

ANNUAL REVIEW QUESTIONNAIRE

Upon receipt of this questionnaire, please call our office to schedule your "annual review," complete the questionnaire, and return it to the address below 10 business days prior to your "review" date.

Date Completed:

Client 1:

Cell #:

Work #:

Fax #:

E-mail:

Home Address:

Address (cont'd):

Client 2:

Cell #:

Work #:

Fax #:

E-mail:

Home #:

What is the preferred method of contact for Client #1? Phone E-mail

What is the preferred method of contact for Client #2? Phone E-mail

PLEASE REVIEW AND COMMENT ON THE FOLLOWING:

Does Sella & Martinic, LLC prepare your income tax returns? Yes No

If no, please provide us with a copy of your most recent return.

Are you currently enrolled in Insights, SPC's web-based account aggregation system? Yes No

If no, would you like information about Insights by SPC Financial®? Yes No

Have there been any changes in employer? Client 1: Yes No Client 2: Yes No

Have there been changes in employment status/retirement? Client 1: Yes No Client 2: Yes No

If yes, please provide details:

Do you currently view your Raymond James (RJ) accounts online using Investor Access? Yes No

If no, would you be interested in viewing your RJ accounts online using Investor Access? Yes No

Investment advisory services offered through SPC Financial® (SPC). SPC and Sella & Martinic, LLC (S&M) are not registered broker/dealers and are independent of Raymond James Financial Services, Inc. (RJFS). RJFS & SPC do not provide tax or legal advice. Tax services and analysis are provided by the related firm S&M through a separate engagement letter with clients.



April 2018



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— Securities offered through —
Raymond James Financial Services, Inc.
MEMBER FINRA/SIPC

ANNUAL REVIEW QUESTIONNAIRE

INCOME SOURCES

Client 1:

Client 2:

	CURRENT YEAR 20_____	PROJECTED 2ND YEAR 20_____	CURRENT YEAR 20_____	PROJECTED 2ND YEAR 20_____
INCOME (Gross):				
SALARY				
BONUS				
SELF-EMPLOYMENT				
PENSIONS				
SOCIAL SECURITY				
OTHER TAXABLE INCOME				
DISABILITY INCOME				
OTHER NONTAXABLE INCOME				
EXPENSES:				
HOUSING (excluding Mortgage and Taxes)*				
UTILITIES (Electric/Gas/Water/Sewer)				
TELEPHONE/INTERNET/TV				
GROCERIES/DINING OUT				
BEAUTY (Haircut/Nails/Spa)				
CLOTHING				
FITNESS/RECREATION				
SUBSCRIPTIONS (Netflix/Amazon/AAA/Magazines)				
GIFTS/CHARITY				
AUTOMOBILE (excluding loans)**				
VACATION/TRAVEL				
MEDICAL (Doctors/Medicine/Equipment)				
TOTAL INSURANCE PREMIUMS (Auto/Home/Life)***				
PLANNED SAVINGS				
OTHER EXPENSE _____				
OTHER EXPENSE _____				
OTHER EXPENSE _____				

* Mortgage should be entered on page 4

**Automobile loans should be entered on page 5

***Specify premium details on pages 5 & 6, or provide policies/statements

ANNUAL REVIEW QUESTIONNAIRE

ASSETS HELD OUTSIDE OF RAYMOND JAMES FINANCIAL SERVICES, INC.

CHECKING	CURRENT AMOUNT	TITLING/REGISTRATION	NAME OF BANK/ INSTITUTION
CHECKING			
CHECKING			
SAVINGS			
SAVINGS			
MONEY MARKET			
CDs**			
SAVINGS BONDS***			
IRA**			
PENSION**			
401(k)**/403(b)**/457**/TSP**			
HSA**			
529/COLLEGE PREPAID			
OTHER			

***Please provide most recent statement.*

****If you can provide serial numbers and dates purchased, we will value them.*

ANNUAL REVIEW QUESTIONNAIRE

REAL ESTATE

Have you recently purchased, refinanced or sold any real estate? Yes* No

**If yes, please provide a copy of the Closing Disclosure and a recent mortgage statement or complete the information below.*

	RESIDENCE	SECOND HOME	RENTAL
LOCATION			
OWNERSHIP			
PURCHASE DATE/COST			
PRESENT MARKET VALUE			
EXISTING MORTGAGE DATE/ ORIGINAL AMOUNT			
INTEREST RATE*			
LOAN TERM			
PRINCIPAL & INTEREST PAYMENT AMOUNT			
CURRENT LOAN BALANCE			

**If adjustable interest rate, state terms.*

Do you have a Home Equity Line of Credit (HELOC) or Home Equity Loan? Yes No

Maximum Amount Available?

Amount Outstanding?

Interest Rate?

Institution?

What were the loan proceeds used for?

PERSONAL ASSETS

	DESCRIPTION	OWNERSHIP	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
AUTOMOBILE #1					
AUTOMOBILE #2					
AUTOMOBILE #3					
RECREATIONAL VEHICLE					
FINE ART/ COLLECTIBLES					
OTHER <i>(please specify)</i>					

ANNUAL REVIEW QUESTIONNAIRE

LIABILITIES

(Other than Real Estate) Loan statements are preferred.

LENDER	PURPOSE	ORIG. DATE	ORIG. BAL.	CURR. BAL.	INT. RATE	PMT. AMT*	ORIG.# PMTS.	PMTS. REMAIN

**If frequency of payments is other than monthly, please indicate.*

INSURANCE OUTSIDE SPC FINANCIAL®

(Provide recent statements or complete the information below)

LIFE INSURANCE	POLICY #1	POLICY #2	POLICY #3	POLICY #4
CARRIER/EMPLOYER				
INSURED*				
PRIMARY BENEFICIARIES				
CONTINGENT BENEFICIARIES				
POLICY TYPE (I.E. TERM, WHOLE)				
POLICY TERM/ YEAR PURCHASED				
CASH VALUE				
DEATH BENEFIT				
ANNUAL PREMIUM				

**Unless otherwise noted, it is assumed that the insured is also the owner of the respective policy.*

LONG TERM CARE	POLICY #1	POLICY #2	POLICY #3	POLICY #4
CARRIER/EMPLOYER				
INSURED*				
BENEFIT				
BENEFIT FREQUENCY				
BENEFIT PERIOD				
ELIMINATION PERIOD				
COLA				
ANNUAL PREMIUM				

ANNUAL REVIEW QUESTIONNAIRE

DISABILITY INCOME	POLICY #1	POLICY #2	POLICY #3	POLICY #4
CARRIER/EMPLOYER				
INSURED*				
BENEFIT AMOUNT/ % OF SALARY				
BENEFIT FREQUENCY				
ELIMINATION PERIOD				
COLA				
ANNUAL PREMIUM				

**Unless otherwise noted, it is assumed that the insured is also the owner of the respective policy.*

Do you have umbrella liability coverage? Yes No

Carrier?

Amount?

Do you have a homeowners or auto insurance policy? Yes No

If yes, please provide a recent statement.

Who is your property and casualty agent?

INVESTMENT PLANNING

What would you like your investments to achieve?

Are your investments to take care of you, your family or someone else?

What has to happen over the next 3 years, both personally and financially, for you to feel happy about your progress?

What is the most important financial objective that you want to achieve over the next 12 months?

I plan to begin withdrawing money from my investments (excluding college savings) in:

- Less than 2 years
 2-5 years
 6-10 years
 11-20 years
 21+ years

Once I begin withdrawing funds from my investments (excluding college savings), I would expect to use my funds in:

- Less than 2 years
 2-5 years
 6-10 years
 11-20 years
 21+ years

ANNUAL REVIEW QUESTIONNAIRE

There may be expenses that cause me to prematurely liquidate the portfolio, in part or in whole, to serve as my emergency fund:

Strongly Agree Agree Neutral Disagree Strongly Disagree

Preserving the money I have is my highest priority:

Strongly Agree Agree Neutral Disagree Strongly Disagree

I cannot wait several years to recover my money in an extended down market:

Strongly Agree Agree Neutral Disagree Strongly Disagree

Low risk investments are preferred, even if returns are lower than the rate of inflation:

Strongly Agree Agree Neutral Disagree Strongly Disagree

Do you foresee any large expenditures in the next year (new house, car, boat, etc.)? Yes No

If yes, please elaborate:

Will you need to liquidate any investments to pay for these? Yes No

ESTATE PLANNING

Have you created a Revocable Trust (sometimes referred to as a living Trust)? Client 1 Date: Client 2 Date:

What date were your Estate Planning documents last updated? Client 1 Date: Client 2 Date:

Do you have advance directives? Client 1: Yes No Client 2: Yes No

Do you have a financial power of attorney? Client 1: Yes No Client 2: Yes No

Who is the attorney that drafted your Estate Planning Documents?

Have you provided us with copies? Yes No (If no, please bring copies to meeting.)

If something happens to you, who do you want to have access to your financial records?

Client 1: Client 2:

Have there been or will there be any additions to the family, such as children, grandchildren or dependent parents? Yes No

If yes, please provide details:

Do any of your beneficiaries have special needs or are they receiving government benefits? Yes No

Has a Special Needs Trust been established for any of your beneficiaries? Yes No

Ensuring my children get the maximum amount possible after taxes from our estate when both my spouse and I die:

- A. Is important C. Should be evaluated when I retire
 B. Is not a concern D. Will take care of itself

What is your current survivor income goal?

Client 1: Client 2:

Is this before or after taxes? Client 1: Before After Client 2: Before After

ANNUAL REVIEW QUESTIONNAIRE

RETIREMENT PLANNING

Please provide us with a copy of your most recent retirement plan statement(s) for our review.

What are your current retirement goals?

A. Retirement date(s)? **Client 1**

Client 2

B. Monthly amount desired?

Is this before or after taxes? Client 1: Before After Client 2: Before After

Can you make After-Tax contributions to your 401(K), 403(b), etc?

Client 1: Yes No Client 2: Yes No

Does your 401(K), 403(b), etc. have a Roth feature? Client 1: Yes No Client 2: Yes No

Does your employer offer a voluntary savings plan? Client 1: Yes No Client 2: Yes No

OTHER CONSIDERATIONS

Have you recently experienced any life changing events that we should be aware of? (i.e. Divorce, Inheritance, Moving, Retirement, Marriage, Health, Financial Windfall, etc.) Yes No Explain:

Additional comments/topics you wish to discuss?

OUR SERVICE

What is the one aspect of SPC Financial® that you value the most?

Have we met your expectations over the past 12 months? Yes No

Comments:

Have you experienced any dissatisfaction with SPC Financial®? Yes No

If yes, please explain:

What can we do to improve our service to you?

The Securities and Exchange Commission (SEC) requires each year, as your investment advisor, that we inform you that you may receive, upon request, a copy of Part 2A of our Form ADV. This document provides information about our business and its approach to investment management and financial consulting services. Please call our office and request that a copy be sent to you if you would like to have one.