

FAIRLEAD FINANCIAL ADVISORS, LLC
NEW CLIENT QUESTIONNAIRE

Personal Information	Client				Spouse			
Title	Mr.	Mrs.	Miss	Dr.	Mr.	Mrs.	Miss	Dr.
First \ Middle \ Last								
Date of Birth								
Driver's License #								
Social Security #								
Country of Residence								
County of Citizenship								
Passport # if non-US								
Home Street Address								
City/State/Zip								
Own or Rent	Own		Rent					
Home Telephone								
Email								
Married?	Yes		No					
Anniversary								
Years Married								
# Dependents								
Tax Filing Status	Individual	Separate	Joint	Head of Household				

Employment Information	Client		Spouse	
Title				
Employer				
Type of Business				
Address				
City/ State/ Zip				
Telephone				
FAX				
Email				
Is this a public company?				
Are you a director or greater than 10% owner				
Is this a Securities Firm?				
If yes, name				
Annual Income				

Person authorized to transact business if Client is an entity:

Name: _____
Title: _____

COMMUNICATION PREFERENCES

1) Phone	Home	Office
2) Reports/Business	Home	Office
3) Invitations/Personal	Home	Office
4) E-mail	Home	Office
5) Is e-mail a reliable method to communicate with you?	Yes	No

ADVISORS

Advisor	How would you rank your advisor, 1-5, 1=best	Name	Address	Phone/ E-mail
CPA				
Estate Attorney				
Other Attorney				
Other Advisor				

ADDITIONAL CLIENT DATA

DEPENDENT INFORMATION

Name	Date of Birth	Social Security #	College (number of years) (a)	(State or private) (b)	Amount saved (c)

- (a) Indicate number of years of college education you plan to finance. (i.e., 4, 5, 6, 7)
- (b) Indicate whether you plan to finance a state-sponsored or a private school education.
- (c) Amount currently set aside in child's name.

BASIC ASSUMPTIONS AND INCOME PROJECTIONS

	Client		Spouse	
	Default	Override	Default	Override
Retirement Age	60		60	
Life Expectancy	100		100	
Inflation Rate	3.0%		3.0%	
Investment Rate of Return	7%		7%	
Wages (Annual)				
Wage Inflation Rate	3.5%		3.5%	
Pension Income				
Pension Start Date				
Pension Payment Type (a)				
Is an Inheritance Expected?				
Inheritance – Approx. Date				
Will Parents need Financial Assistance?				
Other Income (List)				
Date(s) of Receipt				

- (a) Single life, 50% joint and survivor, other (specify).

FINANCIAL PLANNING OBJECTIVES

Please review and rate each of the following questions to help us understand your objectives. Please rate each:

1 = very concerned 2 = somewhat concerned 3 = not a concern

I would like to...

Estate Planning

- have my estate tax exposure quantified
- have my estate planning documents reviewed
- understand what my documents say
- explore techniques to reduce estate taxes

Insurance Planning

- know if I have the right amount of life insurance. I believe the kind of insurance I have is the right kind/wrong kind/not sure **(circle one)**. I believe the amount of insurance on me is the right amount/wrong amount/not sure **(circle one)**
- know if I have the right amount of disability insurance
- know if I should have long-term care insurance
- have enough life coverage so that my spouse would not have to work.
- have enough coverage to make up the difference between my spouses income and the family expense needs. If my stay-at-home spouse did go back to work I believe he/she would earn \$ _____ per year.

Investment Planning

- have my risk tolerance measured
- have my portfolio asset allocation reviewed
- have my portfolio generate \$ _____ after-tax income annually
- estimate future college costs for my children/grandchildren **(circle one)**
- identify the best way to save for college expenses

Retirement Planning

- retire at age _____
- have working spouse stop working at their age _____
- retire with an annual income of \$ _____ in today's dollars
- retire with a net worth of \$ _____
- know when I can retire using the information listed above and assuming a rate of return on my portfolio of ____%

Please list any other objectives/concerns you have:

Note: In order to meet your objectives we need to know what is important to YOU !!

Do you have (circle those you have):

Will? Living Trust (A/B)? Living Trust(A/B/C)?

When was it drafted/last reviewed? _____

Durable Power of Attorney? Health Care Directive?

When was it drafted/last reviewed? _____

Irrevocable Trust ? Funded w/ Life Insurance? Investments?

When was it drafted/last reviewed? _____

Other? (Family Limited Partnership, Personal Residence GRIT, Charitable Trust)

Are there any aspects of your existing plan you know you would change?

If yes, please explain

Do you have problems/concerns about any children/spouses/grandchildren that you would like to address in you estate plan?

If yes, please explain

Have you engaged in any significant gifting (annual exclusion or unified credit) to children or grandchildren?

If yes, please explain

INVESTMENT ASSETS

Tax Deferred Plans	Client	Spouse
401(k) Plan (Balance)		
Have you made After-Tax contributions to 401(k)?		
401(k) Contribution Amount		
401(k) Company Match		
Profit Sharing Contribution		
SEP-IRA		
IRA (Total Balance)		
Have you made After-Tax contributions to IRA?		
Roth IRA		
Nonqualified Plan		
Annual Plan Contributions		

Taxable Assets	Value	Ownership (a)
Private Business Value		
- Cost Basis		
Other Assets		
- Cost Basis		
Investment Account #1		
- Cost Basis		
Investment Account #2		
- Cost Basis		
Investment Account #3		
- Cost Basis		

(a) Ownership – (client, spouse, joint, community property, other form of ownership (please specify)).

(b) Please provide most recent statements for all investment accounts.

PLEASE NOTE: YOU DO NOT NEED TO FILL OUT INFORMATION ON ANY ACCOUNTS FOR WHICH YOU ARE PROVIDING STATEMENTS.

INVESTMENT EXPERIENCE

Investment Experience:

Stocks: _____ Years
Bonds: _____ Years
Partnerships: _____ Years
Options: _____ Years
Real Estate: _____ Years
Oil: _____ Years

Investment Objectives:

- Safety of Principal
- Tax-Sheltered Income
- Long-Term Growth
- Speculation
- Income

Other

On a scale of 1-10 (1-least, 10-most) how knowledgeable a securities investor are you? _____

Have you worked with an advisor/broker in the past? _____(Y/N)

If yes, were there aspects of that relationship that you particularly liked or disliked?

RESIDENCE AND REAL ESTATE INFORMATION

	Principal Residence	Second Residence
Fair Market Value		
Tax Basis (a)		
Annual Property Taxes		
Do you plan to sell this home and purchase a smaller home to help finance your retirement expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>yes</u> , please indicate the approximate year that you would plan to replace your residence, and the value of the replacement residence (In today's dollars - - don't inflate)		

(a) Original cost plus improvements less any deferred gains from prior home sales.

Primary Residence -Mortgage Liabilities		
	1 st Mortgage	2 nd Mortgage
Current Mortgage Amount		
Monthly Payment (P& I only)		
Interest Rate		
Loan Origination Date		
Mortgage Term (i.e. 1yr., 15yr., 30yr.)		

Second Residence - Mortgage Liabilities		
	1st Mortgage	2nd Mortgage
Current Mortgage Amount		
Monthly Payment (P& I only)		
Interest Rate		
Loan Origination Date		
Mortgage Term (i.e. 1yr., 15yr., 30yr.)		

RESIDENCE AND REAL ESTATE INFORMATION (CONTINUED)*

Investment Property			
Location	Property Type	Fair Market Value	Mortgage Amount

- **Our office will provide you with detailed real estate data sheets for each property if you would like us to review them**

OTHER LIABILITIES (NOT RELATED TO REAL ESTATE EG CREDIT CARD BALANCES,ETC)

Non Real Estate Loans and Liabilities			
Lender			
Balance			
Interest Rate			
Terms			

LIFE INSURANCE

INSURED/ PURPOSE	ISSUE DATE POLICY #	OWNER/ BENEFICIARY	COMPANY/ TYPE	FACE/PUA ETC	PREMIUM	CV/LOANS
			WL UL VL T			
			WL UL VL T			
			WL UL VL T			
			WL UL VL T			
			WL UL VL T			
			WL UL VL T			

- 1) How long do you need it for?
- 2) Do you feel that you have too much? Or too little?

DETAILED EXPENSE INFORMATION

Use this worksheet to determine your recurring general living expenses – excluding mortgages and property taxes.

General Living Expenses	Amount Today	% At Retirement*
Rent (Not Mortgage)		
Utilities (a)		
Home Insurance		
Umbrella Liability Insurance		
Maintenance		
Homeowner's Association Fees		
Annual Vehicle Purchase Allowance (b)		
Vehicle Insurance Premiums		
License / Registration		
Maintenance		
Gas/ Tolls/Parking		
Public Transportation		
Groceries		
Take-Out		
Dining Out		
Out-of-Pocket Health Insurance Premiums (c)		
Out-of-Pocket Health Care Costs		
Prescriptions		
Life Insurance Premiums(Client)		
Life Insurance Premiums (Spouse)		
Disability Insurance Premiums		
Medigap Premiums		
Long-term Care Insurance Premiums		

***% At Retirement – If you think you are going to spend the same amount at retirement enter 100%, half as much enter 50%, etc.**

DETAILED EXPENSE INFORMATION (CONTINUED)

General Living Expenses	Amount Today	% At Retirement*
Personal Care		
Adult Education		
Child Care		
Clothing Purchases		
Entertainment (d)		
Travel/Vacation		
Child Care		
Children's Private School Tuition		
Children's Activities		
Alimony		
Child Support		
Charitable Contributions		
Miscellaneous		
Other Expenses – Please List		
1.		
2.		
3.		
4.		
5.		

- (a) Heat, electricity, water, sewer, trash, telephone, cable, etc.
- (b) If you pay cash for your vehicle purchases, you should enter an estimated amount of savings you need on an annual basis to purchase your next vehicle(s).
- (c) Please note if these are paid pre-tax through a Cafeteria Plan
- (d) Includes: Club dues, activity fees, hobbies, subscriptions, etc.

Please include an allowance for car payments and home maintenance and improvements. These are items that are often overlooked in expense projections.

