



Confidential Questionnaire

Personal Information

	<i>Client (1)</i>	<i>Client (2)</i>
Name		
Birth date		
Street Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Fax (home or work)		
Email address		
Are you a U.S. Citizen?		

Employer Information

	<i>Client (1)</i>	<i>Client (2)</i>
Name of employer		
Job/position title		
Years with current employer		
Anticipated employment changes?		
At what age should work be optional?		
<i>Income Summary (current year):</i>		
Base compensation (salary)	\$	\$
Bonus/incentive compensation		
Self-employment income	\$	\$
Pension income		
Other Income	\$	\$
<i>Total Income</i>	\$	\$

Children (Please list all children and any dependents)

<i>Name</i>	<i>Relationship</i>	<i>Birth date</i>	<i>Residence (City, State)</i>

Please return completed questionnaire via fax or US Mail.

Date of Completion: _____

Twenty Questions

Yes No

1. Do you plan to make a significant financial change in the next five years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you expect an inheritance? How much? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your parents or adult children dependent on you for support?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you save systematically?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a: Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Will	<input type="checkbox"/>	<input type="checkbox"/>
Durable power of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Advanced health care directive	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever owned individual stocks or stock mutual funds?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have an inclination to start a business?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you plan to pay for your children's or grandchildren's college education?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been declined or rated for life or disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you routinely receive an income tax refund?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you plan to retire at a specific age? When? _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you satisfied with your financial progress to date?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever invested in a real estate limited partnership or other "tax" shelter?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have an:		
<input type="checkbox"/> Attorney	<input type="checkbox"/>	Accountant
<input type="checkbox"/> Insurance agent	<input type="checkbox"/>	Broker
<input type="checkbox"/> Investment advisor	<input type="checkbox"/>	Banker
<input type="checkbox"/> Financial planner	<input type="checkbox"/>	trustee

15. Do you have a:	
<input type="checkbox"/> Homeowners policy	<input type="checkbox"/> Health insurance
<input type="checkbox"/> Personal auto policy	<input type="checkbox"/> Disability policy
<input type="checkbox"/> Umbrella policy	<input type="checkbox"/> Term life policy
<input type="checkbox"/> Long term care policy	

16. How much do you think the following affect portfolio performance (total 100%)

Security Selection (which stocks, bonds to buy)	%
Market Timing (when to get in and out of the market)	%
Portfolio Design (how much cash vs. bonds vs. stocks)	%

17. How do you feel when the stock market goes down?

18. What happens to the value of a bond when interest rates go up?

19. What do you think the average annual rate of inflation has been over the past 20 years?

20. What do you believe is a reasonable rate of return on your investment



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Should you have any questions regarding the above, please contact
Robert A. Lyman, CFP®, Chief Compliance Officer.