



jacques bolivar
CERTIFIED FINANCIAL PLANNER™

NAME:

DATE:

As an independent advisor, I believe that investors who understand their financial strategies are more likely to be confident and successful. In an effort to help you define and pursue your life goals, I must gather as much information as possible to develop a strategy that reflects your unique needs and objectives.

The documents requested below will provide most of the information needed to begin analyzing your current situation and developing recommendations specific to your needs. However, to supplement what I can learn from these documents, it's important that you complete the questionnaire portion of these materials as fully as possible, but do not let it be a stumbling block. I will do my best to fill the gaps through our ongoing discussions.

I look forward to developing an ongoing relationship with you as an advocate and guide to assist you across all aspects of your finances. Together, we will explore your goals and review your financial circumstances to assist you in pursuing your objectives. Our work will involve at least one very extensive meeting with you to get to know you, your goals, financial circumstances and lifestyle desires. You can rest assured that all of your information and our conversations will be treated with the strictest confidence.

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PLAN TO LIVE WELLSM

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Jacques Bolivar, CFP®, is a registered representative with and securities offered through
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Confidential Questionnaire

DOCUMENT CHECKLIST

Please send/bring a copy of the following documents, as applicable, for you and your spouse/companion.

Please provide documents relevant to your situation:

- _____ Income tax returns and gift tax returns, federal and state, for prior two years
- _____ Paycheck voucher(s) for one full month
- _____ Mortgage statement with terms and interest rate
- _____ Wills (yours and your spouse's/companion's)
- _____ Wills of other family members
- _____ Trust instruments (e.g. Personal Residence Trust Document)
- _____ Powers of Attorney
- _____ Leases on property on which you are lesser or lessee
- _____ Partnership Agreements
- _____ Personal balance sheets and income statement for last year, if any were prepared
- _____ Recent cash account and brokerage statements
- _____ Divorce decrees
- _____ Prenuptial or postnuptial agreements
- _____ Instruments creating power of appointment of which you are donee
- _____ Copies of employment contracts
- _____ Balance sheets, profit and loss statements, and tax returns for most recent year of all businesses in which you have proprietary interest
- _____ Documents evidencing interests in employer's pension or other benefit plans
- _____ Closely-held business buy-sell agreement
- _____ Most recent statements from insurance companies
- _____ Federal estate tax returns related to inherited property
- _____ Taxable income projections of limited partnerships in which you have invested
- _____ Declarations page of all insurance policies
 - Life
 - Health
 - Homeowners
 - Automobile
 - Excess Liability

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PERSONAL INFORMATION

Client

Spouse/Companion

Name	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Health Status	_____	_____
Citizenship	_____	_____
Home Address	_____	_____
	_____	_____
Home Telephone	_____	_____
Fax Number	_____	_____
Mobile/Pager Number	_____	_____
E-mail Address	_____	_____
Employer	_____	_____
Year Employment Began	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	_____	_____
Business Telephone	_____	_____
Fax Number	_____	_____
Name of Assistant	_____	_____

Mailings

Preferred Address [] Home [] Office

Children & Other Dependents

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Dependent for Support?</u>	<u>Health Status</u>	<u>Marital Status</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Confidential Questionnaire

QUESTIONS

[If you like, please use a blank sheet of paper to expand your thoughts on the following questions. Share as much as you like.]

Education

1. What educational expenses, if any, do you anticipate in the future? Please list education expenses and degree(s) and for whom.
2. What percentage of your children's/grandchildren's education do you plan to pay for?

Savings

3. How much of last year's income did you save or invest?
4. How much money do you like to keep as a cash reserve or for a "rainy day?" How many months of spending money does the desired cash reserve represent?
5. How much do you have as a cash reserve today? What type or form of asset(s) do you utilize for your cash reserve (checking account, savings account, CD, money market, etc.)?
6. If you stopped working today, how long would your liquid assets last before you would have to begin using qualified or retirement assets?
7. What insurance program(s) do you have to replace income in the event of disability or sickness?

Financial Independence

8. At what age do you plan to achieve financial independence/retire? _____
9. Please estimate your annual EXPENSE level, not including taxes, in retirement (in current dollars) \$_____
10. Describe your anticipated lifestyle when you retire or achieve financial independence (travel, consulting, buying a new home, etc)? How will you spend your time?

Confidential Questionnaire

11. How would you describe your progress toward your goal of financial independence?

12. What financial programs (e.g. retirement plan, passive investment) have you employed to achieve financial independence? How do you monitor the success of these programs?

13. How do you expect your financial advisor to support you in achieving financial independence?

14. Do you expect to receive substantial gifts or inheritance? Yes _____ No _____

Estimated Amount \$ _____

Support of Survivor(s)

15. If you were to die due to someone else's negligence, how much would you want your family to sue for? Should they have less if you die by other means?

16. What formula did you use to arrive at the amount of life insurance you currently own? What expense or person is your life insurance plan intended to pay off or protect?

17. If it were free, how much life insurance would you want?

18. What annual income is available to survivors if you predecease your loved ones:

Salary _____ Survivor Pension _____ Other _____

19. Would your family continue to live in current home if you predeceased them today?

Goals

20. What goals have you set for the current year? What successes or challenges have you experienced?

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21. Please describe what you would add or change to maintain a more fulfilling life?
22. What are you deeply passionate about? How does your daily life reflect your passion?
23. Are you planning any major purchases or expenditures within the next five years (i.e. weddings, new cars, extended travel, business start-up, second home, etc.)? Please describe (and estimate the cost in today's dollars).
24. Please rank the sample goals you have responded to above in order of importance to you. Add any other goals that you have.
(Input the appropriate rank: 1-highest; 5-lowest)
- _____ Child(ren)'s Education
 - _____ Support of Survivor(s)
 - _____ Retirement/Financial Independence
 - _____ Other: (_____)
 - _____ Other: (_____)

Other

25. What would you consider your most rewarding financial experience?
26. What would you consider your most regretful financial experience?
27. What emotions and memories do you have of money as a young child?
28. What do you fear about your relationship with money?

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29. What values do you have around money and your financial affairs?
30. What money-management activities do you personally perform weekly, monthly or annually?
31. If your children/loved-one were beginning to save/invest, what advice would you give them?
32. What is your business(es)? What role(s) do you perform?
33. Are you running your business to provide an income or build it up for sale?
34. What change in your income do you expect in the next five years (i.e. annual rate of increase; absolute amounts of increase (decrease); irregular changes; etc.)? Please comment on behalf of both Client and Spouse/Companion:
35. Who do you consult when making important financial decisions? (Friend? Family member? Professional advisors such as CPA or attorney?)
36. What concerns from the above questions would you like our advisor-client relationship to address?
36. Are there any additional concerns, not addressed here, that you would like our advisor-client relationship to address?

INVESTMENT QUESTIONNAIRE

Investment Time Horizon

1. In how many years will you begin taking withdrawals from your portfolio?
 - 0 POINTS **فA** Less than 2 years
 - 2 POINTS **فB** 3 - 5 years
 - 5 POINTS **فC** 6 - 9 years
 - 10 POINTS **فD** 10 – 15 years
 - 15 POINTS **فE** 16 - 25 years
 - 15 POINTS **فF** More than 25 years

2. Once you begin making withdrawals, how many years will you be withdrawing your money from the account?
 - 0 POINTS **فA** Lump sum or fully withdraw over a period of less than 2 years
 - 1 POINTS **فB** Over a period of 3 - 5 years
 - 3 POINTS **فC** Over a period of 6 - 9 years
 - 5 POINTS **فD** Over a period of 10 – 15 years
 - 8 POINTS **فE** 16 - 25 years
 - 8 POINTS **فF** More than 25 years

	TIME HORIZON TOTAL SUM OF QUESTIONS 1 - 2
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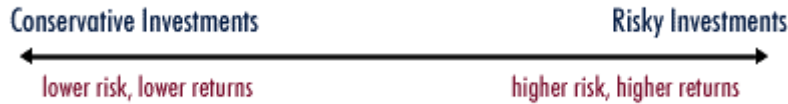
Risk Tolerance

3. Investment decisions are generally determined by a risk/return tradeoff. Risk is any possibility of loss to the value of your portfolio. Return is the amount earned or the profit on an investment. How would you respond to the following statement?
Protecting my portfolio from loss is more important to me than achieving high returns.
 - 0 POINTS **فA** Strongly Agree
 - 2 POINTS **فB** Agree
 - 5 POINTS **فC** Risk and return are equally important
 - 8 POINTS **فD** Disagree
 - 10 POINTS **فE** Strongly disagree

4. Riskier investments have the potential to experience higher long-term capital appreciation. Likewise, less risky investments have less potential for high long-term capital appreciation. **With this in mind, which of the following statements is more consistent with your investment attitude?**
 - 8 POINTS **فA** I am willing to endure losses to maximize the chance of experiencing high long-term capital appreciation.
 - 4 POINTS **فB** I am equally concerned with avoiding losses and experiencing long-term capital appreciation.
 - 0 POINTS **فC** Avoiding losses is more important to me than experiencing long-term capital appreciation.

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5. Historically, investors who have received higher long-term returns have also experienced major changes in the value of their investments. Higher long-term returns come with a greater chance of loss.

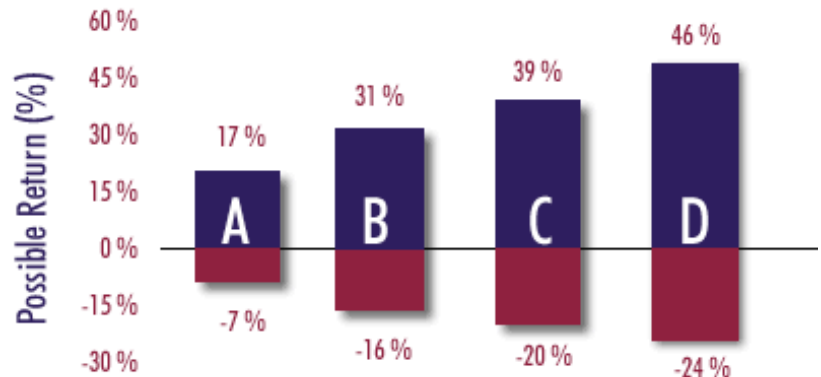


Which of the following statements best describes your investment philosophy?

- 0 POINTS **الفA** I feel most comfortable with stable investments that generate consistent, but lower returns year-to-year. I prefer to assume as little risk as possible.
- 3 POINTS **فبB** I am willing to withstand some fluctuations in the value of my portfolio, but I prefer to be invested in less risky investments that reduce the likelihood of large losses.
- 7 POINTS **فجC** I seek substantial investment returns and am willing to accept occasional short-term declines associated with this strategy.
- 10 POINTS **فدD** I seek potentially high investment returns and am willing to accept the higher risk of potential losses associated with this strategy.

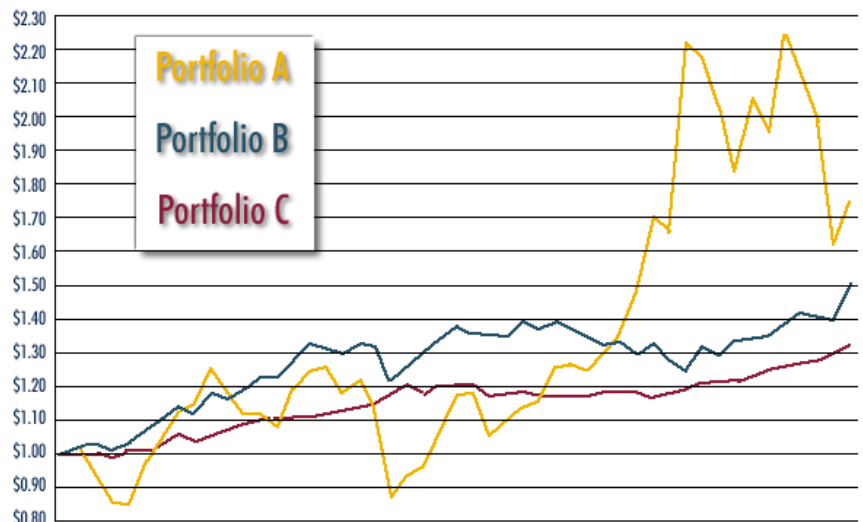
6. The graph to the right shows a range of potential returns and losses of four hypothetical portfolios over a one-year period. In which of these portfolios would you feel more comfortable investing?

- 0 POINTS Portfolio **الفA**
- 3 POINTS Portfolio **فبB**
- 6 POINTS Portfolio **فجC**
- 9 POINTS Portfolio **فدD**



7. This graph depicts the value of three hypothetical investments over a four-year period. Riskier portfolios experience more frequent and significant changes in value. Higher levels of risk go along with potential higher levels of long-term returns. In which of the portfolios would you feel most comfortable investing?

- 10 POINTS Portfolio **الفA**
- 4 POINTS Portfolio **فبB**
- 0 POINTS Portfolio **فجC**



This hypothetical example is for illustration purposes only and does not represent the performance of any specific investment. Results will fluctuate and cannot be guaranteed.

Confidential Questionnaire

8. Over the course of twenty years, a portfolio will experience a variety of returns. The following question details the range of results for the three hypothetical investments.

In which portfolio would you feel most comfortable?

- 0 POINTS Portfolio **الفA** An average return of 7% with one negative year and where the majority of returns ranged from 5% to 10% each year.
- 4 POINTS Portfolio **الفB** An average return of 11% with three negative years and where the majority of returns ranged from 5% to 15% each year.
- 8 POINTS Portfolio **الفC** An average return of 16% with increased volatility, five negative years, and several years above 20%.

9. Over time, inflation can have a significantly negative impact on what your money can buy. By keeping pace with inflation, investors can maintain their buying power over time.

Which of the following choices best reflects your attitude toward inflation and risk?

- 0 POINTS **الفA** Although I may only keep pace with inflation, my main goal is to avoid loss.
- 2 POINTS **الفB** While accepting a lower level of risk, my main goal is to earn slightly more than inflation.
- 6 POINTS **الفC** My main goal is to increase the value of my portfolio. Therefore, I am willing to accept short-term losses associated with more aggressive investments.
- 8 POINTS **الفD** I am willing to endure large fluctuations in the value of my portfolio for the chance of obtaining a higher return and beating inflation.

The table below shows risk and return characteristics of the three portfolios. With higher prospective annual returns, possible losses also increase.

In which portfolio would you want to invest?

- 10 POINTS Portfolio **الفA**
- 5 POINTS Portfolio **الفB**
- 0 POINTS Portfolio **الفC**

	Most Likely Annual Return	Possible Annual Loss
Portfolio A	Gain of 13%	Loss of 27%
Portfolio B	Gain of 10%	Loss of 18%
Portfolio C	Gain of 7%	Loss of 8%

10. Frequent large declines may be experienced at an inopportune time, such as at the end of the investment horizon. Please indicate your level of agreement with the following statement.

I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns.

- 0 POINTS **الفA** Strongly Disagree
- 3 POINTS **الفB** Disagree
- 7 POINTS **الفC** Agree
- 10 POINTS **الفD** Strongly Agree

11. In some cases, aggressive investments not only have negative returns, but they also experience sustained periods where the value of the investment significantly declines and takes several years to rebuild wealth. The following chart shows the historical performance of three hypothetical portfolios over a 20-year period.

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Which portfolio would you be most comfortable with?

- 0 POINTS Portfolio **أ**
- 4 POINTS Portfolio **ب**
- 8 POINTS Portfolio **ج**

	Compounded Annual Return	Time Needed to Recoup Worst Loss of the Period
Portfolio A	7.5%	0 Years
Portfolio B	9.5%	3 Years
Portfolio C	11.5%	7 Years

****Compounded Annual Return:** The rate of return that represents the cumulative effect that a series of gains or losses have on an original amount of capital over a period of time.

12. Most investments fluctuate over the short term. Suppose you invested \$30,000 in an investment this year with the intention of holding it for ten years. **If this investment lost value during the first year, at what value of your initial \$30,000 investment would you sell and move to a more stable investment?**

- 0 POINTS **أ** \$28,500
- 2 POINTS **ب** \$27,000
- 4 POINTS **ج** \$25,500
- 6 POINTS **د** \$24,000 or less
- 9 POINTS **هـ** I would not sell.

	RISK TOLERANCE TOTAL SUM OF QUESTIONS 3 - 13
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Assets & Liabilities

Type Code	Name	Owner Code	Market Value	Rate of Return	Liability	Monthly Savings	Annual % Increase
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%

Asset & Liability Plan Code: 1=Cash 2=Taxable Investment 3=Tax Free Bond 4=Stock Option 5=401K 6=Keogh 7=IRA 8=Real Estate 9=Other
 Owner Code: C=Client S=Spouse J=Joint Tenancy M=Community Property O=Other

Current Advisor

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax Number: _____ E-mail Address: _____

CPA

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax Number: _____ E-mail Address: _____

Attorney

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax Number: _____ E-mail Address: _____

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Income (Pre-Tax Dollars)	Monthly	Variable Compensation	Monthly
Client's Salary	\$	Bonus/Commission/Other	\$
Spouse's/Companion's Salary			
Household	Monthly	Miscellaneous	Monthly
Mortgage(s)/Rent	\$	Loans	\$
Homeowner's Insurance		Installment payments	
Maintenance		Credit Cards	
Household improvements		Clothing and personal care	
Utilities (electric, water, cable, etc.)		Alimony	
Phone		Child Support	
Cell Phone		Health club dues	
Child Care		Dues (clubs, unions, etc.)	
Food		Tuition, books	
		Travel, vacation	
Car/Truck/Boat/Misc.		Entertainment	
Vehicle Payments		Restaurant, dining	
Vehicle Insurance		Recreation, hobbies	
Vehicle Maintenance		Subscription	
Gas, Transportation		Doctors, dentist, etc.	
Commute Expense		Legal, tax, investment services	
		Employee business expenses	
Taxes		Retirement plan contributions:	
Property taxes		-Pension	
Federal income taxes		-401K / TSA / Deferred Comp	
State, local taxes		-IRA or SEP	
Social security taxes		-Keogh	
Miscellaneous taxes		-Stock purchases	
		Donations, church, charity	
Insurance		Gifts	
Life coverage		Savings	
Disability coverage		Other	
Health coverage			
Long term care coverage			
Subtotal:	\$	Subtotal:	\$
		Grand Total:	

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Insurance

Codes: C=Client S=Spouse D=Dependent G=Group P=Personal 1=1st to Die 2=2nd to Die
 J=Joint/Community T=Trust O=Other

Life Insurance Policy	Insured	Owner	Beneficiary	Net Death Benefit	Annual Premium	Current Net Cash Values	Insured's Age
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	

Disability Insurance

Codes: C=Client S=Spouse D=Dependent G=Group P=Personal O=Other

Disability Policy	Insured	Plan Type "P" or "G"	Beneficiary	Monthly Benefit	Annual Premium	Elimination Period	Benefit Years
				\$	\$	days	
				\$	\$	days	
				\$	\$	days	
				\$	\$	days	
				\$	\$	days	

Long Term Care

Codes: C=Client S=Spouse D=Dependent G=Group P=Personal 1=1st to Die 2=2nd to Die
 J=Joint/Community T=Trust O=Other

Long Term Care Policy	Insured	Owner	Daily Benefit	Annual Premium	Elimination Days	Benefit Years
			\$	\$	days	
			\$	\$	days	
			\$	\$	days	
			\$	\$	days	
			\$	\$	days	