

CONFIDENTIAL FINANCIAL QUESTIONNAIRE

The purpose of our service is to assist you in achieving your goals as efficiently as possible.

The foundation of intelligent planning is a thorough understanding of your current financial situation, including your desires, concerns, and unique circumstances. Your answers to the questions that follow are an important start in providing us with that understanding. If you are not sure how to answer a particular question simply leave it blank. We will discuss it during our personal meeting.

Please upload the following items to your Insights' Vault prior to your next meeting. If you choose to bring the items to your meeting, we will scan and return them to you.

- Statements for all retirement and non-retirement accounts, eg. brokerage, dividend reinvestment plans, individual holdings, variable annuity, pension, profit sharing, IRA, TSP, 401(k), ESOP, restrictive stock, savings bonds, etc.
- Individual Tax Return(s) for the most recent year
- Recent paycheck stubs
- Social Security Statement(s) from www.ssa.gov
- Statements for all liabilities, eg. mortgage, automobile, personal, etc.
- Insurance Policies, eg. life, disability, long term care, home, auto, umbrella
- Employer Benefits: summary plan description, group life, group disability, defined benefit plan details, defined contribution plan options, FSA/HSA
- Wills, Advance Directives, Powers of Attorney, Trust agreements
- Gift Tax Returns
- Corporate or Partnership Tax Return for the most recent year, if applicable
- Business Agreements, Professional Liability Policy, if applicable
- Divorce decree, Prenuptial agreement, Postnuptial agreement, Partnership agreement



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Finance on a Human Level[®]



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Financial Objectives

Our job is to assist you in achieving your personal financial objectives as efficiently as possible. We must know what those objectives are and which are most important to you. To assist you in communicating your objectives to us, we have included below a list of objectives that we hear quite frequently. If any of these represent an objective of yours, simply enter the number by the objective. (You may feel that the need has already been sufficiently provided for, but still indicate that it is important to you by entering a number.) Use the blank spaces to write in any additional objectives you may have. Use the numbers to indicate your priority with #1 being your highest priority.

Client 1 Name: _____ **Client 2 Name:** _____

Client 1

Client 2

- | | | |
|-------|-------|---|
| _____ | _____ | 1. To minimize income taxes |
| _____ | _____ | 2. To have sufficient assets at retirement to allow freedom and independence |
| _____ | _____ | 3. To be financially independent in _____ years |
| _____ | _____ | 4. To be able to fund the education desired for my/our children |
| _____ | _____ | 5. To provide a fund for my/our children to help them get started |
| _____ | _____ | 6. To have sufficient cash to meet unforeseen emergencies |
| _____ | _____ | 7. To get out of debt and have better control over my/our finances |
| _____ | _____ | 8. To be able to purchase a home in _____ years |
| _____ | _____ | 9. To buy a larger and more expensive home |
| _____ | _____ | 10. To buy vacation property |
| _____ | _____ | 11. To have sufficient funds to travel extensively (check when)
<input type="checkbox"/> Now <input type="checkbox"/> Later <input type="checkbox"/> Retirement |
| _____ | _____ | 12. In the event of my death, to provide my family with sufficient income to maintain a reasonable standard of living |
| _____ | _____ | 13. To guard against unnecessary estate shrinkage at my death (taxes, administration) |
| _____ | _____ | 14. To have sufficient funds to start a business of my own |
| _____ | _____ | 15. To have sufficient income on which to live in the event of a long illness or accident |
| _____ | _____ | 16. To fund a wedding, bar mitzvah, bat mitzvah or other celebration |
| _____ | _____ | 17. _____ |
| _____ | _____ | 18. _____ |
| _____ | _____ | 19. _____ |
| _____ | _____ | 20. _____ |

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Investment Philosophy

1. In handling your finances, how would you rank your risk tolerance level?

- Conservative
 Moderately Conservative
 Moderate
 Moderately Aggressive
 Aggressive

2. Please indicate the importance of the following objectives in your personal investment portfolio:

OBJECTIVE	Of No Importance	Of Little Importance	Fairly Important	Very Important	Extremely Important
Current Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability of Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity <i>(Availability of cash when needed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflation Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax Deferral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What do you feel is a reasonable rate of return on your investments? _____

4. What is your investment temperament?

- I am **VERY CONSERVATIVE** and am more interested in conserving my capital than in making it grow. I am willing to accept moderate income and nominal capital gains potential in exchange for minimum risk.
- I am interested only in **HIGH QUALITY** investments and will be quite satisfied with a reasonable current return and some growth potential.
- I want a liberal **CASH RETURN** and then a chance for future capital appreciation.
- I can accept a lower level of income now in order to aim for **CAPITAL APPRECIATION** over the years and **GROWTH** of income in the future.
- I am willing to accept relatively **HIGH RISKS** in exchange for the possibility of above-average gains and **SPECULATION**.

Write a brief explanation for the answer given to *What is your investment temperament?*

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5. When did you decide investing your money was imperative to your obtaining ultimate financial objectives?

6. Do you now follow a plan for savings and investments? (Yes No)
If yes, describe and indicate how long you have been doing so.

7. Approximately how much have you invested since you made the above decision?

8. Are you presently satisfied with the way in which you are accomplishing your investment goals?
(Yes No) Explain:

9. How much money do you feel you should maintain in liquid reserves?

10. Have you ever used an Investment Counselor? (Yes No)
If yes, how was your experience with the Investment Counselor?

11. From an investment point of view, what is your opinion of the current economic outlook?

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12. Do you feel it is important to take into account the effects of inflation in your investment planning?

13. What annual rate of inflation do you feel will prevail over the next five years?

_____ % or No Opinion _____

14. Are there any investment sectors or companies that you feel tied to (for past performance, family or other social reasons)? (Yes No) If yes, which ones and why?

15. Are there any investment sectors or companies that you are philosophically opposed to? (Yes No) If yes, which ones and why?

16. What does financial independence mean to you?

17. At what age do you desire to retire? **Client 1** _____ **Client 2** _____

18. At retirement, what is the after-tax monthly income amount you desire? **Client 1** _____ **Client 2** _____

19. What is your single most important financial objective at this time?

20. If feasible, we may recommend additional leveraging. How do you feel about borrowing money?

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21. Do you consider tax consequences when making investments?

22. What methods are you now using to convert tax dollars into capital?

23. Many times we find clients are concerned about paying taxes but aren't willing to take steps to reduce taxes. If the economic merits are there, are you willing to follow a plan of reducing your taxes? (Yes No)
Explain:

24. Have you recently experienced any life changing events that we should be aware of? (i.e. Divorce, Education Expenses, Estate Issues, Moving, Retirement, Wedding) (Yes No) Explain:

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

26. Please describe anything that we have overlooked that should be considered in our planning:

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Personal Information

	Full Name	Nickname	DOB	Place of Birth	Social Security Number
Client 1					
Client 2					
Children					

Home Address _____ Own or Rent? _____

_____ How Long? _____

Previous Address _____

Home Phone (_____) _____ Home Email(s) _____

Client 1:

Employer (current or most recent if retired) _____ Start Date (or date of retirement) _____

Business _____

Occupation or Title _____ Business Email _____

Business Phone (_____) _____ Fax (_____) _____

Cell Phone (_____) _____ Personal Email _____

Education and Professional Data:

School	Degree	Year Received

Occupation (last 3 employers):

Employer	Position	Years (From -To)

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Client 2:

Employer (current or most recent if retired) _____ Start Date (or date of retirement) _____

Business _____

Occupation or Title _____ Business Email _____

Business Phone (_____) _____ Fax (_____) _____

Cell Phone (_____) _____ Personal Email _____

Education and Professional Data:

School	Degree	Year Received

Occupation (last 3 employers):

Employer	Position	Years (From -To)

Key Advisors

	Name	Address	Telephone Number	Email Address
Accountant				
Attorney				
Insurance Agent				
Other (please specify)				

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Additional Family Facts

Date of Marriage, if applicable _____ Spouse's Maiden Name _____

Do you plan to have (more) children? _____

State names of dependent children: _____

Are there any special considerations with any of your children or grand children which might affect your financial situation?

Is anyone else dependent upon you for support? _____ If so, explain _____

If married previously, are there any alimony or child support payments? _____

Describe, if any _____

Special Interests (Hobbies, Sports, etc...) _____

Children's Education

Will your children attend or are they presently attending Private School or College? _____

Graduate School? _____ Other? _____

Are you paying or do you intend to pay the entire cost? _____ If no, what percentage? _____

*Savings set aside for education/year: _____

Child's Name	Current Grade	Current Assets	Current Cost	Name of Private School or College (Attending or will attend)

**529, Coverdell ESA, UTMA/UGMA statements desired*

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Bank Accounts

Copies Of Current Account Statements Are Preferred In Lieu Of Completing This Page

Institution Name <small>(Indicate if Checking-C, Savings-S, Money Market-MM)</small>	Titled In The Name Of			Dollar Amount	Date Opened	Maturity Date
	Client 1	Client 2	Joint			
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
Certificates of deposit						
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
Other:						
Savings Bonds*						
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /

*Savings bonds – Please provide copies of bonds or a listing of certificate numbers & purchase dates.

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Real Estate

	Residence	Second Home	Rental #1	Rental #2	Rental #3
Location					
Owner (Joint, Client 1, etc.)					
Original Purchase Price & Date					
Present Market Value					
Date Of Current Mortgage & Starting Mortgage Amount**					
Interest Rate On Mortgage***					
Mortgage Term (Years)					
Principal & Interest Payment					
Real Estate Taxes					
Total Monthly Payments					
Current Mortgage Balance					
Amt. Owed On Home Equity Line****					
Second Mortgage & Date**					
Monthly Payment					
Gross Rental Income					

**Please provide copies of settlement sheets for sales, new purchases and refinancing.*

***Please provide most recent mortgage statement.*

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

***** Please provide rate and monthly payment.*

Additional notes you wish to provide relating to any of the properties (eg. Adjustable mortgage details, balloon payment amount and number of payments)

Residence _____

Second Home _____

Rental # _____

Rental # _____

Rental # _____

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Other Financial Assets

Please provide your investment experience, if any, with the following investment types:

	Client 1			Client 2		
	None	Moderate	Considerable	None	Moderate	Considerable
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds/UITs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options/Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you own options? (Yes No) If yes, please provide a schedule outlining grant date, grant price, number of shares, vesting dates & expiration date

Are the options granted to you as an employee? Yes As a board member? Yes As an Officer? Yes

Do you own commodities, precious metals and/or collectibles? (Yes No) If yes, please describe.

Do you have a professional practice? Partnership (Yes No) S Corporation (Yes No)
Sole Proprietorship (Yes No)

Percent/Owner: _____ Estimated Current Value & Method of Evaluation _____

Do you own any stock in a closely held corporation? (Yes No) If so, describe

Approximate Value _____ Are any of your assets pledged? (Yes No)

If yes, please explain _____

Do you have an interest in any limited partnership(s)? (Yes No) If yes, please provide most recent K-1.

Do you have any accounts or notes owed to you? (Yes No) If yes, please describe.

	Receivable #1	Receivable #2	Receivable #3	Receivable #4
Owner				
Original Note Balance				
Original Note Date				
Percent Interest				
Payment Frequency				
Total Payments				
Current Balance				

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Personal Assets

	Description	Owner	Purchase Date	Purchase Price	Current Value
Automobile #1					
Automobile #2					
Automobile #3					
Recreational Vehicle					
Household Furnishings					
Other (please specify)					
Other (please specify)					

RETIREMENT PLANS

Copies Of Retirement Plan Statements & Pension Benefit Estimates Are Desired

	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
Type*						
Description						
Owner						
Primary Beneficiary						
Contingent Beneficiary						
Employer Annual Contribution						
Employee Annual Contribution						
Date Opened						
Age Available						
Current Value						
Vested Amount						

*Type: IRA, Keogh, TSA, 401(k), 403(b), Pension, Profit Sharing, etc.

Can you make After-Tax contributions to your 401(K), 403(b), etc?

Client 1: Yes No **Client 2:** Yes No

Can you make Roth contributions? Client 1: Yes No Client 2: Yes No

Can you take In-Service withdraws from your 401(K), 403(b), etc?

Client 1: Yes No **Client 2:** Yes No

If yes, under what circumstances? _____ (Hardship? Anytime?)

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Liabilities

List any outstanding indebtedness, such as notes owed to institutions or individuals, margin accounts, installment accounts, charge accounts not paid in full at the end of the month, etc. Do not include mortgages since they are listed elsewhere.

	#1	#2	#3	#4	#5	#6
Lender						
Borrower						
Purpose						
Original Loan Date						
Original Loan Amount						
Current Balance						
Original Number of Payments						
Interest Rate						
Payment Frequency						
Payment Amount						

Do you have an outstanding tax liability? (Describe)

Do you have any other liabilities? (Describe)

Do you have any contingent liabilities? (Describe)

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Income/Expenses

Income Tax Filing Status: _____ # of Dependents _____

Federal Tax Bracket _____% State Tax Bracket _____%

	CLIENT 1		CLIENT 2	
INCOME (Gross):	Current Year 20_____	Projected 2nd Year 20_____	Current Year 20_____	Projected 2nd Year 20_____
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 (not listed on pg. 13)				
Other Expense _____				
Other Expense _____				
Other Expense _____				

* Mortgage and Real Estate taxes should be entered on page 11

**Automobile loans should be entered on page 14

***Specify premium details on page 17, or provide policies/statements

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Estate Planning

Please provide copies of wills, trusts, powers of attorney & advance directives

	Client 1	Client 2
What kind of wills do you have? (i.e. Simple, Bypass, Two Trust, etc.)	_____	_____
Date drawn	____/____/____	____/____/____
Date it was last reviewed	____/____/____	____/____/____
State in which it was drawn	_____	_____
Name of person who wrote your will	_____	_____

1. Do these wills accomplish your desired current objectives? (Yes No)
Details: _____
2. Are you interested in preserving estate values to pass to your children? (Yes No)
Details: _____
3. Have you named a guardian for your children? (Yes No)
If Yes, who? _____
4. Who is the executor? _____
5. If trust is involved, who is trustee? _____
6. Do you have a pre- or post- nuptial agreement? (Yes No)
7. Are your beneficiaries good at managing money? (Yes No)
Details: _____
8. Do any of your beneficiaries have special needs? (Yes No)
Details: _____
9. Has a Special Needs Trust been established for any of your beneficiaries? (Yes No)
Details: _____
10. Are any of your beneficiaries receiving government assistance? (Yes No)
Details: _____
11. In the event of your spouse's death, what is the after-tax monthly income amount you desire?
Client 1 _____ **Client 2** _____
12. If **Client 1** died first, could **Client 2**... Carry on your business? (Yes No) Manage investments? (Yes No)
If no, please specify who could: _____
13. If **Client 2** died first, could **Client 1**... Carry on your business? (Yes No) Manage investments? (Yes No)
If no, please specify who could: _____
14. Do you want to leave any special bequests to churches, schools, civic groups, or charities? (Yes No)
Details: _____
15. Have you made any sizeable gifts to relatives or other non-charitable beneficiaries? (Yes No)
Details: _____

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Insurance

Please provide policies for Life and Disability.

LIFE	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Carrier					
Policy Number					
Face Value					
Type*					
Insured					
Owner					
Primary Beneficiary(s)					
Contingent Beneficiary(s)					
Premium Payor					
Total Cash Value					
Loan Outstanding					
Interest Rate					
Date Acquired					
Annual Premium					

*Type: (W) Whole Life, (V) Variable Life, (T) Term Life (if term, indicate number of years)

DISABILITY	Policy #1	Policy #2	Policy #3	Policy #4
Carrier				
Policy Number				
Insured				
Owner				
Premium Payor				
Monthly Benefit				
How long before benefits begin				
Length of Benefit Period				
Premium & Frequency				

OTHER*	Property & Casualty (i.e. Homeowners, Auto, Liability), Office Overhead, Long-term Care
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**Please provide policies/statements*

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