

True Financial Wealth Management Firm, LLC

Confidential Questionnaire Checklist

The following items may prove helpful as you complete your Confidential Questionnaire. Please attach any of the applicable items indicated below and any other documents you feel may be essential to our meeting.

- _____ Latest completed tax return
- _____ Investment documents (brokerage statements, bank CD statements, mutual fund statements, etc.)
- _____ Annuity contracts
- _____ Earnings and/or pay statements from employer
- _____ Stock options, stock bonus plans, stock purchase plans, etc.
- _____ Employee benefit booklet
- _____ Latest statement from IRA, Keogh 401k plan, pension and other retirement plans
- _____ Social Security Earnings and Benefit Estimate Statement
- _____ Insurance policy statements (life, medical, long-term care, homeowner's, auto)
- _____ Wills and other estate documents (trust, directive to physicians, power of attorney)
- _____ Other: _____

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Financial Needs Questionnaire

General Information

Client Name (A) _____	Client Name (B) _____
Date of birth _____	Date of birth _____
Sex _____	Sex _____
Smoker _____	Smoker _____
Name Shown on Reports _____	
SSN _____	SSN _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Home Address _____	
Home Phone _____	
Cell Phone _____	Cell Phone _____
Fax _____	Fax _____
E-Mail _____	E-Mail _____
Work Address _____	Work Address _____
Work Phone _____	Work Phone _____

EMERGENCY CONTACT INFORMATION

Name & Address _____

Phone _____

Dependent Children

Name	DOB	SSN	Mo/Yr Entering College	Name of School/Annual Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONCERNS

Please check Yes or No for the following questions.

	Yes	No
1) Will your family be provided for upon your death?	_____	_____
2) Are you saving enough for retirement?	_____	_____
3) Are you concerned you may outlive your savings?	_____	_____
4) Will you have enough income if you should become disabled?	_____	_____
5) Are you going to provide some or all of your child's college funding?	_____	_____
6) Do you wish to maximize the amount left to your heirs?	_____	_____
7) Are you interested in tax deferred accumulation?	_____	_____
8) Are you concerned about you or your parents' long term medical costs?	_____	_____

Please provide comments regarding the above concerns.

List all your professionals:

CPA _____

Personal Banker _____

Insurance Agent _____

Assumptions

Retirement

	Client A	Client B
Planned retirement age		
Portion of total income needed at retirement		
Social Security available: (none, 50%, 70%, 100%)		

EXPECTED POST-RETIREMENT INCOME

	Estimated Amount Client A	Estimated Amount Client B
Civil, Military		
Pension Plan (List all previous employers)		
Other income		
Part-time wages		
Rental income		

What benefits are available for your survivors? _____

What is your estimate of the annual growth rate of your post-retirement income? _____

Insurance

Please list all insurance policies:

	Policy Owner Name	Provided by	Check if copies attached
Home Owner's			
Auto			
Medical			
Long-Term Care			
Disability			
Life			

Additional Notes

- 1) What are your long term career plans?
- 2) Do you plan on having additional children?
- 3) Do you expect any change in your job status?
- 4) How much money do you think you will need for retirement?
- 5) Are you happy with your current level of retirement savings?
- 6) How confident are you in today's Social Security System?
- 7) Are you and/or your parents protected against long-term care medical costs not covered by Medicare?
- 8) Are there any family medical problems that could interfere with your plans?
- 9) Are you interested in maximizing the benefits your heirs might receive?
- 10) Have you looked into the differences between taxable and tax deferred accounts?

Client A	Client B

CLIENT: _____

DATE: _____

CASH FLOW PLANNING

INCOME/CASH INPUT:

AMOUNT

AMOUNT

Net Salary/Self Employment	
Net Salary/Self Employment	
Other	
Other	
Total Income:	\$ -

LIVING EXPENSES:

Housing	
Mortgage/Rent	
Property Taxes	
Property Insurance	
Utilities	
Telephone	
Cable TV	
Maintenance	
Furnishings	
Other	
Total	\$ -
Transportation	
Car Payments	
Auto Insurance	
Gas/Maintenance	
License Fees	
Bus/Taxi/Tolls/Parking	
Other	
Total	\$ -
Food & Beverages	
Groceries & Sundries	
Work Lunches	
Other	
Total	\$ -
Child Care	
School & Activities	
Clothing	
Other	
Total	\$ -

Personal Care	
Clothing	
Dry Cleaning	
Hair Care	
Allowances, Monthly Cash	
Education/Self Improvement	
Other	
Total	\$ -
Medical, Dental, Drugs, Eyecare	
Personal Insurance	
Life	
Health	
Disability	
Other	
Total	\$ -
Installment Payments	
Entertainment	
Dining Out	
Sitter	
Recreation & Vacations	
Gifts (Holidays, Bday, etc)	
Other	
Total	\$ -
Charitable Contributions	
Other	
Other	
Total Living Expenses:	\$ -

Reserve committed to Goals:	
College Funding	
Retirement	
Non-specified savings	
Other	
Other	
Total	\$ -
NET SURPLUS (DEFICIT):	\$ -

CLIENT: _____

FINANCIAL STATEMENT

TYPE OF ACCOUNT	ACCT NUMBER	TITLING	BENEFICIARY	ESTIMATED VALUE	DATE	NOTES
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CHECKING, SAVING & MMF ACCOUNTS:

			N/A			
			N/A			
			N/A			
			N/A			
			N/A			
			N/A			

INVESTMENTS:

INSURANCE:

RETIREMENT ACCOUNTS:

OTHER ASSETS: (Real estate, personal property)

LIABILITIES & DEBTS:

TOTALS

\$ -