

abacus

smart financial decisions

confidential questionnaire

PERSONAL INFORMATION

Client			Dependents			
Name			Name			
Birthdate	Social Se	curity Number	Sex	Birthdate	Relationship	
Street Address			Name			
City	State	Zip Code	Sex	Birthdate	Relationship	
Home Phone			Name			
Occupation			Sex	Birthdate	Relationship	
Employer			Name			
Employer's Address			Sex	Birthdate	Relationship	
Office Phone						
E-mail						
					nat are your three most critical	
Client			financial	issues?		
Name			1.			
Birthdate	Social Se	curity Number	 2.			
Occupation						
Employer						
Employer's Address			3.			
Office Phone			Howdid	you hear about Al	nacus ?	
E-mail			- How did	you near about Ai	Jacus :	

ASSETS LIABILITIES

Cash Equivalents

Checking and Money Market Accounts	\$	Home Mortgage	\$
Certificates of Deposits	\$	Home Equity Line of Credit	\$
		Auto Loans/Leases	\$
Brokerage Accounts (Attach Statements)		Business Loans	\$
		Taxes Due	\$
	\$	Credit Cards	\$
	\$		\$
	\$		\$
	\$	Other Personal Debt	\$
Retirement Funds (Attach Stateme	nts)	TOTAL LIABILITIES	\$
IRA Accounts	\$		
Profit Sharing Plan	\$		
401(k) or Thrift Savings Plan	\$	NET WORTH (Assets minus Lia	abilities) \$
Tax Shelter Annuity/403(b) Plan/457 Pla	n \$		
Deferred Compensation Plan	\$		
Stock Option Plan Real Estate	\$	What is your income from all sources	
Stock Option Plan	\$ \$ \$	OUESTIONS FOR ABAC	
Stock Option Plan Real Estate Residence(s)	\$		
Stock Option Plan Real Estate Residence(s) Other Real Estate	\$ \$		
Stock Option Plan Real Estate Residence(s) Other Real Estate	\$		
Real Estate Residence(s) Other Real Estate Business Interests	\$ \$		
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ρl	JESTIONS	YES	NO
1.	Do you plan to make a significant financial change in the next five years?		
2.	Are your parents or adult children dependent on you for support?		
3.	Do you save systematically?		
4.	Do you have a: will? durable power of attorney? health care power of attorney? living will?		
5.	Do you expect an inheritance? How much?		
6.	Do you plan to pay for your children's or grandchildren's college education?		
7.	Do you plan to retire at a specific age? If so, when?		
8.	Are you satisfied with your financial progress to date?		
9.	Do you have a/an: attorney insurance agent accountant stock broker banker		
10.	Do you have a/an: homeowner's policy personal automobile policy umbrella policy long-term care policy health insurance policy disability insurance policy life insurance policy		
11.	Have you ever been declined or rated for life, health or disability insurance?		
12.	Describe in one word or several how you feel about your present financial situation.		
13.	Please share your most positive and/or negative investment experience.		
14.	What do you believe is a reasonable rate of return on your investments?		