

FINANCIAL SOLUTIONS

Client Questionnaire

Date: _____

SECTION ONE - PERSONAL INFORMATION		
	Client	Co-Client
Name		
Home Address 1		
City, State, Zip		
Email Address		
Home Phone		
Cell Phone		
Work Phone		
Year of Birth		
Primary contact person during business hours:		
Best way to contact you during business hours: Home Phone Work Phone Cell Phone Email		

DEPENDENTS			
Name	Relationship	Year of Birth	Resides in City, State

DISABILITIES		
Do you or any of your dependents have disabilities?	YES	NO

SECTION TWO - INCOME & SAVINGS		
	Client	Co-Client
Employer		
Title/Job		
Years With Employer		
Annual Salary		
Bonus		
Commission		
Total amount of your take-home pay each MONTH (after taxes, benefits and other deductions)		
Monthly Pension income		
Monthly Social Security income		
Other sources of regular income		
% of pay you are contributing to employer-sponsored retirement plan (401(k), 403(b), etc.)		
% of pay your employer contributes		
Approximate yearly contributions to IRAs		
Approximate yearly additions to taxable (non-retirement) savings such as checking/savings		
Approximate yearly contributions to college savings including 529 plans		
At what age do you hope to retire?		
Will you receive a pension at retirement?		
Do you track your monthly spending (i.e. Quicken, MS Money, Excel, etc.)?	YES	NO

SECTION THREE - ADVISOR RELATIONSHIPS			
Please rate your working relationships with each: 1 = Very Dissatisfied; 5 = Very Satisfied (check one)			
Advisor	1 2 3 4 5	Not Applicable	Comments
Financial Planner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Broker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Accountant	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Attorney	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Home & Auto	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Life	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

SECTION FOUR - ASSETS	
Description	Approximate Value
Total Non-Retirement Savings (Checking, Savings, CDs, Investments, etc.)	\$
Total savings in IRAs	\$
Total savings in Employer Plans (401k's, 403(b)'s, deferred comp, etc.)	\$
Total savings in 529 plans	\$
Annuities	\$
Other savings (please identify)	\$
Primary Residence (your home)	\$
Vehicle #1:	\$
Vehicle #2:	\$
Vehicle #3:	\$
Other:	\$
Other:	\$

SECTION FIVE - LOANS				
Mortgage, auto, school, home equity, installment loans, etc. (Exclude credit cards)				
Description	Years Remaining	Interest Rate	Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

SECTION SIX - CREDIT CARDS				
Credit Card Company	Paid off monthly? Y/N	Interest Rate	Avg. Monthly Payment	Current Balance (if not paid off each month)
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

When did you last check your credit score?	What was your score?
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SECTION SEVEN - INSURANCE					
PROPERTY & CASUALTY INSURANCE					
Coverage Type	Company	Liability Coverage Amount	Deductible	Annual Premium	
Homeowners					
Auto					
Umbrella					
Other					
LIFE INSURANCE					
Person Insured	Insurance Company (if through your employer, write "group")	Death Benefit	Type (Term or Permanent)	Years Remaining (Term Only)	Annual Premium
DISABILITY INSURANCE					
Person Covered	Insurance Company (if through your employer, write "group")	Benefit Amount	Annual Premium		
HEALTH CARE INSURANCE					
Do you and your family have health insurance coverage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your health insurance through your employer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
How much do you pay each month for health care insurance premiums?				\$	
Do you feel that your health insurance coverage is adequate?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will your employer pay for some or all of your health insurance after you retire?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there issues regarding your health insurance that you would like to discuss?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
MISCELLANEOUS					
Do you have long term care insurance?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been turned down for insurance?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there special problems with respect to family members that should be considered?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION ELEVEN – INVESTMENT ATTITUDE RISK QUESTIONNAIRE

Please circle or check a number in answer to each of the risk tolerance questions below.

1. When making a major financial decision of any kind, do you tend to focus more on the possible gains or on the possible losses when making the decision?

Possible Losses	An Equal Mix of Both					Possible Gains
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

2. How important is it to you that your investments should grow with only minimal fluctuations in value?

Not at all	Moderately Important					Very important
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

3. How important is it to you that your investments should provide inflation protection?

Not at all	Moderately Important					Very important
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

4. How much risk are you willing to take with your investments to achieve a higher return at this point in your life?

None at all	A Moderate amount					A lot
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

5. How often do you check the value of your investments?

Hourly	Monthly					Hardly Ever
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

6. How do you perceive your own attitude toward risk in everyday life?

Enjoy Taking Risks	About Average					Avoid Risks Always
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

7. When making a long term investment, how long do you plan on holding it?

1-2 Years	5-6 Years					9-10+ Years
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

8. By how much could the value of all of your investments decline before you would begin to feel uncomfortable?

Very Small Amount	30%					More than 60%
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				

9. If the value of your investment fell 50% and stayed down for more than a year, what would you do?

- | | | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Sell all of the remaining investment | | Nothing | | Buy more of the investment | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

10. Generally, I prefer investments with little or no fluctuations in value and I'm willing to accept the lower return associated with these investments.

- | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Strongly Disagree | | Somewhat Agree | | Strongly Agree | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

11. What Average Annual Rate of Return* do you hope to achieve to reach your financial goals: _____ %*

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

SECTION TWELVE - INSTRUCTIONS

At least two weeks before our meeting date, please send or drop off:

1. This completed Client Questionnaire
2. Copies of recent account statements for each of your various investment assets. These would include: brokerage accounts, savings accounts, IRAs, 401(k), 403(b) or other company savings plans, mutual funds, 529 plans, annuities, permanent life insurance policies, etc.
3. A list of the investments available to you in your employer's 401(k) and/or 403(b) plan(s)
4. Recent federal income tax return (two years if possible)

Additional documentation may be requested after we review your Questionnaire responses.

For security purposes, please black out or delete all account numbers and Social Security numbers from any materials that you provide to us.

You may send your information by any of the following:

Email: Scan and email to: PDolce@FinancialSols.com
Fax: 866-326-0396

By U.S. Mail: Send to Financial Solutions LLC, 1794 Harwitch Road, Columbus, Ohio
By Secure Upload: If you have your supporting documentation in digital format, please send an email to PDolce@FinancialSols.com, and a secure upload link will be sent to you