

CONFIDENTIAL QUESTIONNAIRE

Date: _____

Please complete form using dark colored ink



Profile (Part 1)

<i>Client</i>	<i>Spouse</i>
Legal First Name:	Legal First Name:
Nickname:	Nickname:
Middle Name:	Middle Name:
Last Name:	Last Name:
Birth date:	Birth date:
SSN:	SSN:
Country of Citizenship:	Country of Citizenship:
Marital Status: <i>Married, Single, Divorced, Widow(er)</i>	
How did you hear of Elderado Financial? (<i>referred by friend/family, ad, website, etc.</i>):	

Client Home Address	Spouse Home Address (If different than client's)
Preferred Mailing Address: <input type="checkbox"/> Physical Address <input type="checkbox"/> PO Box	Preferred Mailing Address: <input type="checkbox"/> Physical Address <input type="checkbox"/> PO Box
Street:	Street:
PO Box:	PO Box:
City:	City:
State:	State:
Zip:	Zip:
Cell:	Cell:
Home Phone:	Home Phone:
Email:	Email:

Client Employment	Spouse Employment
Name of Employer:	Name of Employer:
Street or PO Box:	Street or PO Box:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:

Preferences

What is your preferred contact method: Cell Home Phone Work Phone Email Work Email Other: _____

We deliver performance reports to clients electronically through a secure web portal.

What is your preferred email for these reports?: _____

Is there a certain time of year that we should call you and/or send correspondence to any alternative location? Yes No

Please explain & provide alternative address/ph. information: _____

Children <i>(add additional sheet as needed)</i>	
Child #1	Birth Date:
Address:	Provide SSN if listed as a beneficiary:
Child #2	Birth Date:
Address:	Provide SSN if listed as a beneficiary:
Child #3	Birth Date:
Address:	Provide SSN if listed as a beneficiary:

Beneficiary Designation

If we will be managing your accounts where beneficiaries need to be designated, please list your beneficiary wishes.

Account Name: _____

	Name and Address <i>(add additional sheet as needed)</i>	Relationship	Date of Birth	SSN
Primary Beneficiary				
Contingent Beneficiary				

Account Name: _____

	Name and Address	Relationship	Date of Birth	SSN
Primary Beneficiary				
Contingent Beneficiary				

Current Investments <i>(attach additional sheet as needed or include copies of statements)</i>				
Type Of Plan <i>(IRA, 401k, Joint, SEP, Trust, Individual)</i>	Owner of Asset <i>(Self, Spouse, Child)</i>	Invested In <i>(Stock, Bank, Mutual Funds)</i>	Balance	Are you satisfied with service, investment return, etc.?

Regulatory Questions

- 1) Check box if you, any member of your immediate family, personal or business associate is a senior political figure.
Please explain: _____
- 2) Specify any publicly traded company of which you are a director, 10% shareholder or officer: _____
- 3) Specify any securities firm with which you or immediate family are affiliated: _____

Investment Account Profile

Time Horizon – *Your current situation and future income needs*

What is your current age?

- Less than 45 45 to 55 56 to 65 66 to 75 Older than 75

When will you need to make withdrawals from your investment for income or other needs?

- Not for at least 20 yrs. In 10 to 20 yrs. In 5-10 yrs.
 Not now, but within 5 yrs. Immediately

Long-Term Goals & Expectations - *Your views of how an investment should perform over the long-term*

What is your long-term goal for this investment?

- To grow aggressively
 To grow significantly
 To grow moderately
 To grow with caution
 To avoid losing money

Assuming normal market conditions, what would you expect from this investment over time?

- To generally keep pace with the stock market
 To slightly trail the stock market, but make a good profit
 To trail the stock market, but make a moderate profit
 To have some stability, but make modest profits
 To have a high degree of stability, but make small profits

Suppose the stock market performs unusually poorly over the next decade.

What would you expect from this investment?

- To lose money
 To make very little or nothing
 To make a little gain
 To make a modest gain
 To be little affected by what happens in the stock market

Short-Term Risk Attitudes - *Your attitude towards short-term volatility*

Which of these statements would best describe your attitudes about the next three years' performance of this investment?

- I don't mind if I lose money
 I can tolerate a loss
 I can tolerate a small loss
 I'd have a hard time tolerating any losses
 I need to see at least a little return

Which of these statements would best describe your attitudes about the next three months' performance of this investment?

- Who cares? One calendar quarter means nothing
 I wouldn't worry about losses in that time frame
 If I suffered a loss of greater than 10%, I'd get concerned
 I can only tolerate small short-term losses
 I'd have a hard time stomaching any losses

Investment Account Profile, cont.

Investment Approach

The goals for this account are:

Retirement Education Emergency Funds Vacation Car Home Other _____

My investment objectives for this account are:

Safety of Principal Income Growth Tax Advantaged Diversification
 Steady Income Stream Other _____

I would feel comfortable with the following investments in my portfolio:

Money Market CDs Mutual Funds Bonds Stocks Annuities Other _____

The investment styles for this account are:

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Sliding Scale Questions

Please select your response

	<u>Disagree</u>			<u>Agree</u>
Outpacing inflation is more important than preserving the initial capital:	_1	_2	_3	_4 _5
I am willing to accept fluctuating values for the long term:	_1	_2	_3	_4 _5
To obtain above-average returns I'm willing to accept above-average risk:	_1	_2	_3	_4 _5

**I agree that the above statements are accurate and true to the best of my knowledge.
I also understand that Elderado Financial will use this information to provide advice and recommendations.**

Client Printed Name: _____

Client Signature: _____ **Date:** _____

Spouse Printed Name: _____

Spouse Signature: _____ **Date:** _____

CONFIDENTIAL QUESTIONNAIRE

Name: _____

Date: _____

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Profile (Part 2)

Current Real Estate Holdings <i>(attach extra sheet as needed)</i>				
Type Of Real Estate	Owner of Asset <i>(Self, Spouse, Child)</i>	Fair Market Value <i>(How much is it worth?)</i>	Balance <i>(How much is owed?)</i>	Interest Rate
Primary Residence				
Second Residence				
Investment Property				
Investment Property				
Investment Property				

Current Assets			
Type Of Asset <i>(Car, Coins, Jewelry, etc.)</i>	Owner of Asset <i>(Self, Spouse, Child)</i>	Current Value <i>(How much is it worth)</i>	Balance <i>(How much is owed)</i>

Loans / Debts <i>(attach extra sheet as needed)</i>			
Debt <i>(Car, Credit Card, etc.)</i>	Payment	Balance <i>(How much is owed)</i>	Interest Rate

Advisors			
<i>(Please provide us with your other trusted advisors so that we can help you with your comprehensive financial planning needs)</i>			
	Name	Address	Phone
Attorney			
Accountant			
Insurance Agent			
Broker			
Banker			

Financial Profile

Please select your level of concern on each of the following:

Having enough money in retirement	0 (No concern)	1	2	3	4	5 (High concern)
Tax mitigation	0 (No concern)	1	2	3	4	5 (High concern)
Paying for children's or grandchildren's education	0 (No concern)	1	2	3	4	5 (High concern)
Ensuring that your heirs are taken care of	0 (No concern)	1	2	3	4	5 (High concern)
Charitable planning (gifts to charity &/or church).....	0 (No concern)	1	2	3	4	5 (High concern)
Taking care of parents	0 (No concern)	1	2	3	4	5 (High concern)
Losing job or business	0 (No concern)	1	2	3	4	5 (High concern)
Other concern(s), please explain below	0 (No concern)	1	2	3	4	5 (High concern)

How much money do you need monthly to live today? \$ _____ What is your current total monthly income? \$ _____

Your Income \$ _____ Spouse's Income \$ _____

Other Income (rental, oil/gas revenue, disability, etc.) \$ _____ How often received? _____

At what age do you plan to retire? _____ In today's dollars, how much monthly income do you need at retirement? _____

When you retire, how much do you expect to receive monthly from: Your Pension, 401k or 403b benefits? _____

Your Social Security? _____ Spouse's Social Security? _____ Spouse's Pension, 401k or 403b? _____

List below any additional sources of funds you will receive over the next 10 years (*Examples: sale of business, inheritance, sale of home*):

Source of Funds	Estimated Amount	Estimated Date of Receipt
	\$	
	\$	
	\$	
	\$	

How much are you considering initially investing with us? \$ _____.

What is your primary financial concern? _____

What are your expectations concerning working with us? (*Performance reports, customer service, how often contacted*)

If Elderado Financial manages your portfolio, will other assets be managed either by you personally or by another advisor?

Please explain: _____

Security	Reason for Holding
Please enter any securities in your current portfolio that we should not sell without prior authorization from you? (<i>e.g. restricted stock, investments with large built-in gains, etc.</i>)	

Wills / Trusts

Do you have a will? Yes ___ No ___ Date _____ Do you have a trust? Yes ___ No ___ Date _____

Is your will/trust current? Yes ___ No ___ What information is missing? _____

Do you anticipate changes? Yes ___ No ___ What changes? _____

What is the purpose of your trust and/or estate planning? _____

Life Insurance

Owner Name	Beneficiary Name	Insurance Company	Term Period for coverage (5,10, 20 yrs.)	Cash Value for permanent life coverage	Death Benefit or Face Value

What is the purpose of your life insurance? _____

Other Insurance

Do you and/or your spouse have other types of insurance? (Long-Term Care, Disability, Umbrella, etc.) Yes No

Please explain: _____

Charitable Giving

What organizations or ministries do you support?	Why do you support them?	How do you support them?			
		Donating my Time	Monthly Donation	Bequest, Beneficiary	Planned Giving: Trust, Foundation

Please share some of your dreams & goals *(Include approximate dollar amount needed)*

Short Term (0-3 Years) e.g. Pay off Debt, Buy Home, New Car: _____

Mid Term (3-10 Years) e.g. Child Education, Own a Business, Vacation Home: _____

Long Term (+10 Years) e.g. Retirement, Travel: _____

Other important information that may affect your financial planning

Please share any additional personal or financial details you feel are important that have not yet been addressed:

Is there anything else we should know about you and your family?
(examples: parental assistance, business obligations, special needs family member, etc.)
