



Confidential Questionnaire

Financial Planning Clients: Please fill out as much information as possible which is relevant to your current situation and needs.

PERSONAL INFORMATION

| | Client | Co-Client |
|--|--|---|
| Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Home Phone: | | |
| Home Fax: <input type="checkbox"/> Call First? | | |
| Cell Phone: | | |
| Personal Email: | | |
| Date of Birth: | | |
| Date of Marriage: | | |
| Previous Marriages: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Credit Report Last 12 Months: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Lawsuits Pending: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Bankruptcies: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| U.S. Citizen: | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Employer: | | |
| Year Started: | | |
| Occupation: | | |
| Work Phone: | | |
| Work Fax: <input type="checkbox"/> Call First? | | |
| Work Email: | | |
| Primary Contact Person: | | |
| Best way to contact you during business hours: | <input type="checkbox"/> Home Phone <input type="checkbox"/> Home Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Work Email | |

Confidential Questionnaire

CHILDREN AND OTHER DEPENDENTS

| Name | Relationship | Date of Birth | Dependent for Taxes? | Where Does Dependent Reside? |
|------|--------------|---------------|---|------------------------------|
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |

ASSETS & LIABILITIES

ASSETS: BANK ACCOUNTS

| Institution | Type | Interest Rate | Name on Account | Average Balance |
|-------------|--|---------------|-----------------|-----------------|
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____ | % | | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____ | % | | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____ | % | | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____ | % | | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____ | % | | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____ | % | | \$ |

Confidential Questionnaire

ASSETS: REAL ESTATE AND PERSONAL PROPERTY

| Description | Name on Title / Who Owns It | Purchase Date | Purchase Price | Estimated Current Value |
|----------------------------------|-----------------------------|---------------|----------------|-------------------------|
| Residence: | | | \$ | \$ |
| Secondary Residence: | | | \$ | \$ |
| Furnishings (liquidation value): | | | \$ | \$ |
| Vehicle 1: | | | \$ | \$ |
| Vehicle 2: | | | \$ | \$ |
| Vehicle 3: | | | \$ | \$ |
| Other: | | | \$ | \$ |
| Other: | | | \$ | \$ |
| Other: | | | \$ | \$ |

ASSETS: QUALIFIED RETIREMENT PLANS

| Description | Name / Who Owns It | Contribution (% of salary / Annual addition) | Employer Match (% of salary) | Estimated Current Value |
|--|--------------------|--|------------------------------|-------------------------|
| 401(k), 403(b) | | % | % | \$ |
| 401(k), 403(b) | | % | % | \$ |
| 401(k), 403(b) | | % | % | \$ |
| 401(k), 403(b) | | % | % | \$ |
| IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional | | \$ | | \$ |
| IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional | | \$ | | \$ |
| IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional | | \$ | | \$ |
| IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional | | \$ | | \$ |
| Other: | | | | \$ |



Confidential Questionnaire

ASSETS: INVESTMENTS Savings Bonds, Mutual Funds, Brokerage Accounts, Etc.)

| Institution | Description | Name on Asset | Estimated Current Value |
|-------------|-------------|---------------|-------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

| | Client | Co-Client |
|--|--------|-----------|
| How did you select your current investments? | | |

LIABILITIES: CREDIT CARDS

| Credit Card Company | Name on Card | Interest Rate | Average Monthly Payment | Current Balance |
|---------------------|--------------|---------------|-------------------------|-----------------|
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |

Confidential Questionnaire

LIABILITIES: OTHER DEBTS

| Description | Name on Loan | Term (years) | Years Left | Interest Rate | Monthly Payment | Current Balance |
|--|--------------|--------------|------------|---------------|-----------------|-----------------|
| Mortgage <input type="checkbox"/> ARM <input type="checkbox"/> Fixed | | | | % | \$ | \$ |
| 2 nd Mortgage <input type="checkbox"/> ARM <input type="checkbox"/> Fixed | | | | % | \$ | \$ |
| HELOC | | | | % | \$ | \$ |
| Auto | | | | % | \$ | \$ |
| Auto | | | | % | \$ | \$ |
| School | | | | % | \$ | \$ |
| School | | | | % | \$ | \$ |
| Other | | | | % | \$ | \$ |
| Other | | | | % | \$ | \$ |

ESTATE PLANNING DOCUMENTS

| | Client | | Co-Client | |
|--------------------------------|--------|-------|-----------|-------|
| | Year | State | Year | State |
| Will | | | | |
| Living Trust | | | | |
| Power of Attorney – Finances | | | | |
| Living Will | | | | |
| Power of Attorney – Healthcare | | | | |
| Other | | | | |

Confidential Questionnaire

RETIREMENT INFORMATION

Social Security

| | Client | Co-Client |
|-----------------|--------|-----------|
| Monthly Benefit | \$ | \$ |
| Begin at Age | | |

Pension Plans (COLA is Cost Of Living Adjustment)

| Description | Begin at Age | Monthly Benefit | Survivor Benefit? | COLA? |
|-------------|--------------|-----------------|-------------------|-------|
| | | \$ | \$ | % |
| | | \$ | \$ | % |

| | Client | Co-Client |
|--|--------|-----------|
| At what age do you plan on retiring? | | |
| How do you plan on spending your retirement? | | |

| | |
|---|--|
| Where do you plan on living? | |
| Do you expect your annual expenses to go up or down? By how much? | |

Confidential Questionnaire

EDUCATION PLANNING

Please indicate those for whom you plan on providing an education.

| |
|---|
| Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year |
| Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year |
| Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year |
| Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year |

Current Education Savings:

| |
|--|
| Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____ |
| Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____ |
| Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____ |
| Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____ |

Confidential Questionnaire

INSURANCE

LIFE INSURANCE POLICIES:

| |
|---|
| Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year |
| Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year |
| Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year |
| Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year |

DISABILITY POLICIES:

| |
|--|
| Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Coverage: <input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation Monthly Benefit: \$ _____ Elimination Period: _____ months Inflation Option? <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ _____ / month Premium is: <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax |
| Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Coverage: <input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation Monthly Benefit: \$ _____ Elimination Period: _____ months Inflation Option? <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ _____ / month Premium is: <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax |

Confidential Questionnaire

LONG-TERM CARE POLICIES:

| |
|---|
| Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Indiv. Benefit Period: <input type="checkbox"/> _____ months <input type="checkbox"/> Lifetime Elimination Period: _____ days Daily Benefit: \$ _____ Premium: \$ _____ / month Inflation Option? <input type="checkbox"/> None <input type="checkbox"/> Fixed <input type="checkbox"/> CPI |
| Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Indiv. Benefit Period: <input type="checkbox"/> _____ months <input type="checkbox"/> Lifetime Elimination Period: _____ days Daily Benefit: \$ _____ Premium: \$ _____ / month Inflation Option? <input type="checkbox"/> None <input type="checkbox"/> Fixed <input type="checkbox"/> CPI |

OTHER POLICIES

| | Company | Group / Individual | Annual Premium | Deductible | Expiration Date |
|---------------------------|---------|--|----------------|------------|-----------------|
| Auto | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |
| Earthquake / Flood / Etc. | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |
| Homeowners / Renters | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |
| Landlord | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |
| Medical | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |
| Professional Liability | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |
| Umbrella | | <input type="checkbox"/> Grp <input type="checkbox"/> Ind. | \$ | \$ | |

| | Client | Co-Client |
|---|---|---|
| Have you ever been turned down for insurance? Please explain. | <input type="checkbox"/> Y <input type="checkbox"/> N Comments: | <input type="checkbox"/> Y <input type="checkbox"/> N Comments: |

Confidential Questionnaire

HEALTH

This information is used to determine if longevity or long term care planning should be done for either you or someone for whom you will need to provide care.

| | Client | Co-Client |
|--|--------|-----------|
| Do you have any significant health issues? Please explain. | | |
| Does anyone in your immediate family (children, siblings, parents) have any significant health issues? Please explain. | | |
| Has anyone in your immediate family (children, sibling, parents) passed on? If so, at what age and what was the cause? | | |

STOCK OPTIONS

| Grant Date | Vesting Date | Grant Price | Type | Number of Shares | Expiration Date |
|------------|--------------|-------------|---|------------------|-----------------|
| | | \$ | <input type="checkbox"/> ISO <input type="checkbox"/> NQSO | | |
| | | \$ | <input type="checkbox"/> ISO <input type="checkbox"/> NQSO | | |
| | | \$ | <input type="checkbox"/> ISO <input type="checkbox"/> NQSO | | |
| | | \$ | <input type="checkbox"/> ISO <input type="checkbox"/> NQSO | | |

Confidential Questionnaire

FINANCIAL PREFERENCES

Please rate your attitudes or beliefs about the following statements. 1 = Least True, 5 = Most True

| Co-Client | Co-Client | Statement |
|-----------|-----------|--|
| | | 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 the ease of mutual funds over individual securities. |
| | | 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. |

Confidential Questionnaire

PROFESSIONAL ADVISERS

| | Name / Firm | Phone | Comments |
|-------------------------|-------------|-------|----------|
| Accountant | | | |
| Attorney | | | |
| Broker | | | |
| Financial Planner | | | |
| Insurance Agent – Auto | | | |
| Insurance Agent – Home | | | |
| Insurance Agent – Life | | | |
| Insurance Agent – Other | | | |
| Tax Preparer | | | |

REFERENCES / BACKGROUND DOCUMENTS

Please bring copies of the most recent version of the following to our initial meeting:

1. Prior year's tax return
2. Bank statements
3. Brokerage / mutual fund account statements
4. Mortgage statements
5. Other loan statements (auto, school, etc.)
6. Credit card statements
7. Retirement plan account statements
8. Paycheck stubs (two most recent)
9. Social Security statement
10. Pension plan statement
11. Insurance policy declaration pages
12. Any other information relevant to your personal financial situation.
13. Employee benefit booklet

Please also fill out a cash flow worksheet (go to www.freedmanfp.com and click on Client Forms).