

Confidential Questionnaire

CLIENT NAME (1): _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Mobile Phone: _____ E-mail: _____ Birthdate: _____	CLIENT NAME (2): _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Mobile Phone: _____ E-mail: _____ Birthdate: _____
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Contact me by: (circle one) 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	_____

Client Employer (1): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____	Client Employer (2): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____
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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	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

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 X
Broker	1	2	3	4	5 X
Broker	1	2	3	4	5 X
Accountant	1	2	3	4	5 X
Tax Preparer	1	2	3	4	5 X
Attorney	1	2	3	4	5 X
Insurance Agent	1	2	3	4	5 X
Insurance Agent	1	2	3	4	5 X

INSURANCE

		Client (1)			Client (2)	
	Coverage/Cost	<u>Group</u>	<u>Individual</u>	Coverage/Cost	<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:

PERSONAL PROPERTY

	<u>Estimated Value</u>	<u>Date Purchased</u>	<u>Purchase Amount</u>
Primary Residence	_____	_____	_____
Furnishings (Liquidation Value)	_____	_____	_____
Vehicle _____	_____	_____	_____
Vehicle _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____

Beginning date for current mortgage? _____

Do you have a pension? If yes, who? _____ Current? ____ Future? ____ Monthly amount \$ _____

Have you received a copy of your credit report recently? Yes No

Please comment on the advice you seek.



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:

Fulton Financial Planning, Inc. • 5068 W. Plano Parkway, Suite 300 • Plano, TX 75093

Phone (972) 248-3807 • Fax (214) 299-8629

e-mail: info@FultonFinancialPlanning.com

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