

Confidential Questionnaire Date of Completion: _____

Client Information

<p>Client Name (1) _____</p> <p>Home Address _____</p> <p>City, State, ZIP _____</p> <p>Home Phone () - _____</p> <p>Work Phone () - _____</p> <p>Mobile Phone () - _____</p> <p>Fax (Hm or Wk) () - _____</p> <p>E-mail _____</p> <p>Date of Birth _____</p> <p>Primary Contact Person during business hours? _____</p> <p>Contact me/us by (circle one) E-mail or Phone</p>	<p>Client Name (2) _____</p> <p>Home Address _____</p> <p>City, State, ZIP _____</p> <p>Home Phone () - _____</p> <p>Work Phone () - _____</p> <p>Mobile Phone () - _____</p> <p>Fax (Hm or Wk) () - _____</p> <p>E-mail _____</p> <p>Date of Birth _____</p> <p>_____</p>
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Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Employment

<p>Client Employer (1) _____</p> <p>Title/Job _____</p> <p>Number of years with this employer? _____</p> <p>Anticipated employment changes? _____</p> <p>When do you plan to retire? _____</p> <p>Salary _____</p> <p>Self Employment Income _____</p> <p>Bonus/Commissions _____</p> <p>Other Earned Income _____</p> <p>TOTAL (Current Year) = _____</p>	<p>Client Employer (2) _____</p> <p>Title/Job _____</p> <p>Number of years with this employer? _____</p> <p>Anticipated employment changes? _____</p> <p>When do you plan to retire? _____</p> <p>Salary _____</p> <p>Self Employment Income _____</p> <p>Bonus/Commissions _____</p> <p>Other Earned Income _____</p> <p>TOTAL (Current Year) = _____</p>
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Tax & Estate Planning Documentation

Who prepares your tax return?

<input type="checkbox"/> Self	Preparer Name _____	Phone () - _____
<input type="checkbox"/> Paid Preparer	Address _____	Fax () - _____
	City, State, ZIP _____	

Do you have estate planning documents?	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

Client 1	Client 2	1 = Most True, 5 = Least True
_____	_____	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.

How were your current investment assets selected? _____

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Not Applicable</u>
	1 = Dissatisfied		5 = Very Satisfied			
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance

	<u>Client (1) Coverage</u>		<u>Client (2) Coverage</u>	
	<u>Group</u>	<u>Individual</u>	<u>Group</u>	<u>Individual</u>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

Assets

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Retirement Accounts

<u>Type [401(k), 403(b) IRA, Roth IRA, etc.]</u>	<u>Owner</u>	<u>Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Investment Accounts	<u>Owner</u>	<u>Balance</u>
_____		\$ _____
_____		\$ _____
_____		\$ _____

Bank Accounts	Checking (C), Savings (S), or Money (MM)			
<u>Bank Name</u>		<u>Ownership</u>	<u>Avg. Balance</u>	
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____	
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____	
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____	

CDs				
<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	%	/ /	_____	\$ _____
_____	%	/ /	_____	\$ _____
_____	%	/ /	_____	\$ _____

Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Personal Property	Estimated Value
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Personal Liabilities				
<u>Credit Cards</u>	<u>Interest Rate</u>		<u>Avg. Monthly Payment*</u>	<u>Current Balance</u>
_____	%	\$ _____	\$ _____	_____
_____	%	\$ _____	\$ _____	_____
_____	%	\$ _____	\$ _____	_____

(*If not paid in full each month)

<u>Debts</u> (Residence, Auto, Business, School)	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

Yes No

Have you received a copy of your credit report recently?

Please comment on the advice you seek. _____

Additional Information

These items, as well as others, may be needed should you engage our services:

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

Four Ponds Financial Planning
 101 Town Hall Square
 Falmouth, MA 02540
 Phone: (508) 403-0060

OR E-mail: david@fourpondsfinancial.com