



SMITH
FINANCIAL ADVISORS INC.

DETAILED QUESTIONNAIRE

Personal and Confidential

Personal Information

	Client	Spouse
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Address:		
Phone Numbers: Home:	_____	_____
Work:	_____	_____
Cell:	_____	_____
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employer	_____	_____
Do you anticipate any change in employment?		

Please list children, grandchildren, and any other dependents..

Name	Date of Birth	Relationship
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent

What do you hope to accomplish by utilizing a financial planner?

Do you have any critical financial issues that require immediate attention (i.e. loss of job, poor investment performance, etc)?

What are your financial goals and objectives, in order of importance (i.e. college funding, retirement, bequest, major purchase, etc.)?

1.

2.

3.

4.

Do you budget and are you saving towards the above goals?

Have you ever worked with a financial planner or investment manager? Are you now?

Do you have an :		Name:	Satisfied?
Attorney	Yes ___ No ___		
Accountant	Yes ___ No ___		
Insurance Agent	Yes ___ No ___		
Investment Broker	Yes ___ No ___		

Income:

	Client	Spouse
Annual Salary		
Bonus/commissions		
Other Income (Source: _____)		
Estimated combined total		
Anticipated rate of increase		

Retirement Plans:

	Client	Spouse
Expected Retirement Age		
Annual contributions made to retirement plan		
Percent matched by employer		
Do you contribute to a regular or Roth IRA?		
Do you qualify for a pension?		
Describe benefit		
Can it be taken in a lump-sum?		

Education Funding:

Are any/all dependents planning to attend college?	
Private/Public/Other	
What % of the total cost would you like to provide?	
Have you begun saving for college?	
What type of investment vehicle?	

Risk Assessment Questionnaire

<p>Time Horizon: Your current situation and future income needs</p>	<p>What is your current age?</p> <ul style="list-style-type: none"><input type="radio"/> Less than 45<input type="radio"/> 45 to 55<input type="radio"/> 56 to 65<input type="radio"/> 66 to 75<input type="radio"/> Over 75 <p>When do you expect to start drawing income?</p> <ul style="list-style-type: none"><input type="radio"/> Not for at least 20 years<input type="radio"/> In 10 to 20 years<input type="radio"/> In 5 to 10 years<input type="radio"/> Not now, but within 5 years<input type="radio"/> Immediately
<p>Long-Term Goals and Expectations: Your views of how an investment should perform over the long term.</p>	<p>What is your goal for this investment</p> <ul style="list-style-type: none"><input type="radio"/> To grow aggressively<input type="radio"/> To grow significantly<input type="radio"/> To grow moderately<input type="radio"/> To grow with caution<input type="radio"/> To avoid losing money <p>Assuming normal market conditions, what would you expect from this investment over time?</p> <ul style="list-style-type: none"><input type="radio"/> To generally keep pace with the stock market<input type="radio"/> To slightly trail the stock market, but make a good profit<input type="radio"/> To trail the stock market, but make a moderate profit<input type="radio"/> To have some stability, but make modest profits<input type="radio"/> To have a high degree of stability, but make small profits <p>Suppose the stock market performs unusually poorly over the next decade. What would you expect from this investment?</p> <ul style="list-style-type: none"><input type="radio"/> To lose money<input type="radio"/> To make very little or nothing<input type="radio"/> To eke out a little gain<input type="radio"/> To make a modest gain<input type="radio"/> To be little affected by what happens in the stock market
<p>Short-Term Risk Attitudes: Your attitude towards short term volatility</p>	<p>Which of these statements would best describe your attitudes about the next three years' performance of this investment?</p> <ul style="list-style-type: none"><input type="radio"/> I don't mind if I lose money.<input type="radio"/> I can tolerate a loss<input type="radio"/> I can tolerate a small loss<input type="radio"/> I'd have a hard time tolerating any losses<input type="radio"/> I need to see at least a little return <p>Which of these statements would best describe your attitudes about the next three months' performance of this investment?</p> <ul style="list-style-type: none"><input type="radio"/> Who cares? One calendar quarter means nothing<input type="radio"/> I wouldn't worry about losses in that time frame<input type="radio"/> If I suffered a loss of greater than 10%, I'd get concerned<input type="radio"/> I can only tolerate small short-term losses<input type="radio"/> I'd have a hard time stomaching any losses

Summary of Key Assets and Liabilities:

Assets:

Cash Assets:	Ownership	Amount
Checking		
Money-Market		
Savings		
Other		
Other		
Total:		
Home	Primary Residence	Secondary Residence
Date Purchased		
Purchase Price		
Current Value		
Any Plans to sell/move?		
Upcoming Improvements/Expenditures/Amount		
Personal Property:	Description if applicable	Value
Furnishings		
Other Real Estate		
Business		
Other		
Automobiles:	Vehicle 1	Vehicle 2
Type/Year		
Purchase Price		
Current Value		
How long will it be kept?		
Investment Assets	Owner	Value
Pension Plan		
401k		
IRA		
Other Qualified Plan		
Investment Account(_____)		
Investment Account(_____)		
Total:		

Liabilities:

Credit Cards	Company	Amount Outstanding	Interest Rate	Amount Paid Monthly
Card 1				
Card 2				
Card 3				
Total				
Mortgage:	Term	Amount Outstanding	Interest Rate	Monthly Payment
Mortgage 1 (Home)				
Mortgage 2 (Other)				
Total:				
Other Debt	Description	Amount Outstanding	Interest Rate	Monthly Payment
Equity Line of Credit				
Auto Loan 1				
Auto Loan 2				
Other				
Total Debt:				

Insurance Summary:

Life Insurance	Company	Amount	Owner	Beneficiary	Annual Premium	Type (Term, Whole Life, etc)	Cash Value
Policy 1							
Policy 2							
Policy 3							
Policy 4							
Policy 5							
Policy 6							
Policy 7							
Disability							
Long-Term Care							
Homeowner's							
Umbrella							
Auto							

Estate Planning:

Type	Dated
Will	
Trusts	
Power of Attorney	
Living Will	
Other	
Question	Answer
I am concerned about estate taxes	
I would like to accumulate an estate to pass on to heirs	

Are there any other areas that you would like to discuss not covered in this questionnaire?

Other Documents to Provide:

Description	Included?
IRA statements	
401k statements	
Pension statements	
Deferred Compensation Agreements	
Stock Option Agreements	
Profit Sharing statements	
Employee Benefit Books	
Tax Returns for 3 years	
Current Pay stub	
Estate Documents (will, trust agreement, power of attorney, etc.)	
Annuity policies and statements	
Life Insurance statements	
Buy/Sell agreements	
Brokerage Account statements	
Long-Term Care Policies	
Disability Policies	
Other	