



Guidance
Capital Management Group

— Confidential —

QUESTIONNAIRE

323 Townepark Circle, Louisville, Kentucky 40243
(888) 621-5589 or (502) 429-0196 Fax (502) 429-5283
jszeszulski@moneyconcepts.com or rmcalister@moneyconcepts.com or
bhandy@moneyconcepts.com

CONFIDENTIAL QUESTIONNAIRE

Please complete by filling in your information below.

FAMILY INFORMATION

Name (Spouse 1): _____

Date of Birth: _____

Social Security Number: _____

Driver's License #: _____

State: _____ Issue Date: _____ Exp Date: _____

If possible, please include copies of driver's licenses

Name (Spouse 2): _____

Date of Birth: _____

Social Security Number: _____

Driver's License #: _____

State: _____ Issue Date: _____ Exp Date: _____

Name (Child 1): _____

Date of Birth: _____

Social Security Number: _____

Name (Child 2): _____

Date of Birth: _____

Social Security Number: _____

Name (Child 3): _____

Date of Birth: _____

Social Security Number: _____

Name (Child 4): _____

Date of Birth: _____

Social Security Number: _____

Father's Name & Age: _____

Mother's Name & Age: _____

Do they have special needs? Yes No

Are they in good health? Yes No

Are they financially dependent? Yes No

Father's Name & Age: _____

Mother's Name & Age: _____

Do they have special needs? Yes No

Are they in good health? Yes No

Are they financially dependent? Yes No

Home Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Referred By: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Referred By: _____

Additional Information: _____

OCCUPATION

Job Title (Spouse 1):

Employer:

Target Retirement Date:

Years Employed:

Work Address:

Work Phone:

Are you changing employers? Yes No

Are you a business owner? Yes No

Job Title (Spouse 2):

Employer:

Target Retirement Date:

Years Employed:

Work Address:

Work Phone:

Are you changing employers? Yes No

Are you a business owner? Yes No

INCOME & ANNUAL SAVINGS

Salary:

Other Income:

Annual Savings (Qualified):

Annual Savings (Non-Qualified):

Salary:

Other Income:

Annual Savings (Qualified):

Annual Savings (Non-Qualified):

RETIREMENT INCOME

Social Security:

Pension:

Cost of Living Adjustment? Yes No

Other Income:

Social Security :

Pension :

Cost of Living Adjustment? Yes No

Other Income:

RETIREMENT ASSUMPTIONS

Current Living Expenses:

Retirement Living Expenses:

Desired Age of Retirement (Spouse 1):

Desired Age of Retirement (Spouse 2):

Are you expecting any large lump sum payments in the future? (E.g. Sale of business, Inheritance, etc.)

Year:

Amount:

Is there any additional information you would like us to know regarding your income or income expectations in retirement?

REAL ESTATE & PERSONAL PROPERTY

Primary Residence Value:	\$ _____	Secondary Residence	\$ _____
Mortgage Amount:	\$ _____	Mortgage Amount:	\$ _____
Mortgage Rate:	_____	Mortgage Rate:	_____
Mortgage Term:	_____	Mortgage Term:	_____
Date of Origination:	_____	Date of Origination:	_____
		Address:	_____

Automobiles:	\$ _____	Checking Account:	\$ _____
Household Belongings:	\$ _____	Savings Account:	\$ _____
Art & Collectibles:	\$ _____	Certificate of Deposit:	\$ _____
Jewelry:	\$ _____	Gold/Silver Bullion:	\$ _____
Other Valuable	\$ _____		

LIFE INSURANCE

	Owner/Insured:	Beneficiary:	Death Benefit:	Cash Value:	Premium:
Whole/Universal Life:	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____	\$ _____
Term Life:	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____	\$ _____
Variable Life:	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____	\$ _____

Please include copies of any insurance policies mentioned above so that we may better understand your insurance needs.

Is there any additional information you would like us to know regarding your personal property or insurance needs?

ASSETS

	Investment Firm:	SPOUSE 1:	SPOUSE 2:
Qualified Plans <small>(401k, 403b, etc.)</small>	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
IRA	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Roth IRA	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Brokerage <small>(stocks, mutual funds, etc.)</small>	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Annuities	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Money Market/Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____

Please provide copies of account statements so that we may review holdings and performance

Are any of these assets held inside of a trust?

If so, please provide a copy of the trust document

Are brokerage or money market accounts held jointly?

Is there any additional information you would like us to know regarding your assets?

LIABILITIES

	Rate:	Term:	SPOUSE 1:	SPOUSE 2:
Personal Loan Debt:	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
Credit Card Debt:	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
All Other Debt:	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

Is there any additional information you would like us to know regarding your liabilities?

PRIORITIZE YOUR GOALS

SPOUSE 1 - Rank your top 6 goals from 1-6

- | | |
|--|---|
| <input type="checkbox"/> Planning for Retirement | <input type="checkbox"/> Creating Retirement Income |
| <input type="checkbox"/> Saving for College | <input type="checkbox"/> Saving for Major Purchase |
| <input type="checkbox"/> Managing a Budget | <input type="checkbox"/> Maximizing Investments |
| <input type="checkbox"/> Minimizing Taxes | <input type="checkbox"/> Insuring Your Life |
| <input type="checkbox"/> Insuring Your Income | <input type="checkbox"/> Insuring Your Assets |
| <input type="checkbox"/> Providing a Legacy | <input type="checkbox"/> Caring for Parents |
| <input type="checkbox"/> Contributing to Charity | <input type="checkbox"/> Planning for a Business |

SPOUSE 2 - Rank your top 6 goals from 1-6

- | | |
|--|---|
| <input type="checkbox"/> Planning for Retirement | <input type="checkbox"/> Creating Retirement Income |
| <input type="checkbox"/> Saving for College | <input type="checkbox"/> Saving for Major Purchase |
| <input type="checkbox"/> Managing a Budget | <input type="checkbox"/> Maximizing Investments |
| <input type="checkbox"/> Minimizing Taxes | <input type="checkbox"/> Insuring Your Life |
| <input type="checkbox"/> Insuring Your Income | <input type="checkbox"/> Insuring Your Assets |
| <input type="checkbox"/> Providing a Legacy | <input type="checkbox"/> Caring for Parents |
| <input type="checkbox"/> Contributing to Charity | <input type="checkbox"/> Planning for a Business |

Are there any additional financial goals you would like us to know about or help you plan for?

RISK TOLERANCE QUESTIONNAIRE

1. What is your investment experience with stocks or stock mutual funds?
 none a fair amount
 a little a great deal
 some
2. What is your investment experience with bonds or bond mutual funds?
 none a fair amount
 a little a great deal
 some
3. What is your primary investment goal?
 retirement saving for a major purchase
 more current income other _____
4. What do you expect to be your next major expenditure?
 buying a house providing for retirement
 paying for college other _____
 capitalizing a new business
5. How many years until this expense is incurred?
 less than 5 years more than 10 years
 5 to 10 years
6. What are your major objectives for your investments?
 current and future income keeping ahead of inflation
 preserving capital increasing returns
 building wealth for heirs
7. When do you expect to use the bulk of the money you are accumulating in your investments?
 in less than 1 year in 1-5 years
 in 6-10 years in 11 or more years
8. Over the next several years, what do you expect your household annual income to do?
 stay about the same decrease moderately
 grow moderately decrease substantially
 grow substantially
9. From September 2008 through November 2008, stocks lost over 31%. If you owned a stock investment that lost 31% in 3 months, what would you do? (If you owned stocks during this period, what did you do?)
 sell the investment
 hold it and wait for it to climb back up then sell
 hold it
 buy more at the new lower price

10. Some people need their investment portfolio to generate current income to meet on-going needs. This typically tilts the investment portfolio toward alternatives, bonds and dividend paying stocks. How accurately does this describe your objectives?

- very accurate slightly accurate
 moderately accurate not accurate at all

11. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 on one of the three scenarios below. Which do you choose?

- take the money and run a 30% chance of winning \$36,000
 a 50% chance of winning \$22,000 a 10% chance of winning \$125,000

12. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

- 10% decline (portfolio value is \$90,000)
 15% decline (portfolio value is \$85,000)
 20% decline (portfolio value is \$80,000)
 25% decline or greater (portfolio value is \$75,000 or less)
 50% decline or greater (portfolio value is \$50,000 or less)

13. By what percentage do you expect our portfolio to grow annually over the long term? (10+ years)

- 6% - 8% 8% - 10%
 10% - 12% 12% - 14%

ADDITIONAL REMARKS

Are there any additional financial goals you would like us to know about or help you plan for?

SIGNATURES

SPOUSE 1

SPOUSE 2

Name (Print):

Name (Print):

Signature:

Date:

Signature:

Date:
