

To help us construct the most accurate representation, please provide copies for as many of the following documents as possible with this *Questionnaire*:

- Your previous two years of tax returns
- Your most recent W2 and/or Paystub
- Your Will and Living Trust, if any
- Benefit statements concerning your retirement plans
- Most recent business tax returns

Personal Information

CLIENT NAME	DATE OF BIRTH	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		
PHONE	FAX	
E-MAIL ADDRESS		
OCCUPATION AND TITLE		
BUSINESS ADDRESS		
LIFE STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/> SIGNIFICANT OTHER	
CO-CLIENT NAME	DATE OF BIRTH	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (IF DIFFERENT FROM ABOVE)		
PHONE	FAX	
E-MAIL ADDRESS		
OCCUPATION AND TITLE		
BUSINESS ADDRESS		

Family Information

NAMES OF CHILDREN	DATE OF BIRTH	DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE OF RESIDENCE	EMOTIONAL MATURITY* <input type="checkbox"/> YES <input type="checkbox"/> NO	FINANCIAL MATURITY* <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

**Please assess the emotional and financial maturity of family members (1-5; 1=lowest, 5=highest)*

ARE ALL FAMILY MEMBERS IN GOOD HEALTH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, PLEASE EXPLAIN:	
DOES ANY FAMILY MEMBER HAVE A SPECIAL NEED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	
ARE ANY FAMILY MEMBERS OR RELATIVES (OTHER THAN CO-CLIENT AND CHILDREN) DEPENDENT ON YOU FOR SUPPORT NOW, OR LIKELY TO NEED SUPPORT IN THE FUTURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	
DO YOU HAVE ALIMONY OR CHILD SUPPORT OBLIGATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	

Planning Concerns And Objectives

All planning should begin and end with your personal considerations and aims. To help us better understand yours, please number the following in order of their importance to you, with seven signifying of greatest importance. If several are of equal concern, you may indicate that by giving the same number to those objectives. Likewise, if any are of little or no value to you, simply leave them blank.

- _____ Maintaining a comfortable lifestyle through my/our retirement years
- _____ Minimizing Income Tax & Capital Gains Tax
- _____ Generating adequate capital to run and grow my own business
- _____ Positioning as many of my assets for my family as I can while minimizing Estate & Gift Tax
- _____ Supporting my interests in and commitments to charitable causes
- _____ Planning for business succession
- _____ Protecting my family's assets from creditors and litigation
- _____ Optimizing the use of loans to maximize net worth
- _____ Diversifying large single stock and stock option positions, or other liquid assets
- _____ Ensuring that family members with special needs are well cared for
- _____ Involving my children and grandchildren in philanthropic pursuits
- _____ Beginning or adding to my art collection or dealing with other collectibles
- _____ Creating a legacy that will help to keep my children and grandchildren productive
- _____ Protecting the value of my assets using hedging techniques

What are your general thoughts about the market?

Please indicate your risk tolerance with your investments.

- _____ Conservative
- _____ Moderately Conservative
- _____ Moderate
- _____ Moderately Aggressive
- _____ Aggressive

Would you like to save for your child(ren)'s education?

Please indicate which level(s) of education you wish to fund, and to what degree you wish to fund them.

- _____ Undergraduate
- _____ Graduate
- _____ Postgraduate
- _____ Fully fund
- _____ Partially Fund (please indicate %)

Asset Summary

Summary Balance Sheet

Total Assets:

Total Liabilities:

Note : You may provide complete statements for all accounts in each of the following areas, in lieu of completing the section, but you must provide the information on ownership (C, S, J, CP). Please indicate with whom the accounts are held.

CASH & CASH EQUIVALENTS (Use the worksheet on page 5 to enter holdings in a retirement account)

INCLUDING CHECKING, SAVINGS, MONEY MARKET, CDS	CLIENT (C)	CO-CLIENT	JOINT (J)	COMMUNITY PROPERTY (CP)	HELD WITH:

STOCKS, BONDS, MUTUAL FUNDS

OTHER PUBLICLY TRADED SECURITIES	CLIENT (C)	CO-CLIENT	JOINT (J)	COMMUNITY PROPERTY (CP)	HELD WITH:

HOMES

PRIMARY HOME		MARKET	DATE	COST BASIS	REMAINING MORTGAGE
OWNER	<input type="checkbox"/> C <input type="checkbox"/> J				
	<input type="checkbox"/> S <input type="checkbox"/> CP	ORIGINAL TERM	DATE	FIXED %/ADJ RATE %	MONTHLY P&I
	<input type="checkbox"/> REVOCABLE TRUST				
	<input type="checkbox"/> OTHER				
SECONDARY OR VACATION HOME		MARKET	DATE	COST BASIS	REMAINING MORTGAGE
OWNER	<input type="checkbox"/> C <input type="checkbox"/> J				
	<input type="checkbox"/> S <input type="checkbox"/> CP	ORIGINAL TERM	DATE	FIXED %/ADJ RATE %	MONTHLY P&I
	<input type="checkbox"/> REVOCABLE TRUST				
	<input type="checkbox"/> OTHER				

Do you plan to buy or sell any homes in the near future? (1-3 years) Yes No

- if you answered yes, please indicate which home(s)

ASSET SUMMARY (continued)

INVESTMENT REAL ESTATE

DESCRIPTION	OWNER*	MARKET VALUE	REMAINING MORTGAGE	INTEREST RATE	COST BASIS	ANNUAL INCOME	CASH EXPENSES	WHAT ARE YOUR PLANS FOR THIS PROPERTY?
	<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O							
	<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O							
	<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O							
	<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O							
	<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O							

* O=Other, e.g., Family Limited Partnership or LLC

RETIREMENT PLANS *please provide associated account number(s) and recent statements for each account*

WHAT LEVEL OF INCOME (IN TODAY'S DOLLARS) DO YOU ANTICIPATE NEEDING AT RETIREMENT? PRE-TAX AFTER-TAX \$

AFTER RETIREMENT, IS YOUR GOAL TO SPEND DOWN YOUR CAPITAL OR PRESERVE YOUR WEALTH FOR YOUR CHILDREN AND HEIRS?
 TOTALLY DEplete PARTIALLY DEplete PRESERVE

WHAT IS YOUR PLANNED RETIREMENT AGE? CLIENT: CO-CLIENT:

PLAN DESCRIPTION		PRESENT VESTED INTEREST	INSURANCE PROCEEDS AT DEATH	BENEFICIARY	ANNUAL EMPLOYER CONTRIBUTION	ANNUAL EMPLOYEE CONTRIBUTION	HOW INVESTED	PROJECT MONTHLY RETIREMENT INCOME
IRA	C	\$	\$		\$	\$		\$
	C	\$	\$		\$	\$		\$
	C	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
PENSION	C	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
PROFIT SHARING	C	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
401(K)	C	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
TAX-SHELTERED ANNUITY 403(B)	C	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$
NON-QUALIFIED DEFERRED COMPENSATION	C	\$	\$		\$	\$		\$
	S	\$	\$		\$	\$		\$

ASSET SUMMARY (continued)

LIFE INSURANCE

LIFE INSURANCE	POLICY 1	POLICY 2	POLICY 3
OWNER(S)			
INSURED(S)			
BENEFICIARY(IES)			
DEATH BENEFIT			
CASH VALUE			
ANNUAL PREMIUM			
TYPE OF INSURANCE			
DATE PURCHASED			
POLICY NUMBER			
ISSUING INSURANCE COMPANY			
DATE POLICY TRANSFERRED TO TRUST, IF APPLICABLE			

GROUP LIFE INSURANCE

Complete the following for each life insurance policy of which Client #1 or Client #2 is the insured. Please specify if the beneficiary is a trustee of an irrevocable life insurance trust.

	POLICY 1	POLICY 2
INSURED		
BENEFICIARY(IES)		
DEATH BENEFIT		
CASH VALUE		
ANNUAL PREMIUM		
TYPE OF INSURANCE		
ISSUING INSURANCE COMPANY		

GROUP DISABILITY INSURANCE

Complete the following if Client #1 or Client #2 is covered by group Long term disability insurance.

	POLICY 1	POLICY 2
MONTHLY PREMIUM AMOUNT		
MONTHLY BENEFIT AMOUNT		
POLICY ELIMINATION PERIOD		
POLICY BENEFIT PERIOD		
ISSUING INSURANCE COMPANY		
WHO PAYS THE PREMIUMS? (YOU OR YOUR COMPANY)		

OTHER INSURANCE *please provide associated policy number(s)*

HEALTH COVERAGE YES NO PROPERTY/CASUALTY YES NO

PERSONAL EXCESS LIABILITY YES NO IF YES, HOW MUCH?

Liabilities

MORTGAGE DEBT

PROPERTY	TITLE NAME	TOTAL DEBT	MATURITY	LENDER

NOTES PAYABLE AND OTHER NON-MORTGAGE DEBT

(include loans, margin debt, taxes currently due, taxes on assets sold beyond 1 year)

TYPE*	CURRENT OUTSTANDING AMOUNT	TOTAL CREDIT	MATURITY	COLLATERAL	LENDER

*D= Demand; R=Revolving Credit; T=Term Loan; M=Margin Credit; C=Credit Card; A=Auto; X=Taxes Due; O=Other, P=Promissory

Cash Flow Information (Please submit two most recent annual tax returns)

FILING STATUS SINGLE MARRIED MARRIED, FILING SEPARATELY HEAD OF HOUSEHOLD

Note: If you wish, you may elect to provide totals only for income and expenses. It is preferable, however, to provide as much information as possible for purposes of cash flow analysis.

INCOME	PRE-RETIREMENT	IN RETIREMENT
CURRENT INCOME		
WAGES		
INVESTMENT INCOME		
BUSINESS INCOME		
RENTAL INCOME		
OTHER		
SOURCES & AMOUNTS OF RETIREMENT INCOME		
QUALIFIED PLAN/PENSION INCOME		
INVESTMENT INCOME		
BUSINESS INCOME		
RENTAL INCOME		
OTHER		
TOTAL INCOME		
EXPENSES	PRE-RETIREMENT	IN RETIREMENT
CURRENT EXPENSES		
MORTGAGE(S)		
AFTER-TAX LIVING EXPENSES		
ANNUAL GIFTING		
CHARITABLE GIFTING		
RETIREMENT EXPENSES		
MORTGAGE(S)		
AFTER-TAX LIVING EXPENSES		
ANNUAL GIFTING		
CHARITABLE GIFTING		
TRAVEL		
TOTAL EXPENSES		

Note: will there be any extraordinary expense or income item over coming years (e.g., Purchase of a luxury boat, redesign of home)? Yes No
If so, please give approximate amount _____ and year _____ .

