



DETAILED QUESTIONNAIRE

Personal and Confidential

Supporting Your Choices, Inc.

www.supportingyourchoices.com

Havana, FL 850-616-1110

Fax 404-355-0157

Date: _____

Please be sure to call us with any questions as you complete this questionnaire. If you do not want to answer some of the questions (or do not have time) please skip them understanding that the more we know about you, the better advice we can provide. We suggest you keep a copy of this with your estate planning documents as this information will be invaluable to your executor/agent. *THANK YOU!*

Personal Information

Personal Information

	Client	Co-Client
Full name	_____	_____
Address	_____	_____
Street	_____	_____
City	_____	_____
	State _____ Zip Code _____	State _____ Zip Code _____
Social Security Number	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	_____	_____
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email address	_____	_____
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment income <i>(include bonus)</i>	\$ _____	\$ _____
Other non-investment income <i>(alimony, rentals, etc)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of residence	_____	_____
Occupation	_____	_____

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

GOALS & RISK

Supporting Your Choices, Inc. believes that money is not an end in itself. Rather it is a tool you often use to fulfill your goals. We want to be sure we have your goals in mind when we develop our recommendations. You can always change or expand these goals at a later date. Just list your initial thoughts below. There are no wrong answers.

Client

Short Term (within the next 2 years)

Mid Term (3-8 years)

Long Term (8 years +)

Co-Client

Short Term (within the next 2 years)

Mid Term (3-8 years)

Long Term (8 years +)

GOALS & RISK

Risk Assessment

On a scale of 1-100 with 1 being the lowest and 100 the highest, how much risk are you willing to accept? Enter your score in the space provided. Compare yourself to other investors. The average risk score for all investors is 50. Two thirds of all investors score between 40 and 60, and only 1 in 1000 selects a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

Household Score _____

Client _____

Co-Client _____

Investment Attitude Risk Questionnaire - Client

Check the box next to the number to answer each of the six risk tolerance questions below.

1. How important is capital preservation?

Not at all

 1 2 3

Moderately important

 4 5 6 7

Very important

 8 9

2. How important is growth?

Not at all

 1 2 3

Moderately important

 4 5 6 7

Very important

 8 9

3. How important is low volatility?

Not at all

 1 2 3

Moderately important

 4 5 6 7

Very important

 8 9

4. How important is inflation protection?

Not at all

 1 2 3

Moderately important

 4 5 6 7

Very important

 8 9

5. How important is current cash flow?

Not at all

 1 2 3

Moderately important

 4 5 6 7

Very important

 8 9

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

Not at all

 1 2 3

A Moderate amount

 4 5 6 7

A lot

 8 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

Average Annual Rate of Return* You Want: _____ %

* 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.

GOALS & RISK

Investment Attitude Risk Questionnaire – Co-Client

Check the box next to the number to answer each of the six risk tolerance questions below.

1. How important is capital preservation?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

2. How important is growth?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

3. How important is low volatility?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

4. How important is inflation protection?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

5. How important is current cash flow?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

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

Not at all

A Moderate amount

A lot

1 2 3 4 5 6 7 8 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

Average Annual Rate of Return* You Want: _____ %

* 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.

Retirement Income

At what age would you like to retire? Client _____ Co-Client _____

How many years would you be willing to delay? Client _____ Co-Client _____

Do you plan to work in retirement? (Y/N) Client _____ Co-Client _____

If so, ideally how many years would you work? Client _____ Co-Client _____

How much do you think you would make annually? Client _____ Co-Client _____

If you are age 40 or over, please visit the social security administration to get this information (www.ssa.gov)

Social Security – Client

How much will your benefit be if you retire at:

- _____ Full Retirement Age (FRA)*
- _____ Age 70 (benefits will increase substantially if you wait)
- _____ Age 62 (benefits are cut by 25%)
- I am ineligible for Social Security benefits

*Full retirement age is 66 for those born between 1943 and 1954. It gradually increases for those born from 1955 to 1960. Currently, the full retirement age for those born in 1960 and later is 67.

If you are divorced, are you eligible for benefits on your ex-spouse's earnings?

Yes No

Social Security – Co-Client

How much will your benefit be if you retire at:

- _____ Full Retirement Age (FRA)*
- _____ Age 70 (benefits will increase substantially if you wait)
- _____ Age 62 (benefits are cut by 25%)
- I am ineligible for Social Security benefits

Retirement Income

Pension Income

Please provide the following information for each pension (please feel free to provide print-outs from your plan rather than completing the following).

Whose pension is it? Client Co-Client

Start Date _____ Benefit Amount _____ Is this **current** or **future dollars**? _____

Will the amount you receive increase annually for inflation? Yes No

If so, do you know the annual % increase? Yes No

Does your pension offer a survivor benefit? Yes No

If so, please describe how much the benefit will be reduced for various survivor benefits (example 50%, 100%)

Whose pension is it? Client Co-Client

Start Date _____ Benefit Amount _____ Is this **current** or **future dollars**? _____

Will the amount you receive increase annually for inflation? Yes No

If so, do you know the annual % increase? Yes No

Does your pension offer a survivor benefit? Yes No

If so, please describe how much the benefit will be reduced for various survivor benefits (example 50%, 100%)

Whose pension is it? Client Co-Client

Start Date _____ Benefit Amount _____ Is this **current** or **future dollars**? _____

Will the amount you receive increase annually for inflation? Yes No

If so, do you know the annual % increase? Yes No

Does your pension offer a survivor benefit? Yes No

If so, please describe how much the benefit will be reduced for various survivor benefits (example 50%, 100%)

What You Own and What You Owe

Please enter your Assets and Liabilities

Banks, Credit Unions, CDs	Whose <u>Account?</u>	<u>Balance</u>	Annual <u>Addition</u>

Taxable Investment Accounts	Whose <u>Account?</u>	<u>Balance</u>	Annual <u>Addition</u>

Retirement Accounts	Whose <u>Account?</u>	401K/403b <u>Trad IRA / Roth</u>	<u>Balance</u>	Annual <u>Addition</u>	Describe <u>Co. Match</u>
(Please put * by current employer plan)					

Educations Savings Accounts	Whose <u>Account?</u>	<u>Balance</u>	Annual <u>Addition</u>	<u>Beneficiary?</u>

Continued on Next Page

What You Own and What You Owe

Deferred Compensation	Whose <u>Account?</u>	<u>Balance</u>	Annual <u>Addition</u>	Current <u>Employer?</u>

Real Property	<u>Who Owns?</u>	<u>Value</u>	Loan <u>Amount</u>	Monthly Pymt <u>with tax and</u> <u>ins</u>	Monthly <u>Income</u>
(Houses, Rental Property, Investment Property)					

Cars/Trucks/Boats/Rec Vehicles	<u>Who Owns?</u>	<u>Value</u>	Loan <u>Amount</u>	Monthly <u>Payment</u>

Collectibles	<u>Who Owns?</u>	<u>Value</u>

Do You have **Options** _____, **Restricted Stock Units** _____, or other **Company Stock Plans?** _____ If so, please provide recent statements.

Credit Cards & Other Loans	<u>Who owes?</u>	Amount <u>Owed</u>	Monthly <u>Min Pymt</u>	Interest <u>Rate</u>

Continued on Next Page

What You Own and What You Owe

Do you have any other assets, liabilities, or obligations not mentioned above that we should know about?

(examples: support for adult children, parents, or others / probable inheritance / back taxes / pending judgments)

Please continue on the next page.

Insurance Review

Life Insurance

Term Life Insurance

Policy Owner: _____ Primary Beneficiary _____ %

Amount of Insurance _____

Contingent Beneficiary _____
Is this policy: _____
Via work? _____ Individual Coverage _____

Policy Owner: _____ Primary Beneficiary _____ %

Amount of Insurance _____

Contingent Beneficiary _____
Is this policy: _____
Via work? _____ Individual Coverage _____

Policy Owner: _____ Primary Beneficiary _____ %

Amount of Insurance _____

Contingent Beneficiary _____
Is this policy: _____
Via work? _____ Individual Coverage _____

Policy Owner: _____ Primary Beneficiary _____ %

Amount of Insurance _____

Contingent Beneficiary _____
Is this policy: _____
Via work? _____ Individual Coverage _____

Cash Value / Whole Life Policies

Policy Owner: _____ Primary Beneficiary _____ %

Amount of Insurance _____

Contingent Beneficiary _____
Current Cash Value _____

Insurance Review

Policy Owner: _____	Primary Beneficiary	%
Amount of Insurance _____	_____	_____
Current Cash Value _____	Contingent Beneficiary	_____
	_____	_____
Policy Owner: _____	Primary Beneficiary	%
Amount of Insurance _____	_____	_____
Current Cash Value _____	Contingent Beneficiary	_____
	_____	_____

Variable Life Insurance

If you own any variable life insurance products, please describe them below.

Disability Insurance Policies

Client

Do have **short-term disability**? Yes No

Is this policy via work? Yes No , Or is it an individual policy? Yes No

Do have **long-term disability**? Yes No

Is this policy via work? Yes No , Or is it an individual policy? Yes No

Co-Client

Do have **short-term disability**? Yes No

Is this policy via work? Yes No , Or is it an individual policy? Yes No

Do have **long-term disability**? Yes No

Is this policy via work? Yes No , Or is it an individual policy? Yes No

Insurance Review

Long Term Care

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
Premium amount: \$ _____ per Month Quarter Six Months Year
Benefit period: (check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily benefit amount: \$ _____ Elimination period: _____ days
Inflation Option: (check One) None Simple Compounded
If you selected Simple or Compounded, enter rate: _____%

Insured: _____ Description/Co: _____
Premium amount: \$ _____ per Month Quarter Six Months Year
Benefit period: (check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily benefit amount: \$ _____ Elimination Period: _____ days
Inflation option: (check One) None Simple Compounded
If you selected Simple or Compounded, enter rate: _____%

Property & Casualty Insurance (Auto, Homeowners, Other)

Description/Co: _____ Home? _____ Auto? _____ Other? _____
Premium amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Home? _____ Auto? _____ Other? _____
Premium amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Home? _____ Auto? _____ Other? _____
Premium amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Home? _____ Auto? _____ Other? _____
Premium amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Home? _____ Auto? _____ Other? _____
Premium amount: \$ _____ per Month Quarter Six Months Year

Liability Umbrella Insurance

Do you have a liability umbrella policy? Yes No

If so, what is the coverage? _____ What is the annual premium? _____

Estate Review, Taxes, and Preferences

Estate Documents

	Client	Co-Client
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	_____	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Taxes

What is the last year you filed a return? _____

How do you prepare your return? Self – prepared Professional

Please provide a copy of your most recent return.

Willingness to Adjust Preferences

- In what order do you prefer to retire?
 - Both retire in the same year
 - Either can retire first
 - Client can retire first
 - Co-Client can retire first
- If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total additions you are already making to investment assets.
\$ _____
- How willing are you to save more money?
 - Slightly Willing
 - Somewhat Willing
 - Very Willing
- When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Target?
 - Slightly Willing
 - Somewhat Willing
 - Very Willing