

# SOARES FINANCIAL CONFIDENTIAL FINANCIAL QUESTIONNAIRE

*The Certified Financial Planner Board of Standards requires that proper data gathering be performed as part of the financial planning process. This information is confidential and, unless required by law, cannot be released without your consent.*

	<i>Client A</i>	<i>Client B</i>
Name	_____	_____
SSN	_____	_____
Birth date	_____	_____
Occupation/title	_____	_____
Employer	_____	_____
Years with employer	_____	_____
Employment earnings	_____	_____
Other earned income	_____	_____
Expected increases	_____	_____
Expected job changes	_____	_____
Planned retirement date	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Address	_____	
Home Phone	_____	Fax (home or work) _____
Preferred contact person/method/time:	_____	

<i>Personal Advisors</i>	Name	Company	Telephone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Banker	_____	_____	_____
Broker	_____	_____	_____
Insurance Agent	_____	_____	_____

Are you generally satisfied with your advisors? \_\_\_\_\_

If you had a previous financial planner, why did you terminate the relationship? \_\_\_\_\_

\_\_\_\_\_

Indicate your knowledge of:

Tax law (do own return?): \_\_\_\_\_

Investing (do own?): \_\_\_\_\_

Insurance/risk mgmt: \_\_\_\_\_

Retirement plans: \_\_\_\_\_

Estate planning/law: \_\_\_\_\_

Education planning/financial aid: \_\_\_\_\_

Computers/internet: \_\_\_\_\_

How much do you want to do/learn? \_\_\_\_\_

\_\_\_\_\_

**GOALS**

<i>How important are the following to you?</i>	<i>Client A</i>		<i>Client B</i>	
	<i>Very</i>	<i>Not</i>	<i>Very</i>	<i>Not</i>
Planning for a comfortable retirement .....		—	—	—
Developing an investment strategy .....	—	—	—	—
Funding education (yours, children’s, grandchildren’s) .....	—	—	—	—
Providing for your family in the event of your disability .....	—	—	—	—
Providing for your family in the event of your death .....	—	—	—	—
Making sure you can pay for long term care if you need it .....	—	—	—	—
Making sure your assets last as long as you do .....	—	—	—	—
Developing better cash flow management skills .....	—	—	—	—
Developing a savings plan .....	—	—	—	—
Having funds available for emergencies/opportunities .....	—	—	—	—
Making sure your property is adequately insured .....	—	—	—	—
Having adequate liability protection .....	—	—	—	—
Accumulating funds for a career change .....	—	—	—	—
Accumulating funds for a major purchase .....	—	—	—	—
Minimizing income taxes .....	—	—	—	—
Minimizing healthcare costs .....	—	—	—	—
Arranging a smooth transition to beneficiaries at death .....	—	—	—	—
Minimizing estate taxes .....	—	—	—	—
Avoiding probate .....	—	—	—	—
Determining how your estate will be distributed .....	—	—	—	—
Developing a gifting program to family or charities.....	—	—	—	—

What are the main issues with which you want this process to assist you?

Client A: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Client B: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you believe you are on track to meet your financial goals?

Client A: \_\_\_\_\_  
 \_\_\_\_\_

Client B: \_\_\_\_\_  
 \_\_\_\_\_

What would it take for you to feel financially secure?

Client A: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Client B: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Risk Assessment Questionnaire

Your name \_\_\_\_\_

1. %00 I am more concerned about protecting my assets than about growth.
2. %00 I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3. %00 Professional advisors and mutual funds may achieve higher growth than I can.
4. %00 I am comfortable with investments that promise slow, long term appreciation and growth.
5. %00 I don't brood over bad investment decisions I have made.
6. %00 I feel comfortable with aggressive growth investments.
7. %00 I do not like surprises.
8. %00 I am optimistic about my financial future.
9. %00 My immediate concern is for income rather than growth opportunities.
10. %00 I am a risk taker.
11. %00 I make investment decisions comfortably and quickly.
12. %00 I like predictability and routine in my daily life.
13. %00 I usually pick the tried and true, the slow, safe but sure investments.
14. %00 I need to focus my investment efforts on reserve funds and insurance rather than growth.
15. %00 I prefer predictable, steady returns on my investments, even if the return is low.

**Note: Each client should complete a Risk Assessment Questionnaire.**

**Assets**

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

No.	Asset name	Current value*	Annual Additions	Account description (i.e. stock, 401k, bank account, etc)	Owner
1	_____	\$ _____	\$ _____	_____	_____
2	_____	\$ _____	\$ _____	_____	_____
3	_____	\$ _____	\$ _____	_____	_____
4	_____	\$ _____	\$ _____	_____	_____
5	_____	\$ _____	\$ _____	_____	_____
6	_____	\$ _____	\$ _____	_____	_____
7	_____	\$ _____	\$ _____	_____	_____
8	_____	\$ _____	\$ _____	_____	_____
9	_____	\$ _____	\$ _____	_____	_____
10	_____	\$ _____	\$ _____	_____	_____
11	_____	\$ _____	\$ _____	_____	_____
12	_____	\$ _____	\$ _____	_____	_____
13	_____	\$ _____	\$ _____	_____	_____
14	_____	\$ _____	\$ _____	_____	_____
15	_____	\$ _____	\$ _____	_____	_____
16	_____	\$ _____	\$ _____	_____	_____
17	_____	\$ _____	\$ _____	_____	_____
18	_____	\$ _____	\$ _____	_____	_____
19	_____	\$ _____	\$ _____	_____	_____
20	_____	\$ _____	\$ _____	_____	_____
21	_____	\$ _____	\$ _____	_____	_____
22	_____	\$ _____	\$ _____	_____	_____
23	_____	\$ _____	\$ _____	_____	_____
24	_____	\$ _____	\$ _____	_____	_____
25	_____	\$ _____	\$ _____	_____	_____

**Additional Assets/Debts**

Other Asset Values			Owner	Other Debts/Liabilities			Owner
Residence value:	\$ _____	_____		Residence mortgage:	\$ _____	_____	
Personal property:	\$ _____	_____		Credit card balances:	\$ _____	_____	
Autos:	\$ _____	_____		Autos loans:	\$ _____	_____	
Boats, RVs, etc:	\$ _____	_____		Boats, RVs, etc. loans:	\$ _____	_____	
Other assets:	\$ _____	_____		Other loans:	\$ _____	_____	

\*In today's dollars

**INCOME & EXPENSES**

Are your current income needs being met? \_\_\_\_\_

Do you have an emergency fund of cash reserves to cover 3-6 months of living expenses? \_\_\_\_\_

Do you believe your finances are pretty well-organized? \_\_\_\_\_

Do you have a savings & investment target amount you aim for each year? \_\_\_\_\_ Amount or %? \_\_\_\_\_

Have you been successful? \_\_\_\_\_

Do you have a formal budget for family expenditures? \_\_\_\_\_ If not, do you feel you need one? \_\_\_\_\_

Do you regularly reconcile your checkbook? \_\_\_\_\_ Do you pay your bills as they come in? \_\_\_\_\_

How often do you forget to pay your bills on time? \_\_\_\_\_

When do you expect to purchase/lease your next vehicle? \_\_\_\_\_ Expected cost? \_\_\_\_\_

How often do you purchase/lease vehicles? \_\_\_\_\_

Do you have a line of credit? \_\_\_\_\_ Do you have a home equity loan? \_\_\_\_\_

Do you know how your credit is rated by the major credit bureaus? \_\_\_\_\_

Does your employer offer a cafeteria plan? \_\_\_\_\_ Do you use it? \_\_\_\_\_

**Expenses**

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes. See Budget Calculation Worksheet for help in calculating Expense Total

<b>Annual Living Expenses (today's dollars)</b>		<b>Annual inflation rates for living expenses</b>	
Now:	\$ _____	Before Retirement:	_____ %
Current Surviving Household:	\$ _____	Surviving Household:	_____ %
During Retirement:	\$ _____	During Retirement:	_____ %
Single Retiree Survivor:	\$ _____	Single Retiree Survivor:	_____ %

**Special Income/Expenses**

**Special Income/Expense List** any other sources of income (including gifts & inheritances) or special expenses to be paid from your capital accounts.

Description	Annual amount	Annual increase rate	Starting year	Number of years
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____

## Education Funding

*Children's Education and Fund Expenses*

Name of child	DOB or Age	Age start college	Cost/year*	No. years	Current college fund
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

Inflation rate to use for college planner: \_\_\_\_\_%

Rate of return on college funds: \_\_\_\_\_%

College fund account types (529,UGMA,Ect): \_\_\_\_\_

\*In today's dollars

## RETIREMENT PLANNING DATA

### Pension, Earned Income & Social Security

**Defined Benefit Pension(s)** Include information on pension plans that provide an annual income level (i.e.: military pension, state pension, etc.)

	Client Pension 1	Client Pension 2	Spouse Pension 1	Spouse Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____%	_____%	_____%	_____%
Increase rate after retirement:	_____%	_____%	_____%	_____%
Survivor benefit (%):	_____%	_____%	_____%	_____%

**Current Annual Income**

	Client	Spouse
Earned income now:	\$ _____	\$ _____

**Social Security**

	Client	Spouse
Age to start benefit:	\$ _____	\$ _____
Anticipated annual increase rate:	_____%	_____%
Anticipated or current annual benefit:	\$ _____	\$ _____

### Do you participate in any other company plans?

(e.g. stock options, stock purchase or deferred comp plans) \_\_\_\_\_

Are you taking full advantage of the retirement plans at work? \_\_\_\_\_

Have you considered where you want to retire? \_\_\_\_\_

Will you keep your current home when you retire? \_\_\_\_\_

## INSURANCE

### LIFE INSURANCE

List any policies on you or owned on the lives of others. Policy types: whole life (WL), universal life (UL), variable life (VL), variable universal life (VUL), 1<sup>st</sup> or 2<sup>nd</sup> to die (J1, J2), annually renewable term (ART), 5 or 10 year term (T5, T10), employer sponsored (ES)

Company	Policy Type	Death Benefit	Owner	Insured	Beneficiary	Annual Premium	Current Cash Value	Loan Balance
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### HEALTH INSURANCE

Company	Insured	Type	Group or Individual	Deductible	Co-pay	Rx Card?	Monthly Premium	Paid by Employer?
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### DISABILITY INSURANCE

Company	Insured	Group or Individual	Monthly Benefit	Waiting Period	Benefit Period	Annual Premium	Paid by Employer?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do you know how disability is defined in the policy(ies)? \_\_\_\_\_

### LONG TERM CARE INSURANCE

Company	Insured	Group or Individual	Daily Benefit	Waiting Period	Benefit Period	Inflation Rider?	At Home Benefit%	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### VEHICLE INSURANCE

Company	Vehicles Covered	Liability Limits	Deductible	Uninsured Motorist	Towing?
_____	_____	_____/____	_____	_____	_____
_____	_____	_____/____	_____	_____	_____

### HOMEOWNER'S

Company	Property	Dwelling Coverage	Deductible	Repl Value?	Liab Limit	Earthquake Coverage?	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do you have any of the following coverages? If yes, list coverage amount.

Umbrella liability? \_\_\_\_\_ Professional liability? \_\_\_\_\_

Director's liability? \_\_\_\_\_ PMI? \_\_\_\_\_

Specified personal property (for valuables)? \_\_\_\_\_

Other \_\_\_\_\_

Do you have any special insurance needs? \_\_\_\_\_

Have you ever been turned down for insurance? \_\_\_\_\_

Is there any insurance offered at work that you are not using? \_\_\_\_\_

To the best of your knowledge, is all of your property adequately insured? \_\_\_\_\_

## RISK MANAGEMENT

If you do not have disability insurance, how would you support yourself and family if you became disabled? \_\_\_\_\_

Does your property contain any 'attractive nuisances' (eg swimming pool)? \_\_\_\_\_

Have you videotaped your valuables? \_\_\_\_\_ Do you have an up-to-date inventory of your possessions? \_\_\_\_\_

Do you have a safe deposit box? \_\_\_\_\_ Do you have a list of the contents of your wallet or purse? \_\_\_\_\_

### *Do you or any member of your family:*

Participate in sports, hobbies, civic activities, charitable, or professional organizations; serve on any boards of directors or contribute to decision-making process of any organization; handle money for any organization; have any contractual obligations; work out of your home; employ anyone at your home; have any sources of professional liability; rent out property; carpool; or have any potentially dangerous pets? \_\_\_\_\_

Do you believe you are adequately covered for the risk of these activities? \_\_\_\_\_

## ESTATE PLANNING DATA

*Client A*

*Client B*

Do you have a will? \_\_\_\_\_

Do you have a living trust? \_\_\_\_\_

Do you have a living will/healthcare power of attorney? \_\_\_\_\_

When were these documents last reviewed? \_\_\_\_\_

Are you comfortable that your estate plan is up-to-date? \_\_\_\_\_

Do you have a letter of instruction for administration? \_\_\_\_\_

Have you discussed the contents and location of your will and letter of instructions with your immediate family? \_\_\_\_\_

Are your beneficiary designations consistent with your estate plan? \_\_\_\_\_

Are you planning to make any changes to your will or estate plan? \_\_\_\_\_

Do you have children from prior marriages? Adoptions? \_\_\_\_\_

Are there any special needs that might require unequal distribution to your children? \_\_\_\_\_

Are there any others for whom you need to provide in your estate plan? \_\_\_\_\_

Have you considered a living trust in order to avoid probate? \_\_\_\_\_

Have you set up any other trusts? \_\_\_\_\_

Have the trusts been funded (i.e. assets titled in the name of the trust)? \_\_\_\_\_

Do you believe you have a taxable estate? \_\_\_\_\_

### ***In the event of your death:***

Are you comfortable that your family's needs would be met? \_\_\_\_\_

Is your spouse experienced at handling family finances? \_\_\_\_\_

Have you arranged for a guardian of your minor children? \_\_\_\_\_

## GIFTING DATA

Do you presently have a gifting program? \_\_\_\_\_

Do you have assets that you would like to gift? \_\_\_\_\_

Do you have a charitable goal that needs funding? \_\_\_\_\_

Have you filed any gift tax returns? \_\_\_\_\_

Have you given gifts for which you should have filed gift tax returns? \_\_\_\_\_

**INVESTMENT DATA**

Are you satisfied with your investment results? \_\_\_\_\_  
If not, why not? \_\_\_\_\_  
What type investments are you familiar with? \_\_\_\_\_  
What are your reasons for choosing your current investments? \_\_\_\_\_  
Are you planning any significant investments soon? \_\_\_\_\_  
Are any of your investment assets earmarked? \_\_\_\_\_  
Are you well-diversified? \_\_\_\_\_

**IN CONCLUSION**

Do you have any other pertinent facts or considerations or concerns not previously covered?

*Client A:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Client B:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that the financial planning process depends on the accuracy of the information that I have provided.*

\_\_\_\_\_  
Signature Client A

\_\_\_\_\_  
Signature Client B

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Date completed

## Document Request

Please provide the following items as indicated. Let us know if these items are your originals.

- \_\_\_\_\_ Previous financial plans
- \_\_\_\_\_ Personal financial statements for last 3 years (if available)
- \_\_\_\_\_ Latest paycheck stubs
- \_\_\_\_\_ Tax returns for 3 prior years
- \_\_\_\_\_ All gift tax returns
- \_\_\_\_\_ Estate tax returns for estates in which you were a beneficiary
  
- \_\_\_\_\_ Most recent statements for all brokerage, money market, mutual fund, and retirement accounts
- \_\_\_\_\_ Most recent report of vested interest in pension or profit-sharing plans
- \_\_\_\_\_ Retirement account investment options
- \_\_\_\_\_ Documents pertaining to other employer-benefit plans (stock option programs, life insurance, deferred comp)
- \_\_\_\_\_ Employee benefits booklet
- \_\_\_\_\_ Social Security Benefits Statement
  
- \_\_\_\_\_ Life insurance policies
- \_\_\_\_\_ Health insurance policy/handbook
- \_\_\_\_\_ Disability insurance policy
- \_\_\_\_\_ Auto insurance policy
- \_\_\_\_\_ Homeowner's policy
- \_\_\_\_\_ Umbrella liability policy
- \_\_\_\_\_ Professional liability/malpractice policy
- \_\_\_\_\_ Director insurance policy
  
- \_\_\_\_\_ Wills
- \_\_\_\_\_ Trust agreements
- \_\_\_\_\_ Powers of attorney
- \_\_\_\_\_ Powers of appointment
- \_\_\_\_\_ Guardian agreements
  
- \_\_\_\_\_ Partnership and joint venture agreements

## Budget Calculation Worksheet

Expense Worksheet	Estimated Monthly Expenses		
<i>Fixed Expenses:</i>	<i>Now:</i>	<i>Retirement:</i>	<i>Survivor:</i>
Mortgage payment or rent			
2 <sup>nd</sup> home mortgage			
Auto note			
Personal loans			
Credit cards			
Life insurance			
Disability insurance			
Medical insurance			
Long-term-care insurance			
Homeowner/renter insurance			
Auto insurance			
Umbrella liability insurance			
Property taxes			
<i>Variable Expenses:</i>			
Food			
Utilities & cable			
Telephone			
Home Repair & Maintenance			
Home Improvements/Furnishings			
Clothing			
Laundry			
Child care			
Education			
Personal care			
Auto gas, oil, maintenance			
Other transportation			
Entertainment, dining			
Vacation, recreation			
Club/association dues			
Hobbies			
Gifts, birthdays			
Donations			
Un-reimbursed medical, dental			

**SOARES FINANCIAL, INC.**

**ACKNOWLEDGEMENT OF RECEIPT OF FORM ADV & PRIVACY POLICY**

By my signature below, I acknowledge receipt of a copy form ADV Part II for Soares Financial, Inc. updated as of April 30, 2011.

I understand that if I did not receive this at least 48 hours prior to entering into an investment advisory contract or financial planning agreement, I have 5 days to cancel after entering into the agreement.

I also acknowledge receipt of the Privacy Policy for Soares Financial, Inc.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date