

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) _____

Mobile Phone: _____

Mobile Phone: _____

E-mail: _____

E-mail: _____

Birthdate: _____

Birthdate: _____

Contact me by: _____ E-mail or _____ 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</u> | | <u>Where Resides?</u> (City & State) |
|-------------|---------------------|----------------------|------------------|---|--------------------------------------|
| | | | Y | N | |
| _____ | _____ | _____ | 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? _____

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
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Do you have estate planning documents?

When and in 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 our 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 don't brood over bad investment decisions I've made.
- _____ I feel comfortable with aggressive growth investments.
- _____ I don't 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*

| Adviser | Satisfaction Rating | | | | |
|-------------------|---------------------|---|---|----------------|----------------|
| | Dissatisfied | | - | Very Satisfied | Not Applicable |
| Financial Planner | 1 | 2 | 3 | 4 | 5 |
| Broker | 1 | 2 | 3 | 4 | 5 |
| Broker | 1 | 2 | 3 | 4 | 5 |
| Accountant | 1 | 2 | 3 | 4 | 5 |
| Tax Preparer | 1 | 2 | 3 | 4 | 5 |
| Attorney | 1 | 2 | 3 | 4 | 5 |
| Insurance Agent | 1 | 2 | 3 | 4 | 5 |
| Insurance Agent | 1 | 2 | 3 | 4 | 5 |

INSURANCE

Client (1)

Client (2)

| | <u>Coverage/Cost</u> | <u>Group</u> | <u>Individual</u> | <u>Coverage/Cost</u> | <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? Yes No Which type? _____

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>Apx. 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:



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

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

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 or mail a copy to us at the following address:

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