Neumann Capital Management, LLC

Investment Management & Financial Planning

Financial Planning Questionnaire

Please provide all of the information that is requested in this Questionnaire. The data that you provide will be used to produce your Financial Plan. Your Financial Plan will indicate the likelihood that you'll have sufficient funds to acheive your goals and dreams. Therefore, it is important that you provide us with as much detail as possible to ensure that your Financial Plan is accurate.

In addition to this completed Questionnaire, please provide a copy of the following documents, as applicable:

- [ ] Recent statement for each Investment Account listed in the Inventory of Assets (page 3)
- [ ] Most recent Tax Return (federal and state)
- [ ] Detailed vesting scheduled for Employee Stock Options
- [ ] Recent statement for each Limited Partnership / Direct Investment / Annuity
- [ ] Recent statement for each Life Insurance Policy
- [ ] For each rental property listed in the Inventory of Assets (page 3), a current statement of cash flow
- [ ] Current statement of Social Security projections
- [ ] Summary of Pension Benefits

Client Questionnaire

Date _____

General Information	Client 1	Client 2
Name		
Date of Birth		
Social Security Number		
Citizenship		
Email		
Home Address		
Home City, State, ZIP		
Home Phone		
Home Fax		

We may use email to correspond with you unless you instruct us otherwise.
We will use your home address for mail unless you instruct us otherwise.

Mailing Address - if different from Home Address	
Address	City, State, ZIP

Occupation		
Business Name		
Business Address 1		
Business Address 2		
Business City, State, ZIP		
Business Email		
Business Phone		
Business Fax		

Family Members *children &/or other dependents*	#1	#2	#3
Name			
Date of Birth			
Relationship			

Professional Advisors	Accountant / Tax Preparer	Attorney	Insurance Agent
Name			
Business Name			
Address			
City, State, ZIP			
Phone			
Email			

Inventory of Assets

Please complete all the information that is requested. It is important that we have as much detailed information as possible in order to produce a comprehensive Financial Plan that will accurately reflect the acheivability of your dreams and goals. Please use more sheets as necessary.

Bank Accounts
For Ownership, please indicate whether the account is individually held, jointly held, or held in trust name

Account Type	Institution Name	Current Balance	Ownership
Checking			
Savings			
Other: _____			
Other: _____			

Investment Accounts
Please provide a current statement detailing the holdings of each account listed below. For Ownership, please indicate whether the account is individually held, jointly held, or held in trust name. For Retirement accounts, please indicate the type of Plan, e.g., IRA, Keogh, 401(k).

Brokerage Accounts	Institution Name	Current Total Value	Ownership
1			
2			
3			
4			
Retirement Accounts	**Institution Name**	**Current Total Value**	**Ownership**
1			
2			
3			
4			

Real Estate
List all real estate holdings here, including any investment / rental property you own. Please use more sheets as necessary. Financing information is included in Inventory of Liabilities.

Address / Location	1. Primary Residence	2.	3.
Date Purchased			
Cost Basis			
Current Value			
Date of Planned Sale			
Expected Sale Price			

Other Assets

Personal Property - furnishings, automobiles, jewelry, art, etc.	Total Value:
Employee Stock Options	Provide a copy of all vesting schedules
Limited Partnerships / Direct Investments / Annuities	Provide a current statement for each
Life Insurance	Provide a current statement for each policy

Inventory of Liabilities

Mortgage Information
List only non-investment properties here. Investment / rental properties are included separately.

Address Location	1. Primary Residence	2.	3.
Original Amount - 1st			
Loan Origination Date			
Current Interest Rate			
Terms - Fixed/Variable			
Terms - Years			
Current Balance			
Monthly Payment (princ + int)			
Monthly Prepayment (if any)			
Original Amount - 2nd			
Loan Origination Date			
Current Interest Rate			
Terms - Fixed/Variable			
Terms - Years			
Current Balance			
Monthly Payment (princ + Int)			
Monthly Prepayment (if any)			

Other Liabilities
List any debt that will not be paid off this month, e.g., line of credit, home equity loan, auto loan(s), credit card(s).

Description	Outstanding Balance	Monthly Payment	Expected Payoff Date
1.			
2.			
3.			
4.			
5.			
6.			

Budget - Current Expenses & Savings

List all your expenses and savings here, either monthly or annual. Do not include your mortgage(s) or other liabilities here - they are included in the Inventory of Liabilities. Do not include any expenses related to investment / rental property - they are included separately. Please use more sheets as necessary.

Expenses	Monthly	Annual
Primary Residence Reoccurring Expenses		
Property Insurance		
Property Taxes		
Maintenance		
Security		
Auto Expenses - Total for All Vehicles		
Insurance		
Gas		
Maintenance		
Registration		
Health Care & Insurance Expenses		
Health Insurance Premium		
Medical Expenses & Prescriptions		
Dental Insurance Premium		
Dental Expenses		
Long-term Care Insurance Premium		
Disability Insurance Premium		
Life Insurance Premium		
Basic Core Expenses		
Utilities (gas, electric, water, garbage)		
Telecommunications (phone, cell, internet, tv)		
Food (groceries, dining out)		
Clothes (purchase, cleaning)		
Domestic Help (gardening, cleaning)		
Cash & Entertainment		
Charity		
Gifts		
Vacation & Travel		
Subscriptions		
Professional Services		
Attorney		
Accountant / Tax Preparer		
Other		

Budget - Current Expenses & Savings (cont'd)

Expenses (cont'd)	Monthly	Annual
Personal Care / Grooming		
Fitness / Personal Trainer		
Other Property Reoccurring Expenses		
Property Insurance		
Property Taxes		
Maintenance		
Security		
Utilities (gas, electric, water, garbage)		
Telecommunications (phone, internet, tv)		
Miscellaneous		

List all of your regular systematic savings here. Include both pre-tax (e.g., 401k plan contributions) and after-tax savings. Please use more sheets as necessary. Do not include employer contributions to retirement plans.

Savings	Monthly	Annual
Systematic Savings		
Description 1:_____		
Description 2:_____		
Description 3:_____		

Sources of Income

List all of your sources of earned income here. Do not include the income you receive from your investments. Retirement income is included separately.

Income	Client 1	Client 2
Annual Salary / Self-employment Income		
Expected % Annual Increase (+) / Decrease (-)		
Annual Bonus		
Expected % Annual Increase (+) / Decrease (-)		
Annual Employer Contribution to Retirement Plan		
Expected % Annual Increase (+) / Decrease (-)		
Other Source 1: _____		
Other Source 2: _____		

Income Trend: Has either of your income fluctuated significantly in the past 3 years? Yes ____ No ____ If yes, do you expect this volatility to continue in the future? Please explain below.

Investment / Rental Property

Provide details about the rental property listed in the Inventory of Assets. If more convenient, provide a copy of recent cash flow statement for each property. Please use more sheets as necessary.

Rental Property Cash Flow	#1	#2
Address / Location		
Annual Gross Income		
Annual Insurance Premium		
Annual Property Taxes		
All Other Annual Expenses		
Expected Annual Vacancy Rate %		
Expected % Increase (+) / Decrease (-) in Gross Rent		
Planned Improvements		
Description 1		
Date(s) of Planned Improvement		
Total Amount		
Description 2		
Date(s) of Planned Improvement		
Total Amount		

Retirement Planning / Life Expectancy

Retirement Information	Client 1	Client 2
Planned Year to Retire		
Social Security (provide copy of current projection)		
Planned Age to Begin Collecting		
Estimated Monthly Benefit for That Age		
Pension Income		
Age Benefit Begins		
Expected Monthly Income		
Age Benefit Ends (if applicable)		
Survivor Benefit? Provide details.		
Life Expectancy		
Default is 90. (If you prefer another age, list here)		

Financial Planning Goals

List all your financial planning goals here, e.g., education for children, home remodel. These are items that are significant dollar amounts and are expected to be "one time" or for a limited period of time. Please use more sheets as necessary.

Children	#1	#2
Name		
Monthly Childcare Expense		
Date to Begin - Date to End		
Tuition 1 - Annual Expense		
Date to Begin - Date to End		
Tuition 2 - Annual Expense		
Date to Begin - Date to End		
Annual Gifts to Custodian Account(s)		
Date to Begin - Date to End		
Other Dependent(s) Care		
Name		
Relationship		
Expense Description		
Annual Expense		
Date to Begin - Date to End		
Remodel		
Address / Location		
Description of Remodel		
Annual Expense		
Date to Begin - Date to End		
Automobile(s) Purchases		
Cost (in today's dollars)		
Frequency of Purchases		
Other Expense		
Description		
Annual Expense		
Date to Begin - Date to End		
Expected Inheritance to Receive		
Amount		
Date		
Charity (in addition to annual giving)		
Amount		
Date		

Life Goals & Objectives

Life Goals
Describe your life goals here. Provide as much detail as possible.

Planned Inheritance to Leave to Heirs _____

Residence Downsize _____

Plan to Relocate _____

Plan to Start a Business _____

Objectives
For each of the 2 categories below, rank the importance of each item on a scale of 1 to 5 (1 being most important).

Importance of Adequate Funding For:

_____ Maintain / expand standard of living
_____ Enjoy comfortable retirement
_____ Take care of self/family during long-term disability
_____ Develop an estate plan and leave an inheritance
_____ Invest and accumulate wealth
_____ Reduce tax burden
_____ Provide college education for children
_____ Take care of family in the event of death
_____ Other (describe) _____

Investment Objectives:

_____ Liquidity
_____ Capital Appreciation
_____ Safety of Principal
_____ Future Income
_____ Inflation Protection
_____ Tax Reduction / Deferral
_____ Current Income

Special Considerations
Please note any special considerations under which your portfolio is to be managed: any security(ies) or industry(ies) that you prefer we not buy or sell. For example, you may instruct us not to invest in "any company whose business includes tobacco, alcohol, gambling or military contracts." Or, you may instruct us not to sell your shares of "XYZ Corp. because they were inherited from a favorite aunt."

Risk Tolerance

For each question below, please choose the one answer that is most correct.

How much do you worry about your investments?
a. Only when I read my statements.
b. All the time.
c. Seldom, if ever.
How much portfolio loss can you stomach over a year without abandoning your investment plan?
a. More than 50% of my portfolio.
b. Less then 10% of my portfolio.
c. Between 10 - 50% of my portfolio.
You have $500,000 invested in stocks and mutual funds. This past year has been rough - the value of your holdings has dropped substantially. You:
a. Cash out what's left and stow it under your mattress.
b. Do nothing. You're sure the market will rebound in the long run.
c. Put more money into the stock market. After all, it's cheaper now!
Which of the following statements best describes your attitude toward managing your invesments?
a. You always keep some "mad money" on the side.
b. Even a guaranteed low return is better than the possibility of a loss.
c. You don't want to think about it. Over time, they'll do just fine.
A close friend is starting a company and wants you to invest $20,000, which represents 20% of your portfolio. You think idea is brilliant. She has made the same offer to 10 potential investors but only needs 5. She will allocate the slots on a 1st-come, 1st-served basis. You:
a. Are tempted, but think you can't afford to lose that much.
b. Borrow $20,000 and deliver the check by messenger.
c. Ask her if she'll accept $5,000 instead of the full $20,000.

Please sign and date here:

Client 1 _____
Name Signature Date

Client 2 _____
Name Signature Date