

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:	
How did you hear of ElderAdo Financial?	

Client Home Address	Spouse Home Address (If different)
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:

Regulatory Questions

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

Wills / Trusts

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

Children *(add additional sheet as needed)*

Child #1	Birth Date:	SSN:
Address:	Beneficiary % (if applicable):	
Child #2	Birth Date:	SSN:
Address:	Beneficiary % (if applicable):	
Child #3	Birth Date:	SSN:
Address:	Beneficiary % (if applicable):	

Current Assets/Investments *(attach separate sheet as needed or include copies of statements)*

Type of Asset <i>(IRA, Savings, Annuity, 401(k), gold, 457, etc.)</i>	Owner of Asset <i>(Self, Spouse, Child)</i>	Invested In <i>(Stock, Cash, CD, Mutual Fund, ETF, etc)</i>	Value	Are you satisfied with service, investment return, etc.?
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Current Real Estate Holdings *(attach extra sheet as needed)*

Type Of Real Estate	Owner of Asset <i>(Self, Spouse, Child)</i>	Fair Market Value <i>(How much it's worth)</i>	Balance <i>(How much owed)</i>	Interest Rate
Primary Residence		\$	\$	%
Second Residence		\$	\$	%
Investment Property		\$	\$	%
Investment Property		\$	\$	%

Investing with ElderAdo

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, etc.)*

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: _____

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?

- Immediately Within 5 years 5-10 years 10 to 20 years Not for at least 20 years

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 3 years performance?

- 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 3 months performance?

- 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 *(select all that apply)*:

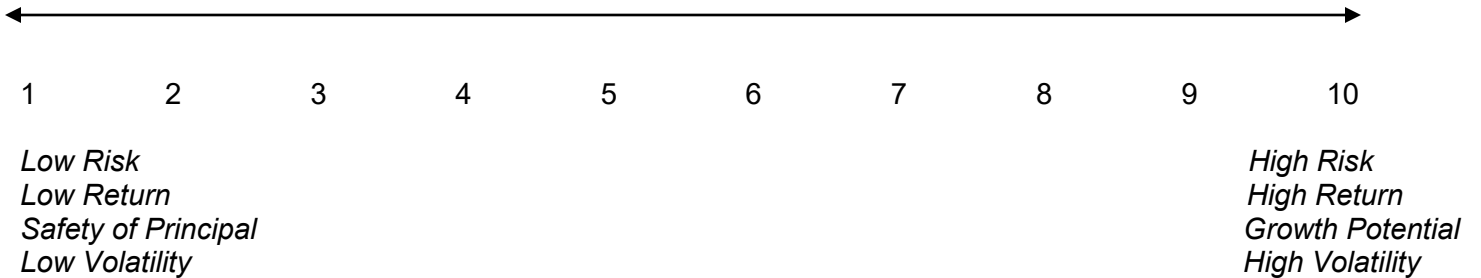
Safety of Initial Investment Income Growth Tax Advantaged Diversification
 Steady Income Stream Other _____

What's the worst investment you've made (if applicable)? _____

The Investment Styles for This Account Are:

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Sliding Scale: On a scale of 1-10 indicate your preference for your investments.



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:** _____