

## Client Organizer Questionnaire

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive tip income not reported to your employer this year?	<b>p</b>	<b>p</b>
Did any of your life insurance policies mature, or did you surrender any policies?	<b>p</b>	<b>p</b>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<b>p</b>	<b>p</b>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<b>p</b>	<b>p</b>

**Retirement Information**

Are you an active participant in a pension or retirement plan?	<b>p</b>	<b>p</b>
Did you receive any Social Security benefits during the year?	<b>p</b>	<b>p</b>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<b>p</b>	<b>p</b>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<b>p</b>	<b>p</b>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<b>p</b>	<b>p</b>

**Education Information**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<b>p</b>	<b>p</b>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<b>p</b>	<b>p</b>
Did anyone in your family receive a scholarship of any kind during the year?	<b>p</b>	<b>p</b>
Did you make any withdrawals from an education savings or 529 Plan account?	<b>p</b>	<b>p</b>
Did you pay any student loan interest this year?	<b>p</b>	<b>p</b>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<b>p</b>	<b>p</b>
Did you make any contributions to an education savings or 529 Plan account?	<b>p</b>	<b>p</b>

**Health Care Information**

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<b>p</b>	<b>p</b>
If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2015? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<b>p</b>	<b>p</b>
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	<b>p</b>	<b>p</b>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<b>p</b>	<b>p</b>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<b>p</b>	<b>p</b>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<b>p</b>	<b>p</b>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<b>p</b>	<b>p</b>
Did you pay long-term care premiums for yourself or your family?	<b>p</b>	<b>p</b>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<b>p</b>	<b>p</b>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<b>p</b>	<b>p</b>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<b>p</b>	<b>p</b>

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	P	P
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	P	P
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	P	P
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	P	P
Did you have an expense account or allowance during the year?	P	P
Did you use your car on the job, for other than commuting?	P	P
Did you work out of town for part of the year?	P	P
Did you have any expenses related to seeking a new job during the year?	P	P
Did you make any major purchases during the year (cars, boats, etc.)?	P	P
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	P	P

### Miscellaneous Information

Did you make gifts of more than \$14,000 to any individual?	P	P
Did you utilize an area of your home for business purposes?	P	P
Did you engage in any bartering transactions?	P	P
Did you retire or change jobs this year?	P	P
Did you incur moving costs because of a job change?	P	P
Did you pay any individual as a household employee during the year?	P	P
Did you make energy efficient improvements to your main home this year?	P	P
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	P	P
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	P	P
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	P	P
Did you receive correspondence from the State or the IRS?	P	P
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	P	P
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	P	P

QUESTIONNAIRE

WHY SHOULD I COMPLETE THE FOLLOWING QUESTIONS:

1. BY COMPLETING THE ATTACHED WE WILL BE ABLE TO FIND TAX DEDUCTIONS THAT WE WERE NOT AWARE OF.

2. WE WILL BE ABLE TO ADVISE YOU OF INCORRECT ALLOCATIONS IN YOUR 401K'S AND OTHER INVESTMENT ACCOUNTS WHICH WILL REDUCE YOUR RISK. (THIS IS A FREE SERVICE).

IT IS MANDATORY THAT YOU  
COMPLETE ENTIRE QUESTIONARE  
HEARS WHY:

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*BASED UPON MY KNOWLEDGE AND EXPECTATIONS I FORSEE THE STOCK MARKET HAVING A SIGNIFICANT LOSS. ( MAJOR COMPANIES BUYING THEIR OWN STOCK AND MARGIN LOANS ARE AT AN ALL TIME HIGH ) WHILE THE STOCK MARKET IS NEAR ITS ALL TIME HIGH.*

*BANKS ARE REQUIRED TO HOLD SIGNIFICANT RESERVES AND LOAN OUT MONEY. HOWEVER, BANKS ARE NOT LOANING OUT MONEY AND THE BIG BANKS HAVE VERY LARGE LOANS TO THE OIL COMPANIES AND OTHER LARGE BUSINESS INVESTMENTS SOME OF WHICH MAY NEVER GET REPAID IF MARKET CRASHES.*

*REAL ESTATE FORECLOSURES FROM 2007 THRU TODAY, WERE BROUGHT OUT AS BIG BARGAINS BY THE ULTRA RICH AND NOW THE BUYING PUBLIC IS SCARED TO INVEST IN REAL ESTATE AND THEREFORE PROPERTY VALUES WILL DROP.*

*THE EMPLOYMENT MARKET SHOWING MAJOR LAYOFF'S, PEOPLE NOT LOOKING FOR WORK, AND COMPANIES MOVING JOBS GO OUT OF USA AND HORDING MONEY OUT OF USA TAXATION.*

*THE MIDDLE EAST OIL PROBLEMS AND EUROPEAN UNION ECOMONIC PROBLEMS.*

*THE US GOVERMENT BEING DOWNGRADED BY THE RATING AGENCIES BECAUSE JAPAN, CHINA, RUSSIA AND THE EUROPEAN UNION ARE NO LONGER BUYING OUR TREASURY BONDS. THEREFORE THE FEDERAL RESERVE IS PRINTING CURRENCY AND INCREASING OUR NATIONAL DEBT SIGNIFICANTLY.*

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*IT IS VERY IMPORTANT TO SETUP ADEQUATE LIFE PLANNING NOW SO YOU DON'T BECOME AFFECTED WITH WHAT COULD BE AN ECONOMIC AND VERY EMOTIONAL DISASTER.*

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**3. WE WILL BE ABLE TO TELL YOU WHERE YOU HAVE PROBLEMS IN YOUR FINANCIAL ADVISE AND HOW TO PLAN BETTER.**

- E.G. (a) INSUFFICIENT DISABILITY OR LIFE INSURANCE COVERAGE.  
(b) PLANNING FOR CHILDRENS COLLEGE EDUCATION.  
(c) LONG-TERM COVERAGE, WHEN ACQUIRED EARLY IS VERY REASONABLE IN DOLLAR COST.  
(d) HOW TO REDUCE YOUR CREDIT CARD AND LOAN DEBT.  
(e) WE CAN CHECK PROPER BENEFICIARY INFORMATION FOR ALLASSETS.  
(f) OTHER ITEMS WHICH ARE NOT ENUMERATED.**

**CLIENT INFORMATION**

**DATE PREPARED**

**LEAD SOURCE**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Tax Filing Status \_\_\_\_\_  
Previous Marriage (s)? \_\_\_\_\_  
Citizenship \_\_\_\_\_  
College of Graduation \_\_\_\_\_  
(Country) Clubs: \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Favorite Beverage \_\_\_\_\_

:

**BUSINESS INFORMATION**

Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Anniversary: \_\_\_\_\_  
Do you fly privately?: \_\_\_\_\_  
If so, how many hrs/yr?: \_\_\_\_\_

**SPOUSE**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Previous Marriage (s)? \_\_\_\_\_  
Citizenship \_\_\_\_\_  
College of Graduation \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Hobbies: \_\_\_\_\_  
Favorite Beverage \_\_\_\_\_

**Spouse Business Information**

Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

<b><u>CHILDREN</u></b>			
Name (Nickname)	Date of Birth	Social Security #	Special Needs

## **Family Money Future Wishes**

1. What is it about money that is important to you?
2. What goals do you want to achieve as a family?
3. What are your family's priorities and values?
4. What are some financial issues that you don't agree on as a couple?  
As a family? As an extended family?
5. If we were sitting here five years from today, what has to have happened over that period for you to feel good about its progress?
6. If someone were to write an article about your family in 50 years, what would you want it to say?
7. What concerns you most when it comes to your children and money?
8. What one thing do you know now that you wish you had learned long ago?
9. How does your family discuss financial issues?

**ADVISORS (Attorney, Accountant, Personal Banker, Stockbroker etc.)**

Advisor Type:

Name (Last, First): \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Advisor Type:

Name (Last, First): \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b>PROPERTY</b>								
				Current		Term in Years		
Name	Fair Market	Tax	Original	Liability*	Mtg		Ownership	
	Value	Basis	Balance	*	Rate	# of Years Left	H/W/J/TIC*	Address
Primary Home								See page 1
Second Home								
Investment Property								
Other								

\* H: Husband      W: Wife      J: Joint      TIC: Tenancy in Common  
 \*\* Mortgage and/or Home Equity

**PERSONAL PROPERTY (Art, Jewelry, etc)**

<u>Description</u>	<u>Current Value</u>	Ownership H/W/J/TIC*
_____		
_____		
_____		

**BANK ACCOUNTS: CASH & CASH EQUIVALENTS (Checking, Savings, CDs, T-Bills)**

Account Name	Account Type (Checking, Savings, CD & Money Market)	See Attached	Current Value	Ownership H/W/J/TIC*
_____				
_____				
_____				
_____				

**INVESTMENTS: (Non- Qualified)**

Account Name	See Attached	Current Value	Ownership H/W/J/TIC*
_____			
_____			
_____			
_____			

\* H: Husband W: Wife      J: Joint TIC: Tennancy in Common

**Investments Private Equity**

Name	See Attached Statement	Amount Invested	Remaining Capital Calls	Current Value	Ownership H/W/J/TIC*	Nature of Company
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<hr/>						
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**RETIREMENT ACCOUNTS: (401(K), IRA, Profit Sharing, Deferred Compensation, 403(b), Pension, SEP)**

Account Name	Account Type**	See Attached Statement	Current Value	Ownership H/W*	Primary & Secondary Beneficiaries
<hr/>					
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P: S:

\*\* Please indicate 401(K); IRA ; Profit Sharing; Deferred Compensation; 403(b); Pension; or SEP

**CHILDREN'S ACCOUNTS: UGMA, 529, TRUST**

Account Name	Account Type (UGMA, 529, Trust)	See Attached Document	Current Value	Beneficiary
<hr/>				
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Did you frontload the 529 Plans? Yes                      No

\* H: Husband    W: Wife                      J: Joint TIC: Tennancy in Common

ANNUITIES: FIXED, VARIABLE

Account Name	Annuity Type	Carrier	See Attached Statement	Cash Value F/V	Initial Investment	Ownership H/W/J/TIC*	Anticipated Annuitization Age
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ANNUITIES: IMMEDIATE

Account Name	Annuity Type	Investment Co.	Annual Exclusion Payment	Ratio	Ownership H/W/J/TIC*	Start / End Age
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STOCK OPTION AND RSU'S WORKSHEETS

OPTION AND RSU GRANTS See Statement

Grant Date	Grant Type	# Shares	Exercise Price (Options Only)	First Vesting Date	Vesting Frequency	Vesting Periods	# of Vesting	Expiration Date
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BUSINESS INTERESTS

Business Name	Business Type	Cost Basis	Fair Market Value	Percent Ownership	Spouse Active ?	Children Involved?	Future Plans for Business
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(For any business provide Insurance Documents)

\* H: Husband    W: Wife                      J: Joint    TIC: Tennancy in Common

Life Insurance

(1) (2) (3) (4)

Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Type  
(Term; WL; VL; UL; etc.) \_\_\_\_\_

Death Benefit \_\_\_\_\_

Annual Premium \_\_\_\_\_

Policy # \_\_\_\_\_

Cash Value \_\_\_\_\_

Owner \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Purchase Date \_\_\_\_\_

Premium Due Date \_\_\_\_\_

DISABILITY INCOME INSURANCE

(1) (2)

Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_

(Individual; BOE; Buyout) \_\_\_\_\_

Annual Premium \_\_\_\_\_

Monthly Benefit: \_\_\_\_\_

Policy # \_\_\_\_\_

Waiting Period \_\_\_\_\_

Benefit Period \_\_\_\_\_

Purchase Date \_\_\_\_\_

COLA Adjustment  
( Yes / No ?) \_\_\_\_\_

**LONG TERM CARE INSURANCE**

Insured	Insurance	Purchase	Daily	Annual	Policy	Waiting	Benefit	Cola	Premium
Company	Date	Benefits	Premium #	Period	Period	Adjustment	(Y/N)	Due Date	

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Do you/will you support anyone else? Parents, siblings, in-laws? Yes No

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**OTHER INSURANCE POLICIES: (Automotive, Homeowner's, Umbrella Policy)**

Type of Insurance (Auto, Home, Umbrella)	Carrier	Policy #	Amount	Premium	Deductible
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1. Drivers' Licenses: (state and number)
2. Car Info: (Year/Make/Model)
3. Do you sit on any Boards? Yes: No: Name of Company

**INCOME SOURCES: (Salary, Bonus, Pension, Social Security, Sale of Business)**

<u>Name</u>	<u>Income Source</u>	Amount	Comment**	Start / End Age
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ASSUMPTIONS

Client Retirement Age: Spouse Retirement Age:

\*\* (e.g. Bonus amounts paid in cash vs. stock)

**EXPENSES: LIVING AND OTHER EXPENSES (Education, Weddings, Charity, Major Purchases, etc.)**

Current Annual Living Expenses: \_\_\_\_\_

Other Extraordinary Expenses

(Be Specific)\*

Amount

Comment

Start / End Age

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\* Education, Weddings, Charity, Major Purchases

Bill Paying: Is bill paying a service you would be interested in? Yes No

**TAXES:**

Do you have tax-loss carryforwards? Yes / No How much?

AMT: Are you subject to AMT? Yes / No

**CHARITABLE BEQUESTS**

Do you plan on making charitable contributions? Yes No

If so, list the names of those institutions and the amounts you plan on gifting

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**WILLS & TRUSTS**

Client: No Will  
Simple Will  
Unified Credit Planning

Spouse: No Will  
Simple Will  
Unified Credit Planning

Do you have an Irrevocable Trust?

**GIFTING**

Circle One Comments

Do you or your spouse plan to gift in the future? Yes / No

Would you consider using gifting as a planning tool? Yes / No

If so, expected number of gift recipients:

Have you or your spouse ever filed a gift tax return? Yes / No

**SAVINGS PLAN**

Do you contribute to a 401(K) plan? Yes / No Amount / year:

Does our spouse contribute to a 401(K) plan? Yes / No Amount / year:

## INVESTMENT OBJECTIVES AND RISK TOLERANCE

Client Name:

1. How much do you need to leave in cash for the next 6-12 months for cash flow needs and capital expenditures?
2. Do you require income from your portfolio? If yes, how much? If not, when do you expect to need income from your portfolio?
3. For this portfolio, you would like to invest in securities that offer (choose one):
  - λ Safety of principal
  - λ Attractive current income with modest fluctuation in value
  - λ Competitive total return (income plus appreciation) with moderate fluctuation in principal
  - λ The potential for high capital appreciation with the possibility of substantial fluctuation in principal
4. Please rate your tolerance to investment risk with (1) being the lowest and (10) being the highest.  

1	2	3	4	5	6	7	8	9	10
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5. Which of the two investment situations make you feel least comfortable?
  - λ Holding cash when the market goes up
  - λ Holding stocks when the market goes down
6. If your investment portfolio declined 10% in a market downturn, how would you feel?
  - λ Very anxious as I do not want to experience any decline in value
  - λ Anxious, but I can accept cyclical downturns. Concerned, but I realize that fluctuations can occur.
  - λ I'm interested in long-term growth, but I have occasional concerns about fluctuation.
  - λ Fine, I can accept temporary declines in order to receive long-term growth
7. In order to increase the real value of your dollars over time, you must outpace inflation. Since 1926, stocks have outpaced inflation by approximately 8%, bonds by 3% and cash by less than 1%. (Inflation was approximately 3%). Considering that past performance is not indicative of future results, what annual rate of return above inflation would you expect to achieve over a market cycle, understanding that market volatility increases with rate of return? Circle One:  
  
0-3%    4-6%    7 or more %
8. Investing in non-traditional asset classes, while providing portfolio diversification may include risks not associated with traditional equities and fixed income. Please indicate your comfort level on a scale of 1 to 3 for each with (1) being "absolutely not comfortable" to (3) being "very comfortable"
  - λ Hedge Funds
  - λ Commodities
  - λ Private Equity
  - λ Real Estate
  - λ Emerging Markets
  - λ Currency
9. Are there any limitations to holding specific asset classes or to restrict specific securities in your portfolio?

For office use only:

Age:

Employer:

Expense Budget

I suggest you fill in this expense budget as best as you can to give yourself a true picture of your monthly/annual expenditures. This is done to give more accuracy to any cash flow model that we will focus on.

Home & Auto

Monthly

Annually

Cable	_____	_____
Car - Lease/Auto Payments	_____	_____
Car - Repair/Maintenance	_____	_____
Cell Phone	_____	_____
Cleaning Help	_____	_____
Electric (Gas & Heating)	_____	_____
Garage (if applicable)	_____	_____
Maintenance Cost	_____	_____
Mortgage/Rent	_____	_____
Phone	_____	_____
Property Taxes	_____	_____
Security System	_____	_____
Taxi/Car Service	_____	_____

Sub Total Home & Auto

\_\_\_\_\_

\_\_\_\_\_

Second Home (if applicable)

Cable Cleaning Help	_____	_____
Electric (Gas & Heating)	_____	_____
Garage (if applicable)	_____	_____
Maintenance/Landscaping	_____	_____
Mortgage/Rent	_____	_____
Phone	_____	_____
Property Taxes	_____	_____
Security System	_____	_____

Sub Total Second Home

\_\_\_\_\_

\_\_\_\_\_

Children (if applicable)

529 Plan Contributions	_____	_____
Babysitter/Nanny	_____	_____
Birthday Parties - As Guest (gifts)	_____	_____
Birthday Parties - As Host	_____	_____
Camp	_____	_____
Classes/Activities	_____	_____
Clothing	_____	_____
Doctors'	_____	_____
Supplies and/or Tuition	_____	_____
Sub Total Children	_____	_____

Personal Care/Memberships

Clothing - Husband	_____	_____
Clothing - Wife	_____	_____
Club Membership(s)	_____	_____
Dry Cleaning	_____	_____
Gym - Husband	_____	_____
Gym - Wife	_____	_____
Hair/Maintenance - Husband	_____	_____
Hair/Maintenance - Wife	_____	_____
Medical/Prescriptions	_____	_____
Pharmacy Supplies	_____	_____
Recreation - Husband	_____	_____
Recreation - Wife	_____	_____
Sub Total Personal Care/Memberships	_____	_____

Food/Meals & Entertainment

Breakfast & Lunch at Work	_____	_____
Groceries	_____	_____
Movies/Theater	_____	_____
Restaurants Specialty Stores	_____	_____
Take - Out	_____	_____
Sub Total Food/Meals & Entertainment	_____	_____

Insurance & Professional Fees

Accountant/Tax Preparation	_____	_____
Auto Insurance	_____	_____
Homeowners Insurance	_____	_____
Disability Insurance	_____	_____
Life Insurance	_____	_____
Long Term Care/Disability Insurance	_____	_____
Pet Insurance (if applicable)	_____	_____
Property and Casualty Insurance	_____	_____
Sub Total Insurance & Professional Fees	_____	_____

Vacation & Travel

Airfare	_____	_____
Car Rental	_____	_____
Hotel/Resort	_____	_____
Meals	_____	_____
Miscellaneous (i.e. ski pass, boat trip etc.)	_____	_____
Sub Total Vacation and Travel	_____	_____

Other Expenses

Charity	_____	_____
Pet (supplies, vet etc.)	_____	_____
Real Estate Taxes	_____	_____
Shopping - Misc.	_____	_____
Holiday Gifts ( i.e. doormen tips, misc. gifts)	_____	_____
Metro Card/Train Pass	_____	_____
 Sub Total Other Expenses	 _____	 _____

	Monthly	Annually
Totals	\$ -	\$ -
Shortfall/Surplus from Salary	\$ -	\$ -
Shortfall/Surplus from Total Income	n/a	\$ -

## VAULT ITEMS

One of the greatest features of the Advisors Wealth Management System is the ability to store your important documents in a single place. The system provides you with the "Vault" - a secure electronic storage room. Please utilize the following checklist to indicate what documents you would like to have electronically secured inside your personal Wealth Management System Vault.

- Property Deeds
- Frequent Flyer Miles
- Insurance Policies
- Taxes
- Investments
- Legal Documents
- Passports

## ALERTS AND ALARMS

Advisors can set personalized alerts and alarms within your model, such as:

- Alert 60 Days Before a Stock Option Vesting Date
- Alert if account value changes by a specific percent over a set period of time
- Alert if asset allocation exceeds a predefined threshold (i.e. Cash portion of allocation goes up 3%)

What alerts and alarms would you like us to set for you? (Please be specific as to what alert you would like; what email address to send alert to; and on what date to send alert email)

SPECIFIC ALERT:            SEND TO EMAIL ADDRESS:            ON THIS DATE:

- 1.
- 2.

## AUTHORIZATION TO SHARE INFORMATION

Advisors, Inc will not share your financial information with outside advisors unless expressly authorized by you to do so. At this time, we ask for your authorization to share pertinent information with the following advisor(s):

I, \_\_\_\_\_, authorize Sy Schnur CPA, PFS to share pertinent information with \_\_\_\_\_ .  
(client signature) (outside Advisor(s))

ADDITIONAL NOTES:

**Client Organizer Topical Index**

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

<u>Topic</u>	<u>Page</u>	<u>Topic</u>	<u>Page</u>
Dependent information	1		
Electronic filing	4		
Email address	2		

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.