.	at are not covered elsewhere on this

These documents may also be necessary if you engage our services:

Prior Year Tax Returns
Brokerage Statements
Retirement Plan Account Statements
Loan Documents
Recent Paycheck Stubs

Mutual Fund Account Statements Employee Benefits Booklet Legal Documents Insurance Policies Social Security Benefits Statements



Financial Life Planning and Consulting for Individuals and Small Businesses

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