



QUESTIONNAIRE

Date Prepared: _____
Lead Source: _____

CLIENT INFORMATION

First Name: _____ (Nickname): _____	Social Security #: _____
Last Name: _____	Date of Birth: _____
Address Line 1: _____	Tax Filing Status: _____
Address Line 2: _____	Previous Marriage(s)? _____
City: _____	Citizenship: _____
State: _____ Zip: _____	College of Graduation: _____
Home Phone: _____	(Country) Clubs: _____
Home Fax: _____	Hobbies: _____
Cell Phone: _____	Favorite Beverage: _____
Driver's License #: _____	

BUSINESS INFORMATION

Company: _____	Work Phone: _____
Title: _____	Email: _____
Type of Business: _____	Anniversary: _____
Business Address: _____	Do you fly privately?: _____
City: _____	If so, how many hrs/yr?: _____
State: _____ Zip: _____	

SPOUSE

First Name: _____	<u>SPOUSE BUSINESS INFORMATION</u>
Last Name: _____	Company: _____
Date of Birth: _____	Title: _____
Social Security #: _____	Type of Business: _____
Previous Marriage(s)? _____	Business Address: _____
Citizenship: _____	City: _____
College of Graduation: _____	State: _____ Zip: _____
Hobbies: _____	Work Phone: _____
Favorite Beverage: _____	Email: _____
Driver's License #: _____	



CHILDREN			
Name (Nickname)	Date of Birth	Social Security #	Special Needs?

ADVISORS (Attorney, Accountant, Personal Banker, Stockbroker, etc.)			
Advisor Type: _____	Advisor Type: _____	Advisor Type: _____	Advisor Type: _____
Name (First, Last): _____	Name (First, Last): _____	Name (First, Last): _____	Name (First, Last): _____
Company: _____	Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____	Email: _____
Advisor Type: _____	Advisor Type: _____	Advisor Type: _____	Advisor Type: _____
Name (First, Last): _____	Name (First, Last): _____	Name (First, Last): _____	Name (First, Last): _____
Company: _____	Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____	Email: _____



BANK ACCOUNTS: CASH & CASH EQUIVALENTS (Checking, Savings, CDs, T-Bills)

Account Name	Account Type	Current Value	Ownership H/W/J

INVESTMENTS: (NON- QUALIFIED)

Account Name	Account Type	Current Value	Ownership H/W/J



INVESTMENTS: PRIVATE EQUITY

Name	Amount Invested	Remaining Capital	Current Value	Ownership H/W/J	Nature of Company

RETIREMENT ACCOUNTS: (401(K), IRA, Profit Sharing, Deferred Compensation, 403(b), Pension, SEP)

Account Name	Account Type	Current Value	Ownership H/W	Primary & Secondary Beneficiaries
				P: S:
				P: S:
				P: S:
				P: S:

CHILDREN'S ACCOUNTS: (UGMA, 529, TRUST)

Account Name	Account Type (UGMA, 529, Trust)	Current Value	Beneficiary



REAL PROPERTY (Land, Building, etc.)

Name	Fair Market Value	Cost Basis	Improvements	Current Mortgage	Original Balance	Mtg Rate	Term Years	Ownership H/W/J	Address
Primary Home									
Second Home									
Investment Property									
Other									

PERSONAL PROPERTY (Art, Jewelry, etc.)

Description	Current Value	Ownership H/W/J



ANNUITIES: FIXED, VARIABLE

Account Name	Annuity Type	Carrier	Cash Value	Initial Investment	Ownership	Anticipated Annuitization Age

ANNUITIES: IMMEDIATE

Account Name	Annuity Type	Investment Co.	Annual Payment	Exclusion Ration	Ownership	Start/End Age

STOCK OPTION AND RESTRICTED STOCK UNIT WORKSHEETS

Grant Date	Grant Type	# Shares	Exercise Price	First Vesting Date	Vesting Frequency	#of Vesting Periods	Expiration Date

BUSINESS INTERESTS

Business Name	Business Type	Cost Basis	Fair Market Value	Percent Ownership	Spouse Active	Children Involved	Future Plans for Business



LIFE INSURANCE				
	1	2	3	4
Insured				
Insurance Company				
Policy Type (Term; WL; VL; UL; etc.)				
Death Benefit				
Annual Premium				
Policy #				
Cash Value				
Owner				
Primary Beneficiary				
Secondary Beneficiary				
Purchase Date				
Premium Due Date				

DISABILITY INCOME INSURANCE		
	1	2
Insured		
Insurance Company		
Policy Type (Individual; BOE; Buyout)		
Monthly Benefit		
Annual Premium		
Policy #		
Waiting Period		
Benefit Period		
COLA Adjustment (Yes/No?)		



LONG TERM CARE INSURANCE									
Insured	Insurance Company	Purchase Date	Daily Benefit	Annual Premium	Policy #	Waiting Period	Benefit Period	COLA Adjustment (Yes/No?)	Premium Due Date

Do you/will you support any else? Parents Siblings, in-laws? Yes ___ No ___

OTHER INSURANCE POLICIES: (Automotive, Homeowner's Umbrella Policy)					
Type of Insurance (Auto, Home, Umbrella)	Carrier	Policy #	Amount	Premium	Deductible

Car Info: (Year/Make/Model) _____

Do you sit on any Boards? Yes: ___ Name of Company _____ Non-Profit?

INCOME SOURCES: (Salary, Bonus, Pension, Social Security, Sale of Business)				
Name	Income Source	Amount	Comment**	Start/End Age

ASSUMPTIONS

Client Retirement Age: _____

Spouse Retirement Age: _____

** (e.g. Bonus amounts paid in cash vs. stock)



EXPENSES: Living and Other Expenses (Education, Wedding, Charity, Major Purchases, etc.)

Current Annual Living Expenses: _____

Other Extraordinary Expenses (Be Specific)*	Amount	Comment	Start/End Age

* Education, Wedding, Charity, Major Purchases

Bill Paying: Is bill paying a service you would be interested in? Yes ___ No ___

TAXES
Do you have any net operating loss or capital loss carry forwards? How much?
Alternative Minimum Tax: Are you subject to AMT? Yes/No

CHARITABLE BEQUEST
Do you plan on making charitable contributions? Yes ___ No ___ If so, list the names of those institutions and the amounts you plan on gifting.
(1) Name: _____ \$ _____ (1) Name: _____ \$ _____

WILLS & TRUSTS
Client: <input type="checkbox"/> No Will Spouse: <input type="checkbox"/> No Will <input type="checkbox"/> Do you have an <input type="checkbox"/> Simple Will <input type="checkbox"/> Simple Will Irrevocable Trust? <input type="checkbox"/> Unified Credit Planning <input type="checkbox"/> Unified Credit Planning

GIFTING		
		Comments
Do you or your spouse plan to gift in the future?	Yes/No	
Would you consider using gifting as a planning tool?	Yes/No	
If so, expected number of gift recipients:		
Have you or your spouse ever filed a gift tax return?	Yes/No	

SAVINGS PLAN				
Do you contribute to a 401(K) plan?	Yes/No	Amount/Year:	Company Match?	Y/N%
Does your spouse contribute to a 401(K) plan?	Yes/No	Amount/Year:	Company Match?	Y/N%



Money and You

1. Please list the three most important goals that you would like to accomplish as a result of working with KCS Wealth Advisors

a.

b.

c.

2. What would you like to see happen over the next 5 years for you to feel happy about your financial situation?

3. What is it about money that's important to you (ie: Security, Power, Choice, Peace of Mind, etc)?

4. What money issue do you and your spouse not agree on? Why?

5. What money values are important for you to teach your children?

6. If you were at a cocktail party a year from now, what is it you would like to tell friends that KCS Wealth Advisors was able to accomplish for you?



Client Name: _____

INVESTMENT OBJECTIVES AND RISK TOLERANCE

1. How much do you need to leave in cash for the next 6-12 months for cash flow needs and expenditures?

2. Do you require income from your portfolio? If yes, how much? If no, when do you expect to need income from your portfolio?

3. For the portfolio, you would like to invest in securities that offer (choose one):

- Safety of principal
- Attractive current income with modest fluctuation in value
- Competitive total return (income plus appreciation) with moderate fluctuation in principal
- The potential for high capital appreciation with the possibility of substantial fluctuation in principal

4. Please rate your tolerance to investment risk with (1) being the lowest and (10) being the highest.

- 1 2 3 4 5 6 7 8 9 10

5. Which of the two investment situations make you feel least comfortable?

- Holding cash when the market goes up
- Holding stock when the market goes down

6. If your investment portfolio declined 10% in a market downturn, how would you feel?

- Very anxious as I do not want to experience any decline in value
- Anxious, but I can accept cyclical downturns
- Concerned, but I realize that fluctuations can occur
- I'm interested in long-term growth, but I have occasional concerns about fluctuations
- Fine, I Can accept temporary declines in order to receive long-term growth.

7. In order to increase the real value of your dollars over time, you must outpace inflation. Since 1926, stocks have outpaced inflation by approximately 8%, bonds by 3%, and cash by less than 1%. (Inflation was approximately 3%). Considering the past performance is not indicative of future results, what annual rate of return above inflation would you expect to achieve over a mark cycle, understanding that market volatility increases with rate of return?

- 0-3% 4-6% 7 or more %

8. Investing in non-traditional asset classes, while providing portfolio diversification may include risks not associated with traditional equities and fixed income. Please indicate your comfort level on a scale of 1 to 3 for each with (1) being "absolutely not comfortable" to (3) being "very comfortable":

_____ Hedge Funds	_____ Private Equity	_____ Emerging Markets
_____ Commodities	_____ Real Estate	_____ Currency

9. Are there any limitations to holding specific asset classes or to restrict specific securities in your portfolio?



Expense Budget

I suggest you fill in this expense budget as best as you can to give yourself a true picture of your monthly/annual expenditures. This is done to give more accuracy to any cash flow model that we will focus on.

	Monthly	Annually
Mortgage or Rent Payments (Primary Home)		
Mortgage or Rent Payments (Other Real Estate)		
Real Estate/Property Taxes		
Maintenance/Common charges		
Utilities (electric, cable)		
Telephone, cell phone		
Private School/Education College		
Food		
Clothing		
Associations/Dues		
Car/Travel Expenses (car pmt, gas, tolls, parking)		
Insurance Home & Auto		
Health		
Life, Disability Income & LTC		
Travel (plane flights, lodging, car rental, etc)		
Recreation and Entertainment (includes dining out)		
Child Care/Nanny		
Landscaping		
Professional fees (accountant, attorney)		
Housekeeper		
Country Club or other memberships		
Gifts (incl. Christmas, birthdays, weddings, baby)		
Savings/Investments		
Savings for Education		
Miscellaneous		
Retirement Plan Contributions		
Alimony, Child Support		
Total Expenses		