

CONFIDENTIAL QUESTIONNAIRE

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)	_____
E-mail:	_____	E-mail:	_____
Social Security #:	_____	Social Security #:	_____
Birthdate:	_____	Birthdate:	_____

Primary Contact Person during business hours? _____

Contact me by (circle one)
E-mail or Phone

FAMILY MEMBERS (Please list children and other dependants.)

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

Client Employer (1):	_____	Client Employer (2):	_____
Title/Job:	_____	Title/Job:	_____
Number of years with this employer?	_____	Number of years with this employer?	_____
Anticipated employment changes?	_____	Anticipated employment changes?	_____
When do you plan to retire?	_____	When do you plan to retire?	_____
Salary:	_____	Salary:	_____
Self Employment Income:	_____	Self Employment Income:	_____
Bonus/Commissions:	_____	Bonus/Commissions:	_____
Other Earned Income:	_____	Other Earned Income:	_____
TOTAL (Current Yr) =	_____	TOTAL (Current Yr) =	_____

Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Do you have estate planning documents?

When and in what state were they drafted?

Wills	Y	N	_____
Living Trusts	Y	N	_____
Power of Attorney	Y	N	_____
Living Will	Y	N	_____
Other Documents	Y	N	_____

How were your current investment assets selected? _____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.

(1 being most true and 5 least true)

- _____ I would rather work longer than reduce my standard of living in retirement.
- _____ I feel that I/we can reduce our current living expenses to save more for the future if needed.
- _____ I am more concerned about protecting my assets than about growth.
- _____ I prefer the ease of mutual funds over individual securities.
- _____ I am comfortable with investments that promise slow, long term appreciation and growth.
- _____ I don't brood over bad investment decisions I've made.
- _____ I feel comfortable with aggressive growth investments.
- _____ I don't like surprises.
- _____ I am optimistic about my financial future.
- _____ My immediate concern is for income rather than growth opportunities.
- _____ I am a risk taker.
- _____ I make investment decisions comfortably and quickly.
- _____ I like predictability and routine in my daily life.
- _____ I usually pick the tried and true, the slow, safe but sure investments.
- _____ I need to focus my investment efforts on building cash reserves.
- _____ I prefer predictable, steady return on my investments, even if the return is low.

Rate your working relationships with each of the following advisors that apply:

Adviser	Satisfaction Rating					Not Applicable
	Dissatisfied		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

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

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	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$

*If not paid in full each month

<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

Please comment on the advice you seek.

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

- | | |
|------------------------------------|--------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | 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:

Lunsford Financial Planning, Inc. • 357 S. McCaslin Blvd., Suite 200 • Louisville, CO 80027

Phone: (303) 666-6442 • Fax: (303) 926-0336

Email: slunsford@lunsfordfinancial.com

Visit us on the web at **www.LunsfordFinancial.com**