



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 Work)

E-mail:

Social Security #:

Birth date:

Highest level of Schooling:

Co-Client Name

Work Phone:

Fax: (Home or Work)

E-mail:

Social Security #:

Birth date:

Highest level of Schooling:

Preferred contact person during business hours: _____

Preferred contact method (Circle 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 individual 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)

-I am not a risk taker.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I feel a professional advisor may achieve higher results with less risk than I can.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I don't brood over bad investment decisions I've made

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I feel comfortable with aggressive growth investments

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I don't like surprises.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I am optimistic about my financial future.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I am a risk taker.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I make investment decisions comfortably and quickly.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I like predictability and routine in my daily life.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I usually pick the tried and true, the slow, safe but sure investments

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I need to focus my investment efforts on building emergency cash reserves.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	8	9

-I prefer predictable, steady return on my investments, even if the return is low.

<i>Strongly Disagree</i>		<i>Somewhat Disagree</i>		<i>Neutral</i>		<i>Somewhat Agree</i>		<i>Strongly Agree</i>
1	2	3	4	5	6	7	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 occupation? _____
Do you anticipate working at all in your early retirement years? _____
If so, what kind of work would you like to do? _____

Co-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 occupation? _____
Do you anticipate working at all in your early retirement years? _____
If so, what kind of work would you like to do? _____

OTHER ADVISORS

Taxes:

Who prepares your tax return? (Circle One) Self Paid Preparer

If a paid preparer can we contact them directly? Yes No

Name: _____ Phone _____

Address: _____

Estate Planning:

Do you have the following estate planning documents (Please indicate Y or N):

	<u>Client</u>	<u>Co-Client</u>
Wills	_____	_____
Living Trusts	_____	_____
Durable Power of Attorney	_____	_____
Advance Healthcare Directive	_____	_____
Living Will	_____	_____
Other Documents (Specify: _____)	_____	_____

May we contact your estate planning attorney? Yes No

Name: _____ Phone _____

Address: _____

Investments:

How were your current investments selected:

May we contact your investment advisor? Yes No

Name: _____ Phone _____

Address: _____

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

<u>Advisor</u>	<u>Not Satisfactory</u>					<u>Very Satisfied</u>	
Financial Planner	1	2	3	4	5	NA	
Broker	1	2	3	4	5	NA	
Accountant/Tax Preparer	1	2	3	4	5	NA	
Attorney	1	2	3	4	5	NA	
Insurance Agent	1	2	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=Joint

	<u>Ownership</u>	<u>Value</u>
Bank Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxable Investment Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Retirement Accts and Current Contribution % (401k,403B,IRAs, SEPs,etc.)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investment Property/Real Estate		
_____	_____	_____
_____	_____	_____

Business Interests (Partnerships, Sub-S Corps, Sole Proprietorships)		
_____	_____	_____
_____	_____	_____

Personal Property		
Primary Home	_____	_____
Second/Vacation Home	_____	_____
Vehicles (please list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Boats/Recreational Items (Jet skis, ATVs, etc.)		
_____	_____	_____
_____	_____	_____

Collectibles (Art, Coins, Stamps, etc.)

_____	_____	_____
_____	_____	_____

Jewelry

_____	_____	_____
_____	_____	_____

Other Personal Property (Furniture, Electronics, etc.) (Lump Sum)

_____	_____	_____
_____	_____	_____

LIABILITIES

Please note ownership. C=Client CC=Co-Client J=Joint

	<u>Ownership</u>	<u>Value</u>
Loans		
Mortgage - Primary Home	_____	_____
Line of Credit - Primary Home	_____	_____
Mortgage – Second Home	_____	_____
Line of Credit – Second Home	_____	_____
Business Loans	_____	_____
Student Loans	_____	_____
Auto Loans	_____	_____
_____	_____	_____
_____	_____	_____

Credit Cards

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other (Outstanding Tax Liabilities, etc., Please Specify)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non Balance Sheet Items

Do you have any unexercised stock options? (Circle One) Yes No

If “yes” please provide details:

Do you have any lawsuits pending? (Circle One) Yes No

If “yes” please provide details:

Do you expect any inheritance? (Circle One) Yes No

If “yes” please describe:

Have you received a recent copy of your credit report? (Circle one) Yes No

If “yes” please provide a copy.

INSURANCE

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

	Client		Co-Client	
	<u>Coverage</u>	<u>G/I</u>	<u>Coverage</u>	<u>G/I</u>
Health	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Life	_____	_____	_____	_____
Life	_____	_____	_____	_____
Homeowners	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Liability Umbrella	_____	_____	_____	_____
Professional Liability	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____

Has the client ever been turned down for insurance? Yes No

If "yes" please explain:

Has the co-client ever been turned down for insurance? Yes No

If "yes" please explain:

OTHER

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

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

- | | |
|------------------------------------|-------------------------------------|
| Prior Year Tax Returns | Mutual Fund Account Statements |
| Brokerage Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policies |
| Recent Paycheck Stubs | Social Security Benefits Statements |



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