



CONFIDENTIAL QUESTIONNAIRE

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: (Home or Work) _____

Fax: (Home or Work) _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-Mail: _____

Birth date: _____

Birth date: _____

Contact me by (circle one) E-mail or Phone
Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

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

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? _____

Anticipated employment changes? _____

Salary: _____

Salary: _____

Bonus/Commissions:: _____

Bonus/Commissions:: _____

Self Employment Income: _____

Self Employment Income: _____

Other Earned Income: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

TOTAL (Current Yr) = _____

Do you have estate planning documents? When and in what state were they drafted?

Wills Y N _____

Living Wills Y N _____

Healthcare Power of Attorney Y N _____

Living Trusts Y N _____

By-Pass Trust Y N _____

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Risk Questionnaire

- 1 I plan to begin taking money from my investments in . . .
- 1 year or less
 - 1—2 years
 - 3—5 years
 - 6—10 years
 - 11—15 years
 - More than 15 years
-
- 2 As I withdraw money from these investments, I plan to spend it over a period of . . .
- 2 years or less
 - 3—5 years
 - 6—10 years
 - 11—15 years
 - More than 15 years
-
- 3 When making a long-term investment, I plan to keep the money invested for . . .
- 1—2 years
 - 3—4 years
 - 5—6 years
 - 7—8 years
 - More than 8 years
-
- 4 From September 2008 through November 2008, stocks lost over 31%. If I owned a stock investment that lost about 31% in three months, I would . . . (If you owned stocks during this period, please select the answer that matches your actions at that time.)
- Sell all of the remaining investment
 - Sell some of the remaining investment
 - Hold on to the investment and sell nothing
 - Buy more of the investment
-
- 5 Generally, I prefer an investment with little or no ups or downs in value, and I am willing to accept the lower returns these investments may make.
- I strongly disagree
 - I disagree
 - I somewhat agree
 - I agree
 - I strongly agree
-
- 6 When the market goes down, I tend to sell some of my riskier investments and put the money in safer investments.
- I strongly disagree
 - I disagree
 - I somewhat agree
 - I agree
 - I strongly agree
-
- 7 Based only on a brief conversation with a friend, coworker, or relative, I would invest in a mutual fund.
- I strongly disagree
 - I disagree
 - I somewhat agree
 - I agree
 - I strongly agree
-
- 8 From September 2008 through October 2008, bonds lost nearly 4%. If I owned a bond investment that lost almost 4% in two months, I would . . . (If you owned bonds during this period, please select the answer that matches your actions at that time.)
- Sell all of the remaining investment
 - Sell some of the remaining investment
 - Hold on to the investment and sell nothing
 - Buy more of the investment

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9 The chart below shows the highest one-year loss and the highest one-year gain on three different hypothetical investments of \$10,000.* Given the potential gain or loss in any one year, I would invest my money in . . .

- Investment A
- Investment B
- Investment C



*The maximum gain or loss on an investment is impossible to predict. The ranges shown in the chart are hypothetical and are designed solely to gauge an investor's risk tolerance.

10 My current and future income sources (such as salary, Social Security, pension) are . . .

- Very unstable
- Unstable
- Somewhat stable
- Stable
- Very stable

11 When it comes to investing in stock or bond mutual funds (or individual stocks or bonds), I would describe myself as . . .

- Very inexperienced
- Somewhat inexperienced
- Somewhat experienced
- Experienced
- Very experienced

What is the maximum amount of annual loss could you tolerate without selling some or all of the losing assets?

____5% ____10% ____15% ____20% ____25% ____30% ____35% ____40% ____50%

_____ % Enter the Average Annual Rate of Return* you want to earn on your portfolio 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.

INSURANCE

	Client (1) Coverage/Cost	Group	Individual	Client (2) Coverage/Cost	Group	Individual
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"/>
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"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

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FINANCIAL RESOURCES (SEE PAGE 5 FOR A COMPLETE LIST OF DOCUMENTS NEEDED)

Social Security Benefits

	Client 1	Client 2
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If receiving now, enter amount	\$ _____ Per Month	\$ _____ Per Month

Other Retirement Income (Do not include income such as interest & dividends from investments)

Description	Client 1		Client 2	
	Income / Month	Year It Ends	Income / Month	Year It Ends
	\$ _____		\$ _____	
	\$ _____		\$ _____	
	\$ _____		\$ _____	

Investment Assets

Description	Client 1		Client 2	
	Value	Additions / Year	Value	Additions / Year
Employer Plans (e.g., 401k, 403b)	\$ _____	\$ _____ or %	\$ _____	\$ _____ or %
Traditional IRA	\$ _____	\$ _____	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
Tax-Deferred (e.g. annuities)	\$ _____	\$ _____	\$ _____	\$ _____
529 Plans	\$ _____	\$ _____	\$ _____	\$ _____

Description	Total	
	Value	Additions / Year
Taxable	\$ _____	\$ _____

How much of your investments are in stocks? Enter the approximate dollar amount or percentage.		
\$ _____	or	_____ %

Cash from other sources that will be used to fund Goals (e.g. inheritance, sale of property)

Description	Year Received	Amount (After-tax)
		\$ _____
		\$ _____
		\$ _____

PERSONAL PROPERTY

Estimated Value

Primary Residence _____
 Personal Property (estimate) _____
 Vehicle _____
 Vehicle _____
 Other _____

LIABILITIES

<u>Debts (Consumer, Mortgage, Education)</u>	<u>Remaining 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

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YOUR GOALS














Retirement Age

When would you like to retire? Enter your Ideal Age, which is the earliest age you might like to retire. Then enter an Acceptable Age, which is the latest you could retire and still be satisfied. Finally, indicate how willing you are to delay retirement.

	Client 1		Client 2	
Retirement Age	Ideal Age _____	Acceptable Age _____	Ideal Age _____	Acceptable Age _____
How willing are you to retire later?	<input type="checkbox"/> Very Willing <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Slightly Willing		<input type="checkbox"/> Very Willing <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Slightly Willing	
Who can retire first? Select One:	<input type="checkbox"/> Either can retire first <input type="checkbox"/> Both retire in the same yr <input type="checkbox"/> Only Client 1 can retire first. <input type="checkbox"/> Only Client 2 can retire first.			

Lifestyle Goals

First, enter any pre-retirement Goals that will be funded with withdrawals from your Investment Portfolio Then, think about all the Goals you would like to attain during your Retirement. Include what you need, like buying cars every few years; what you want, like taking nice trips every year; and even what you wish you could do, like helping your kids, grandkids or favorite charity. Make each need, want or wish a separate Goal, with a description, an annual cost and how often it will occur. Then put a number from 10 - 1, (10 being the highest) in the box next to each Goal to indicate its importance.

	Car(s) <input type="checkbox"/> _____ <input type="checkbox"/> _____		College / Private School <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Travel <input type="checkbox"/> _____ <input type="checkbox"/> _____		Leave Bequest <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Major Purchase <input type="checkbox"/> _____ <input type="checkbox"/> _____		Gift or Donation <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Home Improvement <input type="checkbox"/> _____ <input type="checkbox"/> _____		Wedding / Celebration <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Health Care Costs <input type="checkbox"/> _____		Provide Care <input type="checkbox"/> _____
	New Home <input type="checkbox"/> _____		Anything Else (Other) <input type="checkbox"/> _____ <input type="checkbox"/> _____
	Start a Business <input type="checkbox"/> _____		

Now that you've identified your Lifestyle Goals, it's time to create a Goal for your basic Retirement Living Expenses.

Retirement Living Expenses

Everyone must pay the bills. This Goal is for your basic day-to-day living expenses during retirement (e.g. food, clothes, utilities, etc.). By making this amount a separate Goal, you can see what it takes to "pay-the-bills" for the rest of your life. This should make your Retirement more secure and leave you free to enjoy spending money to fulfill your Retirement Lifestyle Goals.

Importance	Ideal Amount	Acceptable Amount
10	\$ _____ per year	\$ _____ per year

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Please comment in general on the advice you seek.

Date Completed: ____/____/____

By _____

These items may be needed, should you engage our services:

- | | |
|------------------------------------|----------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Social Security Annual Statement |
| Loan Documents | Insurance Policies |

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form.

(2) fax to (888) 391-6669 or mail a copy to us at the following address:

Keffer Financial Planning
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225 West Washington Street, 22nd Floor • Chicago, IL 60606
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