

Confidential Questionnaire



A TRADITION OF EXCELLENCE
IN INVESTMENT AND RETIREMENT PLANNING

Costanzo Financial Group

Costanzo Financial Group
P: 412.823.4704 F: 412.823.2896

Cetera Advisors LLC
5299 DTCC Blvd, Suite 800
Greenwood Village, CO 80111
P: 720.509.2400

www.ajcostanzo.com

Costanzo Financial Group is a firm owned region of Cetera Advisors LLC. Securities and advisory services offered through Cetera Advisors LLC, member FINRA/SIPC, a broker/dealer and a Registered Investment Advisor.

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



CFG

A TRADITION OF EXCELLENCE
IN INVESTMENT AND RETIREMENT PLANNING

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) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

| | | | |
|---|---------------------------------------|---|--|
| Citizenship | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> 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



CFG

A TRADITION OF EXCELLENCE
IN INVESTMENT AND RETIREMENT PLANNING

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:

| | |
|--|---------------------------------------|
| <input type="checkbox"/> I am subject to back-up withholding | <input type="checkbox"/> Exempt Payee |
|--|---------------------------------------|

| | |
|---------------|--|
| Tax Bracket % | 0-15% <input type="checkbox"/> 16-28% <input type="checkbox"/> 29-36% <input type="checkbox"/> 36% or higher <input type="checkbox"/> |
|---------------|--|

| | |
|--|------------------------------|
| Accountant: <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any owner (or a member of your immediate family) a registered representative of a broker-dealer? | If yes, specify firm name: | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Investment Experience:

| | |
|------------------------------------|--|
| Do you have investment experience? | <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Total Return <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth | Risk Tolerance (Select One) <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Significant Risk | Account Time Horizon (Select One) <input type="checkbox"/> 4 years or less <input type="checkbox"/> 5-8 years <input type="checkbox"/> More than 8 years |
|---|---|--|

Net Worth:

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

Investor Assets



CFG

A TRADITION OF EXCELLENCE
IN INVESTMENT AND RETIREMENT PLANNING

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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



CFG

A TRADITION OF EXCELLENCE
IN INVESTMENT AND RETIREMENT PLANNING

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.)

[illegible]