

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Client 1** \_\_\_\_\_

**Client 2** \_\_\_\_\_

The purpose of our service is to assist you in achieving your goals as efficiently as possible. The foundation of intelligent planning is a thorough understanding of your current financial situation, including your desires, problems, and unique circumstances. Your answers to the questions that follow are an important start in providing us with that understanding. If you are not sure how to answer a particular question simply leave it blank. We will handle it during our personal meeting.

**Please bring the following items for your next meeting. We will scan and return them to you.**

- Statements for all retirement and non-retirement accounts, eg. brokerage, dividend reinvestment plans, individual holdings, variable annuity, pension, profit sharing, IRA, TSP, 401(k), ESOP, restrictive stock, etc.
- Copies of savings bonds
- Social Security Statement(s) from [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Individual Tax Return(s) for the most recent year
- Gift Tax Returns
- Corporate or Partnership Tax Return for the most recent year, if applicable
- Business Agreements, Professional Liability Policy, if applicable
- Wills, Advance Directives, Powers of Attorney, Trust agreements
- Divorce decree, Prenuptial agreement, Postnuptial agreement, Partnership agreement
- Insurance Policies, eg. life, disability, long term care, home, auto, umbrella
- Statement of mortgage balance and payments
- Closing Disclosure for purchase of Real Estate & latest refinancing
- Recent paycheck stubs
- Employer Benefits: summary plan description, group life, group disability, defined benefit plan details, defined contribution plan options, FSA/HSA

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# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## FINANCIAL OBJECTIVES

Our job is to assist you in achieving your personal financial objectives as efficiently as possible. We must know what those objectives are and which are most important to you. To assist you in communicating your objectives to us, we have included below a list of objectives that we hear quite frequently. If any of these represent an objective of yours, simply circle the number by the objective. (You may feel that the need has already been sufficiently provided for, but still indicate that it is important to you by circling.) Use the blank spaces to write in any additional objectives you may have. After you have listed all your objectives, go back and indicate the order of priority by writing in a number in the blank to the left of the circled objective.

### Client 1

### Client 2

- |       |       |   |
|-------|-------|---|
| _____ | _____ | <b>1.</b> To minimize income taxes  |
| _____ | _____ | <b>2.</b> To have sufficient assets at retirement to allow freedom and independence   |
| _____ | _____ | <b>3.</b> To be financially independent in _____ years  |
| _____ | _____ | <b>4.</b> To be able to fund the education desired for my/our children  |
| _____ | _____ | <b>5.</b> To provide a fund for my/our children to help them get started  |
| _____ | _____ | <b>6.</b> To have sufficient cash to meet unforeseen emergencies  |
| _____ | _____ | <b>7.</b> To get out of debt and have better control over my/our finances   |
| _____ | _____ | <b>8.</b> To be able to purchase a home in _____ years  |
| _____ | _____ | <b>9.</b> To buy a larger and more expensive home   |
| _____ | _____ | <b>10.</b> To buy vacation property   |
| _____ | _____ | <b>11.</b> To have sufficient funds to travel extensively (check when)<br><input type="checkbox"/> Now <input type="checkbox"/> Later <input type="checkbox"/> Retirement |
| _____ | _____ | <b>12.</b> In the event of my death, to provide my family with sufficient income to maintain a reasonable standard of living  |
| _____ | _____ | <b>13.</b> To guard against unnecessary estate shrinkage at my death (taxes, administration)  |
| _____ | _____ | <b>14.</b> To have sufficient funds to start a business of my own   |
| _____ | _____ | <b>15.</b> To have sufficient income on which to live in the event of a long illness or accident  |
| _____ | _____ | <b>16.</b> To fund a wedding, bar mitzvah, bat mitzvah or other celebration   |
| _____ | _____ | <b>17.</b> _____  |
| _____ | _____ | <b>18.</b> _____  |
| _____ | _____ | <b>19.</b> _____  |
| _____ | _____ | <b>20.</b> _____  |

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## INVESTMENT PHILOSOPHY

1. In handling your finances, how would you rank your risk tolerance level?  High  
 Medium  
 Low

2. Please indicate the importance of the following objectives in your personal financial planning:

- 1** = Extremely Important  
**2** = Very Important  
**3** = Fairly Important  
**4** = Of Little Importance  
**5** = Of No Importance

### RATING (1-5)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OBJECTIVE

Current Income  
Stability of Principal  
Liquidity (Availability of cash when needed)  
Future Income  
Capital Growth  
Inflation Protection  
Income Tax Deferral

3. What do you feel is a reasonable rate of return on your investments? \_\_\_\_\_

4. What is your investment temperament?

- I am **VERY CONSERVATIVE** and am more interested in conserving my capital than in making it grow. I am willing to accept moderate income and nominal capital gains potential in exchange for minimum risk.
- I am interested only in **HIGH QUALITY** investments and will be quite satisfied with a reasonable current return and some growth potential.
- I want a liberal **CASH RETURN** and then a chance for future capital appreciation.
- I can accept a lower level of income now in order to aim for **CAPITAL APPRECIATION** over the years and **GROWTH** of income in the future.
- I am willing to accept relatively **HIGH RISKS** in exchange for the possibility of above-average gains and **SPECULATION**.

Write a brief explanation for the answer given to *What is your investment temperament?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONFIDENTIAL FINANCIAL QUESTIONNAIRE

**5.** When did you decide investing your money was imperative to your obtaining ultimate financial objectives?

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**6.** Do you now follow a plan for savings and investments? ( Yes  No)  
If yes, describe and indicate how long you have been doing so.

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**7.** Approximately how much have you invested since you made the above decision?

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**8.** Are you presently satisfied with the way in which you are accomplishing your investment goals?  
( Yes  No) Explain:

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**9.** How much money do you feel you should maintain in liquid reserves?

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**10.** Have you ever used an Investment Counselor? ( Yes  No)  
If yes, how was your experience with the Investment Counselor?

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**11.** From an investment point of view, what is your opinion of the current economic outlook?

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## CONFIDENTIAL FINANCIAL QUESTIONNAIRE

**12.** Do you feel it is important to take into account the effects of inflation in your investment planning?

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**13.** What annual rate of inflation do you feel will prevail over the next five years?

\_\_\_\_\_ % or No Opinion \_\_\_\_\_

**14.** Are there any investments that you feel tied to (for past performance, family or other social reasons)?

(  Yes  No) If yes, which ones and why?

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**15.** Are there any investments that you are philosophically opposed to? (  Yes  No)

If yes, which ones and why?

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**16.** What does financial independence mean to you?

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**17.** At what age do you desire to retire? **Client 1** \_\_\_\_\_ **Client 2** \_\_\_\_\_

**18.** What is your single most important financial objective at this time?

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**19.** If feasible, we may recommend additional leveraging. How do you feel about borrowing money?

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# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

**20.** Do you consider tax consequences in making investments?

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**21.** What methods are you now using to convert tax dollars into capital?

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**22.** Many times we find clients complain about paying taxes but aren't willing to take steps to reduce taxes. If the economic merits are there, are you willing to follow a plan of reducing your taxes? ( Yes  No) Explain:

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**23.** Have you recently experienced any life changing events that we should be aware of? (i.e. Divorce, Education Expenses, Estate Issues, Moving, Retirement, Wedding) ( Yes  No) Explain:

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

**25.** Please describe anything that we have overlooked that should be considered in our planning:

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# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## PERSONAL INFORMATION

	Full Name	Nickname	DOB	Place of Birth	Social Security Number
Client 1					
Client 2					
Children					

Home Address \_\_\_\_\_  
 \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Home Email(s) \_\_\_\_\_

### Client 1:

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Business \_\_\_\_\_

Occupation or Title \_\_\_\_\_ Business Email \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

#### Education and Professional Data:

School	Degree	Year Received

#### Occupation (last 3 employers):

Employer	Position	Years (From -To)

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## Client 2:

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Business \_\_\_\_\_

Occupation or Title \_\_\_\_\_ Business Email \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

### Education and Professional Data:

School	Degree	Year Received

### Occupation (last 3 employers):

Employer	Position	Years (From -To)

## Key Advisors

	Accountant	Attorney	Insurance Agent	Other (please specify)
<b>Name</b>				
<b>Address</b>				
<b>Telephone Number</b>				
<b>Fax Number</b>				
<b>Email Address</b>				



# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## Additional Family Facts

Date of Marriage, if applicable \_\_\_\_\_ Wife's Maiden Name \_\_\_\_\_

Do you plan to have (more) children? \_\_\_\_\_

State names of dependent children: \_\_\_\_\_

Are there any special considerations with any of your children which might affect your financial situation?

\_\_\_\_\_  
\_\_\_\_\_

Is anyone else dependent upon you for support? \_\_\_\_\_ If so, explain \_\_\_\_\_

\_\_\_\_\_

If married previously, are there any alimony or child support payments or income? \_\_\_\_\_

Describe, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Interests (Hobbies, Sports, etc...) \_\_\_\_\_

\_\_\_\_\_

## Children's Education

Will your children attend or are they presently attending Private School or College? \_\_\_\_\_

Graduate School? \_\_\_\_\_ Other? \_\_\_\_\_

Are you paying or do you intend to pay the entire cost? \_\_\_\_\_ If no, what percentage? \_\_\_\_\_

\*Savings set aside for education/year: \_\_\_\_\_

Child's Name	Current Grade	Current Assets	Current Cost	Name of Private School or College (Attending or will attend)

\*529, Coverdell ESA, UTMA/UGMA statements desired

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## BANK ACCOUNTS

Copies Of Current Account Statements Are Preferred In Lieu Of Completing This Page

Institution Name <small>(Indicate if Checking-C, Savings-S, Money Market-MM)</small>	Titled In The Name Of			Dollar Amount	Date Opened	Maturity Date
	Client 1	Client 2	Joint			
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
<b>Certificates of deposit</b>						
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
<b>Other:</b>						
<b>Savings Bonds*</b>						
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /
				\$	/ /	/ /

\*Savings bonds – Please provide copies of bonds or a listing of certificate numbers & purchase dates.

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## REAL ESTATE

	RESIDENCE	SECOND HOME	RENTAL #1	RENTAL #2	RENTAL #3
Location					
Ownership (Joint, Client 1, etc.)					
Original Purchase Price & Date					
Present Market Value					
Date Of Current Mortgage & Starting Mortgage Amount**					
Interest Rate On Mortgage***					
Mortgage Term (Years)					
Principal & Interest Payment					
Real Estate Taxes					
Total Monthly Payments					
Current Mortgage Balance					
Amt. Owed On Home Equity Line****					
Second Mortgage & Date**					
Monthly Payment					
Gross Rental Income					

*\*Please provide copies of settlement sheets for sales, new purchases and refinancing.*

*\*\*Please provide most recent mortgage statement.*

*\*\*\*If adjustable interest rate, state terms.*

*\*\*\*\* Please provide rate and monthly payment.*

Additional notes you wish to provide relating to any of the properties (eg. Adjustable mortgage details, balloon payment amount and number of payments)

**Residence** \_\_\_\_\_

**Second Home** \_\_\_\_\_

**Rental #** \_\_\_\_\_

**Rental #** \_\_\_\_\_

**Rental #** \_\_\_\_\_

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## OTHER FINANCIAL ASSETS

Please provide your investment experience, if any, with the following investment types:

	<b>Client 1</b>				<b>Client 2</b>			
	None	Limited	Moderate	Extensive	None	Limited	Moderate	Extensive
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option/Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you own options? ( Yes  No) If yes, please provide a schedule outlining grant date, grant price, number of shares, vesting dates & expiration date

Are the options granted to you as an employee?  Yes As a board member?  Yes As an Officer?  Yes

Do you own commodities, precious metals and/or collectibles? ( Yes  No) If yes, please describe.

Do you have a professional practice? Partnership ( Yes  No) S Corporation ( Yes  No)  
Sole Proprietorship ( Yes  No)

Percent/Owner: \_\_\_\_\_ Estimated Current Value & Method of Evaluation \_\_\_\_\_

Do you own any stock in a closely held corporation? ( Yes  No) If so, describe

Approximate Value \_\_\_\_\_ Are any of your assets pledged? ( Yes  No)

If yes, please explain \_\_\_\_\_

Do you have an interest in any limited partnership(s)? ( Yes  No) If yes, please provide most recent K-1.

Do you have any accounts or notes owed to you? ( Yes  No) If yes, please describe.

	Receivable #1	Receivable #2	Receivable #3	Receivable #4
<b>Owner</b>				
<b>Original Note Balance</b>				
<b>Original Note Date</b>				
<b>Percent Interest</b>				
<b>Payment Frequency</b>				
<b>Total Payments</b>				
<b>Current Balance</b>				

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## PERSONAL ASSETS

	Description	Ownership	Purchase Date	Purchase Price	Current Value
Automobile #1					
Automobile #2					
Automobile #3					
Recreational Vehicle					
Household Furnishings					
Other (please specify)					
Other (please specify)					

RETIREMENT PLANS						
Copies Of Retirement Plan Statements & Pension Benefit Estimates Are Desired						
	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
Type*						
Description						
Owner						
Primary Beneficiary						
Contingent Beneficiary						
Employer Annual Contribution						
Employee Annual Contribution						
Date Opened						
Age Available						
Current Value						
Vested Amount						

\*Type: IRA, Keogh, TSA, 401(k), 403(b), Pension, Profit Sharing, etc.

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

Client 1:  Yes  No      Client 2:  Yes  No

Can you make Roth contributions?      Client 1:  Yes  No      Client 2:  Yes  No

Can you take In-Service withdraws from your 401(K), 403(b), etc?

Client 1:  Yes  No      Client 2:  Yes  No

If yes, under what circumstances? \_\_\_\_\_ (Hardship? Anytime?)

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## LIABILITIES

List any outstanding indebtedness, such as notes owed to institutions or individuals, margin accounts, installment accounts, charge accounts not paid in full at the end of the month, etc. Do not include mortgages since they are listed elsewhere.

	#1	#2	#3	#4	#5	#6
<b>Lender</b>						
<b>Borrower</b>						
<b>Purpose</b>						
<b>Original Loan Date</b>						
<b>Original Loan Amount</b>						
<b>Current Balance</b>						
<b>Original Number of Payments</b>						
<b>Interest Rate</b>						
<b>Payment Frequency</b>						
<b>Payment Amount</b>						

Do you have an outstanding tax liability? (Describe)

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Do you have any other liabilities? (Describe)

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Do you have any contingent liabilities? (Describe)

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# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## INCOME/EXPENSES

Income Tax Filing Status: \_\_\_\_\_ # of Dependents \_\_\_\_\_

Federal Tax Bracket \_\_\_\_\_% State Tax Bracket \_\_\_\_\_%

	CLIENT 1		CLIENT 2	
	Current Year 20_____	Projected 2nd Year 20_____	Current Year 20_____	Projected 2nd Year 20_____
<b>INCOME (Gross):</b>				
<b>Salary</b>				
<b>Bonus</b>				
<b>Self-Employment</b>				
<b>Pensions</b>				
<b>Social Security</b>				
<b>Other Taxable Income</b>				
<b>Disability Income</b>				
<b>Other Nontaxable Income</b>				
<b>EXPENSES:</b>				
<b>Housing (excluding Mortgage and Taxes)*</b>				
<b>Utilities (Electric/Gas/Water/Sewer)</b>				
<b>Telephone/Internet/TV</b>				
<b>Groceries/Dining Out</b>				
<b>Beauty (Haircut/Nails/Spa)</b>				
<b>Clothing</b>				
<b>Fitness/Recreation</b>				
<b>Subscriptions (Netflix/Amazon/AAA/Magazines)</b>				
<b>Gifts/Charity</b>				
<b>Automobile (excluding loans)**</b>				
<b>Vacation/Travel</b>				
<b>Medical (Doctors/Medicine/Equipment)</b>				
<b>Total Insurance Premiums (Auto/Home/Life)***</b>				
<b>Planned Savings (not listed on pg. 13)</b>				
<b>Other Expense</b> _____				
<b>Other Expense</b> _____				
<b>Other Expense</b> _____				

\* Mortgage and Real Estate taxes should be entered on page 11  
 \*\*Automobile loans should be entered on page 14  
 \*\*\*Specify premium details on page 17, or provide policies/statements

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## ESTATE PLANNING

Please provide copies of wills, trusts, powers of attorney & advance directives

	Client 1	Client 2
What kind of wills do you have? ( i.e. Simple, Bypass, Two Trust, etc.)	_____	_____
Date drawn	___/___/___	___/___/___
Date it was last reviewed	___/___/___	___/___/___
State in which it was drawn	_____	_____
Name of person who wrote your will	_____	_____

**1.** Do these wills accomplish your desired current objectives? ( Yes  No)

Details: \_\_\_\_\_

**2.** Are you interested in preserving estate values to pass to your children? ( Yes  No)

Details: \_\_\_\_\_

**3.** Have you named a guardian for your children? ( Yes  No)

If Yes, who? \_\_\_\_\_

**4.** Who is the executor? \_\_\_\_\_

**5.** If trust is involved, who is trustee? \_\_\_\_\_

**6.** Do you have a pre- or post- nuptial agreement? ( Yes  No)

**7.** Are your beneficiaries good at managing money? ( Yes  No)

Details: \_\_\_\_\_

**8.** Do any of your beneficiaries have special needs? ( Yes  No)

Details: \_\_\_\_\_

**9.** Has a Special Needs Trust been established for any of your beneficiaries? ( Yes  No)

Details: \_\_\_\_\_

**10.** Are any of your beneficiaries receiving government assistance? ( Yes  No)

Details: \_\_\_\_\_

**11.** If **Client 1** died first, could **Client 2**... Carry on your business? ( Yes  No) Manage investments? ( Yes  No)

If no, please specify who could: \_\_\_\_\_

**12.** If **Client 2** died first, could **Client 1**... Carry on your business? ( Yes  No) Manage investments? ( Yes  No)

If no, please specify who could: \_\_\_\_\_

**13.** Do you want to leave any special bequests to churches, schools, civic groups, or charities? ( Yes  No)

Details: \_\_\_\_\_

**14.** Have you made any sizeable gifts to relatives or other non-charitable beneficiaries? ( Yes  No)

Details: \_\_\_\_\_



# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

## INSURANCE

Please provide policies for Life and Disability.

LIFE	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Carrier					
Policy Number					
Face Value					
Type*					
Insured					
Owner					
Primary Beneficiary(s)					
Contingent Beneficiary(s)					
Premium Payor					
Total Cash Value					
Loan Outstanding					
Interest Rate					
Date Acquired					
Annual Premium					

\*Type: (W) Whole Life, (V) Variable Life, (T) Term Life (if term, indicate number of years)

DISABILITY	Policy #1	Policy #2	Policy #3	Policy #4
Carrier				
Policy Number				
Insured				
Owner				
Premium Payor				
Monthly Benefit				
How long before benefits begin				
Length of Benefit Period				
Premium & Frequency				

<b>OTHER*</b>	<b>Property &amp; Casualty (i.e. Homeowners, Auto, Liability), Office Overhead, Long-term Care</b>
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\*Please provide policies/statements