



CONFIDENTIAL QUESTIONNAIRE Date completed: _____

CLIENT NAME (1) _____ **CLIENT NAME (2)** _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Social Security #: _____ Social Security #: _____

Birthdate: _____ Birthdate: _____

Preferred Method of Contact:
E-mail Phone

Primary contact person during business hours? _____

Family Members *Please list children and other dependents

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent?(Y/N)</u>	<u>Resides?(City & State)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Client Employer (1)	_____	Client Employer (2)	_____
Title/Job:	_____	Title/Job:	_____
Number of years with this employer:	_____	Number of years with this employer:	_____
Anticipated employment changes? (Y/N)	_____	Anticipated employment changes? (Y/N)	_____
When do you plan to retire?	_____	When do you plan to retire?	_____
Salary:	_____	Salary:	_____
Self-Employment Income	_____	Self-Employment Income	_____
Bonus/Commissions:	_____	Bonus/Commissions:	_____
Other Earned Income:	_____	Other Earned Income:	_____
TOTAL (Current Yr.)=	_____	TOTAL (Current Yr.)=	_____

Who prepares your tax return?

Self	Name: _____
Paid Preparer	Address: _____

	Phone: (_____) _____ - _____
	Fax: (_____) _____ - _____

Do you have estate planning documents? (Y/N) When and what state were they drafted?

Wills	_____	_____
Living Trusts	_____	_____
Power of Attorney	_____	_____
Living Will	_____	_____
Other Documents	_____	_____

How were your current investment assets selected?

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5 (1 being most true and 5 least true).

- _____ I would rather work longer than reduce my standard of living in retirement.
- _____ I feel that I/we can reduce 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 do not brood over bad investment decisions I have made.
- _____ I feel comfortable with aggressive growth investments.
- _____ I do not 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.

Rate your working relationships with each of the following advisors that apply (1 being very dissatisfied and 5 being very satisfied).

<u>Adviser</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>Not Applicable</u>
Financial Planner						
Broker						
Broker						
Accountant						
Tax Preparer						
Attorney						
Insurance Agent						
Insurance Agent						



Insurance	Client (1)		Client (2)		
	Coverage/Cost	<u>Group</u> <u>Individual</u>	Coverage/Cost	<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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Assets

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

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Appx. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____



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

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided.

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____	_____
Secondary Residence	_____	_____
Furnishings (Liquidation Value)	_____	_____
Vehicle _____	_____	_____
Vehicle _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

LIABILITIES

*If not paid in full each month

<u>Credit Card</u>	<u>Interest Rate</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$



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

Have you received a copy of your credit report recently? Yes No

Please comment on the advice you seek:

1. What are your most important financial concerns? What would you like to accomplish through this engagement?

40 What is most important about money to you?

3. How do you envision your lifestyle 5 years from now?

60 Is your outlook generally optimistic or pessimistic concerning the future? _____

70 What are your most important *non*-financial concerns and objectives right now?

*Please rank "j go 0

6. What would “financial independence” mean to you? How would you direct your life if there were *nothing* to impede your choices?

Would you pursue a hobby that you especially enjoy doing? Yes No Which?

7. In detail, what would you consider the kind of service an ideal financial adviser would provide you?

8. What are the keys to making this relationship successful for you? What are your expectations of us as your Investment Adviser Representative?

9. During our review *three years from now*, what will need to have happened between now and then for you to feel satisfied with your progress?

10. How do you make important investment decisions?

11. Have you ever worked with a financial advisor before? Yes No What was good about that experience?

Unsatisfactory?

12. Who are your other advisers? *Names optional Where are their strengths and weaknesses, in your eyes?

13. What is your most memorable investment experience?

14. Have you ever been involved in litigation? Yes No What happened?

15. How much is your current income? _____ Sources?

16. How much do you currently save? _____ Where do you put it?

17. Do you track expenses? Yes No If so, how?

If not, is this a concern? _____

18. What changes do you expect with your finances in the future, that you wish to plan for?

Family obligations:

Inheritances: _____

Other: _____

19. What are your goals/concerns regarding passing assets to children or others?

20. Is there anything else we need to talk about? Any “special needs” situations for which you are responsible?

Please securely e-mail (via ShareFile), fax, mail or drop off the following documents at least 5 business days prior to your next meeting:

Confidential Questionnaire

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

We look forward to helping you achieve and manage your *Happiness In Retirement!*

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