



A Registered Investment Advisory Firm

100 Larkspur Landing Circle, Suite 110, Larkspur, CA 94939
Phone: (415) 300-4560 • Fax: (415) 461-4022

NEW CLIENT QUESTIONNAIRE AND PROFILE

Date: _____

INTRODUCTION

Please complete the following pages to prepare for our next meeting. Your answers to these questions will enable us to better assist you in addressing your financial concerns and questions.

The more complete and accurate information you provide, the better job we can do in preparing a meaningful financial plan for you.

DOCUMENT REQUEST

To enable us to provide the best possible financial planning service, please provide copies of the following financial documents. We are happy to make copies for you, if you prefer to submit originals:

- Most recent tax return (all pages)
- Most recent pay stub(s)
- Most recent brokerage statements (all pages)
- Cost basis information
- Loan statements (or details filled in on this form)
- Pension estimates / details (if applicable)
- Employee benefits statements
- Social Security benefit estimates
- Insurance policies (life, homeowners, auto, disability, etc.)
- Existing wills, trusts and durable powers of attorney
- Any other information that would be helpful in evaluating your financial situation

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PERSONAL INFORMATION

Name:		Email:
Date of Birth:	Age:	SS#:
Home Street Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address:		
City:	State:	Zip:
Home Phone:	Bus. #:	Cell #:
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, how long: _____	
Domestic Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorced/Widowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Occupation:	
Annual Employment Income:	Annual % Increase:	
Employer Address:	How long:	
City:	State:	Zip:

Spouse/Partner's Name:	Email:	
Date of Birth:	Age:	SS#:
Employer:	Occupation:	
Annual Employment Income:	Annual % Increase:	
Employer Address:	How long:	
City:	State:	Zip:
Bus #:	Cell #:	

Additional Info: _____

CURRENT ADVISORS

Accountant:	Phone:	Frequency of Contact:
Attorney:	Phone:	Frequency of Contact:
Stock Broker:	Phone:	Frequency of Contact:
Insurance Agent:	Phone:	Frequency of Contact:
Other:	Phone:	Frequency of Contact:

CHILDREN & DEPENDENTS

Name: _____ **Date of Birth:** _____ **Age:** _____
SS#: _____ **Relationship:** _____
Dependent: Yes No **Living with you:** Yes No
Special Needs: Yes No **Comments:** _____
Will you pay for private school prior to college: Yes No Undecided
Estimated annual cost: _____ **Estimated # of years:** _____
Will you pay for college: Yes No Undecided
 Public Private **Estimated annual cost:** _____ **Estimated # of years:** _____

Name: _____ **Date of Birth:** _____ **Age:** _____
SS#: _____ **Relationship:** _____
Dependent: Yes No **Living with you:** Yes No
Special Needs: Yes No **Comments:** _____
Will you pay for private school prior to college: Yes No Undecided
Estimated annual cost: _____ **Estimated # of years:** _____
Will you pay for college: Yes No Undecided
 Public Private **Estimated annual cost:** _____ **Estimated # of years:** _____

Name: _____ **Date of Birth:** _____ **Age:** _____
SS#: _____ **Relationship:** _____
Dependent: Yes No **Living with you:** Yes No
Special Needs: Yes No **Comments:** _____
Will you pay for private school prior to college: Yes No Undecided
Estimated annual cost: _____ **Estimated # of years:** _____
Will you pay for college: Yes No Undecided
 Public Private **Estimated annual cost:** _____ **Estimated # of years:** _____

Name: _____ **Date of Birth:** _____ **Age:** _____
SS#: _____ **Relationship:** _____
Dependent: Yes No **Living with you:** Yes No
Special Needs: Yes No **Comments:** _____
Will you pay for private school prior to college: Yes No Undecided
Estimated annual cost: _____ **Estimated # of years:** _____
Will you pay for college: Yes No Undecided
 Public Private **Estimated annual cost:** _____ **Estimated # of years:** _____

INSURANCE *(please provide current copies of all policies)*

Life Insurance for: Term Whole
Policy amount: _____ Annual premium: _____

Life Insurance for: Term Whole
Policy amount: _____ Annual premium: _____

Life Insurance for: Term Whole
Policy amount: _____ Annual premium: _____

Disability Insurance for:
Monthly Disability Benefit: _____ Annual premium: _____

Disability Insurance for:
Monthly Disability Benefit: _____ Annual premium: _____

Auto Insurance for: Liability coverage limits: _____
Deductible: _____ Annual premium: _____

Auto Insurance for: Liability coverage limits: _____
Deductible: _____ Annual premium: _____

Auto Insurance for: Liability coverage limits: _____
Deductible: _____ Annual premium: _____

Homeowner's Insurance coverage limits:
Deductible: _____ Annual premium: _____
Earthquake Insurance: Yes No Annual premium: _____
Flood Insurance: Yes No Annual premium: _____

Umbrella Liability coverage limit: _____ Annual premium: _____

Health Insurance details:
Deductible: _____ Annual premium: _____

Long-term Care details: Annual premium: _____
Daily benefit: _____ Number of years: _____

Are there types of your insurance coverage you feel should be increased or decreased? Briefly explain.

ESTATE PLANNING

Client

Spouse/Partner

_____ I have a will in place dated _____

_____ I have a revocable living trust dated _____

_____ I have a durable power of attorney for healthcare dated _____

_____ I have a durable power of attorney for finance dated _____

_____ I expect to receive an inheritance. (Please state from whom, approximate amounts, and any other information that might be helpful.) _____

_____ I plan to establish (or continue) a gifting program. Please describe: _____

CURRENT INCOME

If you currently receive income other than from your employment, Social Security, a Retirement Account, or a Pension, please complete. Examples are rental or royalty income:

Annual Amount: _____ Source: _____

How long do you expect this income to last? _____

Annual Amount: _____ Source: _____

How long do you expect this income to last? _____

Annual Amount: _____ Source: _____

How long do you expect this income to last? _____

Which of the following best describes your attitude toward your current income needs?

- I need more current income
- My present income is adequate for my needs
- My present income exceeds my needs and I can save for future financial goals
- My income is variable from year to year

CURRENT OBJECTIVES

Please list and provide details for any major expenses you foresee such as home remodel, relocation, extensive travel, career change, child's wedding, etc.

Objectives	When Needed	Dollars Needed	Current Savings
1. _____			
2. _____			
3. _____			
4. _____			

How often do you typically purchase a new car? _____

How much do you typically spend on a new car? _____

Notes and comments: _____

PENSION & SOCIAL SECURITY INCOME *(please provide income statements)*

Will you be receiving a pension at retirement? No Yes Amount: _____

Pension #1: COLA* before retirement No Yes Amount: %

COLA* after retirement No Yes Amount: %

Pension #2: COLA* before retirement No Yes Amount: %

COLA* after retirement No Yes Amount: %

Will your spouse be receiving a pension at retirement? No Yes Amount _____

Pension #1: COLA* before retirement No Yes Amount: %

COLA* after retirement No Yes Amount: %

Pension #2: COLA* before retirement No Yes Amount: %

COLA* after retirement No Yes Amount: %

*COLA = Cost of Living Adjustment

If you are eligible to receive Social Security benefits, what is your estimated annual benefit at full retirement age? _____

If you take your benefits early? _____

Spouse/significant other benefit at full retirement: _____

Early retirement: _____

RETIREMENT OBJECTIVES

_____ Age you would like to retire or be financially independent
_____ Age you think you will be able to retire
_____ Age your spouse/significant other would like to retire
_____ Age your spouse/significant other thinks they will be able to retire

- Yes No *I'm counting the days until I can retire*
 Yes No *I expect my retirement to be very different from what my parents experienced*
 Yes No *I don't want to retire "cold turkey"*
 Yes No *I worry about not having enough money when I retire*
 Yes No *I wonder what I am going to do with my time when I retire*
 Yes No *I worry that Social Security will not be available when I retire*
 Yes No *I haven't thought much about what I want to do when I retire*
 Yes No *I like being productive and would like to continue working after I retire*
 Yes No *I'm worried that my health will fail when I retire*
 Yes No *I have a clear vision of how I will invest my time and energy when I retire from my current position*

Please let us know of any special plans you have for retirement:

What do you most look forward to in retirement?

What does your spouse/significant other most look forward to in retirement?

What most concerns you about retirement?

What most concerns your spouse/significant other about retirement?

Do you foresee the need to provide care for a parent or child during retirement? If so, please explain.

INVESTMENTS

Which best describes your current investment income objectives:

- Receive all investment portfolio income
- Receive some income and reinvest the remainder
- Reinvest all investment portfolio income

Which best describes your tolerance for risk:

- I can tolerate infrequent, very moderate losses in my portfolio
- I can tolerate 2 to 3 quarters of negative returns during a difficult market
- I can tolerate a year of negative returns for more long-term growth potential
- I can tolerate 2 to 3 years of negative returns in exchange for the potential of high long-term returns

Since the "Great Depression" the longest time period investors had to wait for their portfolio to return to its earlier value has been four (4) years for stocks and two (2) years for bonds. If my portfolio has the potential of a long-term return that meets my goals, I am prepared to live with a time recovery of:

- Less than one (1) year
- Between one (1) and two (2) years
- Between two (2) and three (3) years
- Over three (3) years

How do you rate your tolerance for risk? Please check one:

Client Spouse/Partner

- _____ _____ I am very conservative and am more interested in holding on to what I have than in taking risks, even if doing so may make my money grow
- _____ _____ I am fairly conservative but am willing to accept some risk in return for potential growth
- _____ _____ I can accept a fair amount of risk in exchange for the possibility of having my money grow substantially
- _____ _____ I am willing to risk losing some or all of my money if I'm convinced that the investment has a chance of paying off big

Several Investment Portfolios are presented below. Please check the one that most nearly approximates your preference for the level of risk and the associated performance goal for your portfolio.

Select Risk Level	Overall Risk Level	Expected Average Annual Rate of Return	Expected Annual Range of returns
<input type="checkbox"/>	Very Low Risk	5.00%	-5.00% to + 12.00%
<input type="checkbox"/>	Low Risk	6.50%	- 11.00% to + 23.00%
<input type="checkbox"/>	Moderate Risk	7.50%	- 14.00% to + 28.00%
<input type="checkbox"/>	High Risk	8.50%	- 20.00% to + 35.00%

Are there any particular investments for which you have either a preference or an objection? If so, please explain:

Please rank in order your primary financial concerns:

1. _____
2. _____
3. _____
4. _____
5. _____

Is there anything else we should know to help plan your financial future?

Please list any additional questions, concerns, or comments you have:

PERSONAL ASSETS AND LIABILITIES

Residence

Current value:	Cost basis:	Sq Ft:
Date purchased:	Do you plan to sell this home?	
Mortgage balance:	Monthly payment:	Int. Rate:
Fixed or variable rate?	Loan term:	
Owner:		

Second Home

Current value:	Cost basis:	Sq Ft:
Date purchased:	Do you plan to sell this home?	
Mortgage balance:	Monthly payment:	Int. Rate:
Fixed or variable rate?	Loan term:	
Owner:		
Rental Income details (<i>if any</i>):		

Please list the value of your cash reserves including the following accounts:

Savings	Owner:
Savings	Owner:
Checking	Owner:
Checking	Owner:
Money Market	Owner:

Please list the estimated value of your personal assets including:

Automobiles	Owner:
Boats	Owner:
RVs	Owner:
Jewelry	Owner:
Artwork	Owner:
Furniture/Antiques	Owner:
Other	Owner:
Other	Owner:

Do you have any plans to sell any of the listed personal assets in the future? If so, please provide details: _____

Please provide details on any of the following debts you have (*if debt is not paid off in full monthly*):

Credit card balance:	Rate:	Mo. Pmt:	Owner:
Credit card balance:	Rate:	Mo. Pmt:	Owner:
Auto loan balance:	Rate:	Mo. Pmt:	Owner:
Auto loan balance:	Rate:	Mo. Pmt:	Owner:
Student loan balance:	Rate:	Mo. Pmt:	Owner:
Student loan balance:	Rate:	Mo. Pmt:	Owner:
Student loan balance:	Rate:	Mo. Pmt:	Owner:
Other:	Rate:	Mo. Pmt:	Owner:
Other:	Rate:	Mo. Pmt:	Owner:

INVESTMENT ASSETS AND LIABILITIES (Please provide full account statements)

Investment Real Estate	Location:	
Current value:	Cost basis:	
Date purchased:		
Mortgage balance:	Monthly payment:	Int. Rate:
Fixed or variable rate?	Loan term:	
Rental Income:	Property taxes:	
Insurance:	Other expenses:	
Do you plan to sell this property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when?

Investment Real Estate	Location:	
Current value:	Cost basis*:	
Date purchased:		
Mortgage balance:	Monthly payment:	Int. Rate:
Fixed or variable rate?	Loan term:	
Rental Income:	Property taxes:	
Insurance:	Other expenses:	
Do you plan to sell this property:	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when:

Brokerage Account

Current Value: _____ Cost basis*: _____

Owner / Details: _____

Brokerage Account

Current Value: _____ Cost basis*: _____

Owner / Details: _____

Brokerage Account

Current Value: _____ Cost basis*: _____

Owner / Details: _____

Business Interest

Current Value: _____ Cost basis*: _____

Owner / Details: _____

Partnership

Current Value: _____ Cost basis*: _____

Owner / Details: _____

** If inherited – value at date of inheritance*

** If a gift – donor's basis*

RETIREMENT ACCOUNTS ASSETS: (Please provide full statements)

Type of account: 401(k) 403(b) IRA PSP MPP Other

Owner: _____ Account Balance: _____

Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP MPP Other

Owner: _____ Account Balance: _____

Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP MPP Other

Owner: _____ Account Balance: _____

Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP MPP Other

Owner: _____ Account Balance: _____

Annual Contributions: _____ Employer Contributions: _____

Type of account: 401(k) 403(b) IRA PSP MPP Other

Owner: _____ Account Balance: _____

Annual Contributions: _____ Employer Contributions: _____

Stock Options: Yes No Company: _____

of Shares: _____ Type: _____ Owner: _____

Vesting / Other Details: _____

Other Retirement Asset Details:

CASH FLOW

INCOME	MONTHLY	ANNUAL	RETIREMENT
Salary (gross)			
Salary (gross)			
Self-Employment Income			
Self-Employment Income			
Bonus			
Bonus			
Social Security			
Social Security			
Pension			
Pension			
Rental Income			
Alimony Received			
Net Business Income			
Other			
TOTAL INCOME			

EXPENSES	MONTHLY	ANNUAL	RETIREMENT
TRANSPORTATION			
Gas			
Repairs / Maintenance			
DMV / AAA			
Parking / Tolls			
Other			
UTILITIES			
Gas / Electric			
Water			
Garbage			
Telephone			
Cell Phone			

Monthly

ANNUAL

RETIREMENT

Cable / Television

Computer/Internet

ITEMIZED DEDUCTIONS

Property Taxes

Medical Expenses

Charitable Contributions

Misc. Itemized Deductions

Alimony Payments

Other

FOOD & HOUSEHOLD

Rent/Lease (not mortgage)

Home Furnishings

Property Improvements

Household Maintenance

Domestic Help

Gardening

Groceries

Eating Out

Household Supplies

Other

DISCRETIONARY

Gifts / Birthdays

Clothing / Shoes

Personal Care

Entertainment

Hobbies

Vacations

Membership / Dues

Pet Expenses

Cash Withdrawals / ATM

Miscellaneous

Postage

Books/Subscriptions

Babysitting / Daycare

School (s)

Special Events / Camp

Child Support Payments

Other

INSURANCE

Life Insurance

Medical Insurance

Auto Insurance

Homeowners Insurance

Umbrella Liability Insurance

Other Insurance

DEBT

Mortgage Payment

Mortgage Payment

Auto Loan Payment

Boat or RV Payment

Credit Card Pymts. (debt only)

Student Loan Payment

Personal Loan Payments

Bank Loan Payments

Other

Other

Other
