Confidential Questionnaire

A Tradition of Excellence
in Investment and Retirement Planning

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Confidential Questionnaire Checklist

This questionnaire is the first step in providing you with a personal Investment and Retirement Plan analysis. Please complete the information requested, providing as much detailed information as possible. The accuracy and thoroughness of your answers will be the foundation for current and future analysis.

Please follow the checklist below to ensure that all required information is provided:

A) Confidential Questionnaire

______ Investor Background (pages 1-2)
______ Investor Profile (pages 3-4)
______ Investor Assets (pages 5-8)
______ Investor Objectives (page 9)

B) Additional Documents

______ Most Recent Income Tax Returns
______ Paycheck Stubs for You and Your Spouse (for Full Month)
______ Employer Contract and Provided Group Benefits
______ Will and Trust Documents
______ Savings and Investment Plans Statements
______ Retirement Plan Annual Statement
______ Social Security Earnings and Benefit Statement

If additional space is required for a specific question, please attach a separate sheet and reference the related item.

The above documents are needed for the purpose of study and the understanding of your complete financial picture (photocopies of documents are acceptable).

Please be assured your personal financial information is held in strictest confidence.

Investor Background

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Date of Completion ______________________

Contact Information:

	Nickname	Date of Birth	Social Security #	Driver's License #, Issuing Entity (State), Issue & Expiration Date
Your Full Name				
Spouse or Partner's Full Name				

Driver's License Viewed by Registered Representative (for office use only)	☐ Yes ☐ No

Citizenship	☐ U.S. Citizen	☐ Resident Alien	☐ Non-Resident Alien*
*If Non-Resident Alien, please specify country:			

Other Forms of Verification (for office use only)	Describe:

	Date of Birth	Social Security #
Child's Full Name		
Child's Full Name		
Child's Full Name		
Child's Full Name		
Grandchild's Full Name		
Grandchild's Full Name		
Grandchild's Full Name		

Residence:

	City	State	Zip
Residence Address			
Mailing Address (if different than residence address)			

Contact Information:

Email Address(s)	Home Phone Number	Mobile Number(s)

Occupation(s):

Please provide information related to your current employer. If you are retired, please provide information related to your former employer.

Your Employer Name	Occupation	Title	Status of Employment
Employer's Address		Employer's Phone Number	

Spouse's Employer Name	Occupation	Title	Status of Employment
Employer's Address		Employer's Phone Number	

Investor Profile

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Primary Income:

	Base Salary	Estimated Bonus	Est. Commission	Est. Stock Options
Your Primary Occupation				
Spouse's Primary Occupation				

Other Income:

	Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Rental Property				
Fees or Commissions				
Trust Income				

Tax Bracket:

☐ I am subject to back-up withholding	☐ Exempt Payee

Tax Bracket %	0-15% ☐ 16-28% ☐ 29-36% ☐ 36% or higher ☐

Accountant: ☐ Yes ☐ No	Name and Contact Information

Affiliation:

Is any owner (or a member of your immediate family) a director, 10% shareholder or policy maker officer of a publicly traded company?	If yes, specify company name and trading symbol:	☐ Yes ☐ No
Is any owner (or a member of your immediate family) a politically exposed person in a non-U.S. Country?	If yes, then specify name of country:	☐ Yes ☐ No
Is any owner (or a member of your immediate family) a registered representative of a broker-dealer?	If yes, specify firm name:	☐ Yes ☐ No
Is any owner (or a member of your immediate family) employed by, or otherwise affiliated with, FINRA or any other broker dealer?	If yes, specify firm name:	☐ Yes ☐ No

Investment Experience:

Do you have investment experience?	☐ Yes ☐ No
Stocks	Years:
Bonds	Years:
Mutual Funds/Exchange Traded Funds	Years:
Options	Years:
Direct Participation Program	Years:
Real Estate Investment Trusts	Years:
Annuities	Years:
Other (identify):	Years:

Account Profile:

Account Objective (Select One)	Risk Tolerance (Select One)	Account Time Horizon (Select One)
☐ Capital Preservation ☐ Income ☐ Total Return ☐ Growth ☐ Aggressive Growth	☐ Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive ☐ Significant Risk	☐ 4 years or less ☐ 5-8 years ☐ More than 8 years

Net Worth:

Annual Income	Adjusted Net Worth (exclude primary residence)	Liquid Net Worth (Adjusted Net Worth minus assets not readily convertible to cash)	Liquidity Needs (amount of money needed in cash or readily convertible to cash over next 3 years)
☐ 0 - 29,999	☐ 0 - 74,999	☐ 0 - 74,999	☐ None
☐ 30,000 - 49,999	☐ 75,000 - 99,999	☐ 75,000 - 99,999	☐ 1 - 4,999
☐ 50,000 - 74,999	☐ 100,000 - 149,999	☐ 100,000 - 149,999	☐ 5,000 - 9,999
☐ 75,000 - 99,999	☐ 150,000 - 249,999	☐ 150,000 - 249,999	☐ 10,000 - 24,999
☐ 100,000 - 149,999	☐ 250,000 - 499,999	☐ 250,000 - 499,999	☐ 25,000 - 49,999
☐ 150,000 - 249,999	☐ 500,000 - 999,999	☐ 500,000 - 999,999	☐ 50,000 - 74,999
☐ 250,000 - 399,999	☐ 1,000,000 – 2,999,999	☐ 1,000,000 – 2,999,999	☐ 75,000 - 99,999
☐ 400,000 - Over	☐ 4,000,000 - Over	☐ 4,000,000 - Over	☐ 100,000 - Over

Investor Assets

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Savings:

Item	Institution	Jointly Held	Yourself	Spouse	Children
Savings Account		$	$	$	$
Savings Account		$	$	$	$
Checking Account		$	$	$	$
Checking Account		$	$	$	$
Credit Union		$	$	$	$
Credit Union		$	$	$	$
Certificate of Deposit		$	$	$	$
Certificate of Deposit		$	$	$	$
Money Market Fund		$	$	$	$
Money Market Fund		$	$	$	$
Savings Bond		$	$	$	$
Single Premium Annuity		$	$	$	$
I.R.A.		$	$	$	$
I.R.A.		$	$	$	$
SIMPLE Plan		$	$	$	$
Vested Pension		$	$	$	$
Vested Profit Sharing		$	$	$	$
401(k)		$	$	$	$
401(k)		$	$	$	$
Other		$	$	$	$
Other		$	$	$	$

Investments:

Name	# of Shares	Jointly Held	Yourself	Spouse	Children
Government Bonds		$	$	$	$
		$	$	$	$
		$	$	$	$
Corporate Bonds		$	$	$	$
		$	$	$	$
		$	$	$	$
Municipal Bonds		$	$	$	$
		$	$	$	$
		$	$	$	$
Stocks		$	$	$	$
		$	$	$	$
		$	$	$	$
Mutual Funds/Exchange Traded Funds		$	$	$	$
		$	$	$	$
		$	$	$	$
Options		$	$	$	$
		$	$	$	$
		$	$	$	$
Direct Participation Program		$	$	$	$
		$	$	$	$
		$	$	$	$
Real Estate Investment Trusts		$	$	$	$
		$	$	$	$
		$	$	$	$
Annuities		$	$	$	$
		$	$	$	$

Wills and Trusts:

Name	Description

Estate Planning Attorney: ☐ Yes ☐ No	Name and Contact Information

Real Estate:

Property	Purchased Year	Purchased Price	Improvements or Capital Expenditures	Current Market Value (Estimated)
Your Residence		$	$	$
Other Home		$	$	$
Other Home		$	$	$
Land		$	$	$
Land		$	$	$
Land		$	$	$

Mortgage/Equity Lines of Credit:

	Interest Rate	Monthly Payment	Months Remaining	Unpaid Balance
Your Residence	%	$		$
	%	$		$
Your Residence	%	$		$
	%	$		$

Loans & Debt:

(Include personal loans, college loans, home improvement loans, automobile loans, passbook loans, credit card balances, store charges, checking credit lines, etc.)

Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

Insurance Coverage(s):

Life Insurance

Name of Insurance Company	Family Member Insured	Type of Coverage	Total Annual Premiums	Amount of Coverage
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

Disability Insurance/ Long Term Care Insurance

Name of Insurance Company	Family Member Insured	Total Amount Premiums	Amount of Coverage
		$	$
		$	$
		$	$
		$	$

Investor Objectives

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Objectives:

Please list your Investment and Retirement Planning objectives: short-term (next 12 months), intermediate (12 months to 5 years), and long-term (example: retirement, college funding, debt reduction, new home or second home purchase, etc.)