

CONFIDENTIAL QUESTIONNAIRE

Date: _____

1. CLIENT NAME (1): _____

CLIENT NAME (2): _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Fax: (Home or Work) _____

Fax: (Home or Work) _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-Mail: _____

Birth date: _____

Birth date: _____

Contact me by (check one) E-mail or Phone
Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

2. Employment

Client Employer (1): _____

Title/Job: _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

Client Employer (2): _____

Title/Job: _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

3. Financial Professionals

Who prepares your tax return? Self Paid Preparer

Do you have estate planning documents? When and in what state were they drafted?

Wills	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
Living Trusts	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
Power of Attorney	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
Living Will	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
Other Documents	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____

How were your current investment assets selected? _____

Rate your working relationships with each of the following advisors:

Advisor	Satisfaction Rating					
	Dissatisfied		-	Very Satisfied		Not Applicable
Financial Planner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>
Broker	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>
Attorney	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>
Accountant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>
Tax Preparer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>
Insurance Agent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>
Realtor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	X <input type="checkbox"/>

4. Risk Assessment

Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.

1. How important is capital preservation?

Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

2. How important is growth?

Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

3. How important is low volatility?

Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

4. How important is inflation protection?

Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

5. How important is current cash flow?

Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

6. How much risk are you willing to take to achieve a higher return?

Very little 1 2 3 4 *A Moderate amount* 5 6 7 8 *A lot* 9

% Enter the Average Annual Rate of Return* you want to earn on your portfolio to reach your financial goals.

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

5. Insurance

Client (1)

Client (2)

INSURANCE

	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

6. ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Personal Property (estimate)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

7. LIABILITIES

<u>List Credit Cards Not Paid in Full Every Month</u>	<u>Interest Rate</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you received a copy of your credit report recently? Yes No

8. Please comment on the advice you seek.

These items may be needed, should you engage our services:

- Prior Year Tax Return
- Brokerage Account Statements
- Trust Account Statements
- Retirement Plan Account Statements
- Loan Documents
- Paycheck Stubs
- Mutual Fund Account Statements
- Employee Benefits Booklet
- Social Security Annual Statement
- Insurance Policies

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax or mail a copy to us at the following address:

Blankenship Financial Planning, Ltd. • 116 West Illinois Street • PO Box 51 • New Berlin, IL 62670

Phone: (217) 488-6473 • Fax: (888) 294-7794

Email: info@BFPOnline.com

Visit us on the web at www.BFPOnline.com