



## Confidential Lifestyle Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you via email? Yes  No   
(We will not share your email address with anyone)

Birthday (Husband): \_\_\_\_\_ Birthday (Wife): \_\_\_\_\_

Family Members:

<u>Children (Name)</u>	<u>Age</u>	<u># of Grandchildren (if any)</u>
_____		
_____		
_____		
_____		
_____		

How would you like to see your assets distributed after your death? In lump sums? Over time as some type of payment program?

Who would you like to supervise the distribution of your assets? Is that person(s) emotionally and financially capable?

The answers you provide to the following questions will help us to determine whether or not we think there is "a fit" between us. In our experience, successful financial planning can only take place if we share a similar philosophy about financial planning, and if we both agree that we can work together.

	<u>Name</u>	<u>Satisfaction Level (10 is best)</u>
1. Do you currently work with a:		
a. Financial Advisor	<input type="checkbox"/> _____	1 2 3 4 5 6 7 8 9 10
b. Investment Advisor	<input type="checkbox"/> _____	1 2 3 4 5 6 7 8 9 10
c. Estate Planner	<input type="checkbox"/> _____	1 2 3 4 5 6 7 8 9 10
d. CPA	<input type="checkbox"/> _____	1 2 3 4 5 6 7 8 9 10
e. Other (please specify) _____	_____	1 2 3 4 5 6 7 8 9 10

2. What stage are you at in your career? (check all that apply):

- a. Mid-career
- b. Nearing Retirement
- c. Semi-retired
- d. Retired
- e. Not Planning to Retire

3. Do you own and operate your own business or professional practice?

Yes  No

If yes, tell me about it. If no, please tell me about your career.

4. Do you have an estate plan? Yes  No  Are you satisfied with it? Why or why not? Are charities involved, and if so, which ones? Why them?

5. Do you ever lose sleep worrying about money? If so, what are those concerns?
  
6. If you won the lottery and money was no longer a concern, how would your life change?
  
7. If you only had five years to live, how would your life change?
  
8. If you died tomorrow, what regrets would you have of things not done in your life?
  
9. Where you spend your time and your money is where your heart is, what is important to you?
  
10. How much money would you need to not worry about money? Are you there now?
  
11. What do you hope to accomplish as a result of our meeting together?



# Goals Profile

1. Five years from today, how do you expect your household annual income to change?

- |   |  |
|---|--|
| <input type="checkbox"/> To grow substantially  | <input type="checkbox"/> To decrease moderately    |
| <input type="checkbox"/> To grow moderately     | <input type="checkbox"/> To decrease substantially |
| <input type="checkbox"/> To stay about the same |  |

2. What is your primary goal for your investment portfolio?

- Safety and Preservation – I don't want to ever lose money
- Safety and Income Generation – I want to take income and protect my portfolio values
- Income and Growth – I want to take income yet I still want my portfolio to grow
- Conservative Growth – I want to grow my portfolio, but I don't want significant down years
- Aggressive Growth – I want to grow my portfolio, and I'm ok having double-digit losses periodically

3. Do you expect this to change? If so, when and how?

4. Items with which you would like Estate & Financial Strategies, Inc's help. (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Increase my standard of living       | <input type="checkbox"/> College funding                                   |
| <input type="checkbox"/> Financial security at retirement     | <input type="checkbox"/> Provide for my family in the event of my death    |
| <input type="checkbox"/> Review the future taxation of my IRA | <input type="checkbox"/> Minimize the cost of probate & estate taxes       |
| <input type="checkbox"/> Reduce my tax burden                 | <input type="checkbox"/> Control the distribution of my assets to my heirs |
| <input type="checkbox"/> Simplify my financial affairs        | <input type="checkbox"/> Long-Term Care Protection Planning                |
| <input type="checkbox"/> Review my investment portfolio       | <input type="checkbox"/> Other _____                                       |

5. How much income do you currently distribute from your portfolio? \$\_\_\_\_\_ /year.

6. Would you like more? Yes  No  If yes, how much income would you prefer? \$\_\_\_\_\_ /year.

7. Do you need (or desire) to withdraw a lump sum from your account at some point? Yes  No

If yes, when? \_\_\_\_\_ And how much? \_\_\_\_\_

8. Other Goals: \_\_\_\_\_  
 \_\_\_\_\_

9. If you could change two things about your current financial situation, what would you change?

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 \_\_\_\_\_

Investment Goals	Low Priority					High Priority				
1. Long term growth: My return should exceed inflation rate.....	1	2	3	4	5	6	7	8	9	10
2. Safety: I want my principal to be safe.....	1	2	3	4	5	6	7	8	9	10
3. Current Income: I want to spend all my portfolio gains.....	1	2	3	4	5	6	7	8	9	10
4. Income Taxes: I want my income taxes reduced.....	1	2	3	4	5	6	7	8	9	10
5. Estate Taxes: I want my estate taxes minimized.....	1	2	3	4	5	6	7	8	9	10
6. Liquidity: My principal should be immediately accessible.....	1	2	3	4	5	6	7	8	9	10
7. Diversification: I want a sound asset allocation strategy.....	1	2	3	4	5	6	7	8	9	10
8. Financial Advisor: I want professional management.....	1	2	3	4	5	6	7	8	9	10
	<b>Low Risk</b>					<b>High Risk</b>				
9. Rate your risk tolerance level.....	1	2	3	4	5	6	7	8	9	10

# Insurance

## Life Insurance:

Insured	Company	Beneficiary	Death Benefit	Premium	Cash Value

## Long-Term Care / Disability Insurance:

Insured	Company	Daily Benefit	Benefit Period	Inflation?	Premium

## Property & Casualty Insurance:

What company do you use for your automobile and home insurance?

Please rank your satisfaction level (1 – 10 with 10 being best):

Do you have umbrella liability coverage?

If “yes”, how much?

When did you last have a comprehensive review of you P&C Coverage's?

# Income Statement

For the year beginning January 1, \_\_\_\_\_ and ending December 31, \_\_\_\_\_.

Wages or Salary	
Husband	_____
Wife	_____
Social Security Income	_____
Husband	_____
Wife	_____
Pensions	_____
Husband	_____
Wife	_____
Dividend and Interest	_____
Husband	_____
Wife	_____
Capital Gains & Losses (e.g., sale of stock)	_____
Husband	_____
Wife	_____
IRA, 401(k), 403(b), etc distributions	_____
Husband	_____
Wife	_____
Rents	_____
Income From Business or Real Estate Sale	_____
Other _____	_____

Total Annual Income: \$ \_\_\_\_\_