

ANNUAL REVIEW QUESTIONNAIRE

Upon receipt of this questionnaire, you may schedule your “annual review” by either calling our office or visiting our website (spcfinancial.com/schedule). Please complete the questionnaire and return it to our office by mail or upload it to your Insights portal at least 10 days prior to your “review” date.

Date Completed:

Client 1:

Client 2:

Cell #:

Cell #:

Email:

Email:

Home Address:

Home #:

Address (cont'd):

What is the preferred method of contact for Client #1? Phone ☐ Email ☐

What is the preferred method of contact for Client #2? Phone ☐ Email ☐

Please Review and Comment on the Following:

Does SPC prepare your income tax returns? ☐ Yes ☐ No

If no, please provide us with a copy of your most recent return.

Are you currently enrolled in Insights, SPC’s web-based account aggregation system and vault? ☐ Yes ☐ No

If no, would you like information about Insights by SPC Financial®? ☐ Yes ☐ No

Have there been any changes in employer? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Have there been changes in employment status/retirement? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

If yes, please provide details:

Investment advisory services offered through SPC Financial®.



SPC Financial®
Finance on a Human Level®

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INCOME SOURCES

Client 1:

Client 2:

	CURRENT YEAR 20_____	PROJECTED 2ND YEAR 20_____	CURRENT YEAR 20_____	PROJECTED 2ND YEAR 20_____
INCOME (Gross):				
SALARY				
BONUS				
SELF-EMPLOYMENT				
PENSIONS				
SOCIAL SECURITY				
OTHER TAXABLE INCOME				
DISABILITY INCOME				
OTHER NONTAXABLE INCOME				
EXPENSES:				
HOUSING (excluding Mortgage and Taxes)*				
UTILITIES (Electric/Gas/Water/Sewer)				
TELEPHONE/INTERNET/TV				
GROCERIES/DINING OUT				
BEAUTY (Haircut/Nails/Spa)				
CLOTHING				
FITNESS/RECREATION				
SUBSCRIPTIONS (Netflix/Amazon/AAA/Magazines)				
GIFTS/CHARITY				
AUTOMOBILE (excluding loans)**				
VACATION/TRAVEL				
MEDICAL (Doctors/Medicine/Equipment)				
TOTAL INSURANCE PREMIUMS (Auto/Home/Life)***				
PLANNED SAVINGS				
OTHER EXPENSE _____				
OTHER EXPENSE _____				
OTHER EXPENSE _____				

* Mortgage should be entered on page 4

**Automobile loans should be entered on page 5

***Specify premium details on pages 5 & 6, or provide policies/statements

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ASSETS NOT MANAGED BY SPC

	CURRENT AMOUNT	TITLING/REGISTRATION	NAME OF BANK/ INSTITUTION
CHECKING			
CHECKING			
SAVINGS			
SAVINGS			
MONEY MARKET			
CDs**			
SAVINGS BONDS***			
IRA**			
PENSION**			
401(k)**/403(b)**/457**/TSP**			
HSA**			
529/COLLEGE PREPAID			
FOREIGN BANK ACCOUNTS			
CRYPTOCURRENCY			
OTHER			

**Please provide most recent statement.

***If you can provide serial numbers and dates purchased, we will value them.

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REAL ESTATE

Have you recently purchased, refinanced or sold any real estate? ☐ Yes* ☐ No

Do you own any foreign real estate? ☐ Yes* ☐ No

**If yes, please provide a copy of the Closing Disclosure and a recent mortgage statement or complete the information below.*

	RESIDENCE	SECOND HOME	RENTAL
LOCATION			
OWNERSHIP			
PURCHASE DATE/COST			
PRESENT MARKET VALUE			
EXISTING MORTGAGE DATE/ ORIGINAL AMOUNT			
INTEREST RATE**			
LOAN TERM			
PRINCIPAL & INTEREST PAYMENT AMOUNT			
CURRENT LOAN BALANCE			

***If adjustable interest rate, state terms.*

Do you have a Home Equity Line of Credit (HELOC) or Home Equity Loan? ☐ Yes ☐ No

Maximum Amount Available?

Amount Outstanding?

Interest Rate?

Institution?

What were the loan proceeds used for?

PERSONAL ASSETS

	DESCRIPTION	OWNERSHIP	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
AUTOMOBILE #1					
AUTOMOBILE #2					
AUTOMOBILE #3					
RECREATIONAL VEHICLE					
FINE ART/ COLLECTIBLES					
OTHER (please specify)					

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LIABILITIES

(Other than Real Estate) Loan statements are preferred.

LENDER	PURPOSE	ORIG. DATE	ORIG. BALANCE	CURR. BALANCE	INT. RATE	PAYMENT AMT*	ORIG.# PAYMENTS	PAYMENTS REMAIN

**If frequency of payments is other than monthly, please indicate.*

INSURANCE OUTSIDE SPC FINANCIAL®

(Provide recent statements or complete the information below)

LIFE INSURANCE	POLICY #1	POLICY #2	POLICY #3	POLICY #4
CARRIER/EMPLOYER				
INSURED**				
PRIMARY BENEFICIARIES				
CONTINGENT BENEFICIARIES				
POLICY TYPE (I.E. TERM, WHOLE)				
POLICY TERM/ YEAR PURCHASED				
CASH VALUE				
DEATH BENEFIT				
ANNUAL PREMIUM				

LONG TERM CARE	POLICY #1	POLICY #2	POLICY #3	POLICY #4
CARRIER/EMPLOYER				
INSURED**				
BENEFIT				
BENEFIT FREQUENCY				
BENEFIT PERIOD				
ELIMINATION PERIOD				
COLA				
ANNUAL PREMIUM				

***Unless otherwise noted, it is assumed that the insured is also the owner of the respective policy.*

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DISABILITY INCOME	POLICY #1	POLICY #2	POLICY #3	POLICY #4
CARRIER/EMPLOYER				
INSURED*				
BENEFIT AMOUNT/ % OF SALARY				
BENEFIT FREQUENCY				
ELIMINATION PERIOD				
COLA				
ANNUAL PREMIUM				

**Unless otherwise noted, it is assumed that the insured is also the owner of the respective policy.*

Do you have umbrella liability coverage? ☐ Yes ☐ No

Carrier?

Amount?

Do you have a homeowners and/or auto insurance policy? ☐ Yes ☐ No **Carrier?**

If yes, please provide recent statements.

Who is your property and casualty agent?

INVESTMENT PLANNING

Are your investments to take care of you, your family or someone else?

What has to happen over the next 3 years, both personally and financially, for you to feel happy about your progress?

What is the most important financial objective that you want to achieve over the next 12 months?

Are there any investment sectors or companies that you are philosophically opposed to or you are restricted from holding?

Are there any current investments that you do not want to sell?

Is there a financial topic that you would like more information on?

Is there someone that you would like to add to our distribution list for our weekly commentary?

I plan to begin withdrawing money from my investments (excluding college savings) in:

☐ Less than 2 years

☐ 2-5 years

☐ 6-10 years

☐ 11-20 years

☐ 21+ years

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Once I begin withdrawing funds from my investments (excluding college savings), I would expect to use my funds in:

☐ Less than 2 years ☐ 2-5 years ☐ 6-10 years ☐ 11-20 years ☐ 21+ years

There may be expenses that cause me to prematurely liquidate the portfolio, in part or in whole, to serve as my emergency fund:

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Preserving the money I have is my highest priority:

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I cannot wait several years to recover my money in an extended down market:

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Low risk investments are preferred, even if returns are lower than the rate of inflation:

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Do you foresee any large expenditures in the next year (new house, car, boat, etc.)? ☐ Yes ☐ No

If yes, please elaborate:

Will you need to liquidate any investments to pay for these? ☐ Yes ☐ No

ESTATE PLANNING

Have you created a Revocable Trust (sometimes referred to as a living Trust)?

Client 1 Date:

Client 2 Date:

What date were your Estate Planning documents last updated?

Client 1 Date:

Client 2 Date:

Do you have wills? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Do you have advance directives? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Do you have a financial power of attorney? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Who is the attorney that drafted your Estate Planning Documents?

Have you provided us with copies? ☐ Yes ☐ No (If no, please bring copies to meeting or upload to your Insights portal.)

If something happens to you, who do you want to have access to your financial records?

Client 1:

Client 2:

Have there been or will there be any additions to the family, such as children, grandchildren or dependent parents? ☐ Yes ☐ No

If yes, please provide details:

Do any of your beneficiaries have special needs or are they receiving government benefits? ☐ Yes ☐ No

Has a Special Needs Trust been established for any of your beneficiaries? ☐ Yes ☐ No

Ensuring my children get the maximum amount possible after taxes from our estate when both my spouse and I die:

☐ A. Is important

☐ B. Is not a concern

☐ C. Should be evaluated when I retire

☐ D. Will take care of itself

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What is your monthly income need should your spouse/partner pre-decease you?

Client 1:

Client 2:

Is this before or after taxes? Client 1: ☐ Before ☐ After Client 2: ☐ Before ☐ After

RETIREMENT PLANNING

Please provide us with a copy of your most recent retirement plan statement(s) for our review.

What are your current retirement goals?

A. Retirement date(s)? Client 1

Client 2

B. Monthly amount desired?

Is this before or after taxes? ☐ Before ☐ After

Can you make After-Tax contributions to your 401(k), 403(b), etc? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Does your 401(k), 403(b), etc. have a Roth feature? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

Does your employer offer a voluntary savings plan? Client 1: ☐ Yes ☐ No Client 2: ☐ Yes ☐ No

OTHER CONSIDERATIONS

Have you recently experienced any life changing events that we should be aware of? (i.e. Divorce, Inheritance, Moving, Retirement, Marriage, Health, Financial Windfall, etc.) ☐ Yes ☐ No Explain:

Additional comments/topics you wish to discuss?

OUR SERVICE

What is the one aspect of SPC Financial® that you value the most?

Have we met your expectations over the past 12 months? ☐ Yes ☐ No

Comments:

Have you experienced any dissatisfaction with SPC Financial®? ☐ Yes ☐ No

If yes, please explain:

What can we do to improve our service to you?

The Securities and Exchange Commission (SEC) requires each year, as your investment advisor, that we inform you that you may receive, upon request, a copy of Part 2A and Part 3 of our Form ADV. These documents provide information about our business and its approach to investment management and financial consulting services. Please call our office and request that a copy be sent to you if you would like to have one or you may find it available on our website.