

Date completed: _____

CONFIDENTIAL CLIENT QUESTIONNAIRE

CLIENT NAME (1):

Home Address: _____

 City, State, Zip: _____

 Home Phone: _____

 Work Phone: _____

 Cell Phone: _____

 E-mail: _____

 Birth date: _____

CLIENT NAME (2):

Home Address: _____

 City, State, Zip: _____

 Home Phone: _____

 Work Phone: _____

 Cell Phone: _____

 E-Mail: _____

 Birth date: _____

Contact me by (circle one) E-mail or Phone
 Primary Contact Person during business hours?

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client (1) Employer

Title/Job: _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Salary: _____
 Self Employment Income: _____
 Bonus/Commissions: _____
 Other Earned Income: _____
TOTAL (Current Yr) = _____

Client (2) Employer

Title/Job: _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Salary: _____
 Self Employment Income: _____
 Bonus/Commissions: _____
 Other Earned Income: _____
TOTAL (Current Yr) = _____

Who prepares your tax return? Self Paid Preparer

Do you have estate planning documents?

Wills Y N
Living Trusts Y N
Medical Directive Y N
Durable Power of Attorney Y N
Other Documents Y N

When and in what state were they drafted?

How were your current investment assets selected? _____

Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.

1. How important is capital preservation?

Not at all 1 2 3 *Moderately important* 4 5 6 7 *Very important* 8 9

2. How important is growth?

Not at all 1 2 3 *Moderately important* 4 5 6 7 *Very important* 8 9

3. How important is low volatility?

Not at all 1 2 3 *Moderately important* 4 5 6 7 *Very important* 8 9

4. How important is inflation protection?

Not at all 1 2 3 *Moderately important* 4 5 6 7 *Very important* 8 9

5. How important is current cash flow?

Not at all 1 2 3 *Moderately important* 4 5 6 7 *Very important* 8 9

6. How much risk are you willing to take to achieve a higher return?

Very little 1 2 3 *A Moderate amount* 4 5 6 7 *A lot* 8 9

_____ % **Enter the Average Annual Rate of Return*** you want to earn on your portfolio to reach your financial goals. If you have no specific goal, please provide a rate of return you believe would be reasonable: _____%

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Rate your working relationships with each of the following advisors:

Satisfaction Rating

Advisor	Satisfaction Rating					Not Applicable
	<u>Dissatisfied</u>		-		<u>Very Satisfied</u>	
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Tax Prep/Accountant	1	2	3	4	5	X

INSURANCE

Client (1)

Client (2)

	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS (If you have this information in a format of your own design please feel free to omit this section and provide your document in its place.)

Please also provide a copy of your most current brokerage, mutual fund and retirement statements.

1. Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Appx. Value</u>
_____	%	_____	_____	\$
_____	%	_____	_____	\$

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

Estimated Value

Primary Residence Year purchased: _____ _____

Personal Property (estimate) _____

Vehicle _____

Vehicle _____

Other _____

Other _____

LIABILITIES

<u>List Credit Cards Not Paid in Full Every Month</u>	<u>Interest Rate</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	%	\$	\$
_____	%	\$	\$
_____	%	\$	\$
_____	%	\$	\$

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	%	\$	\$	\$
_____	_____	%	\$	\$	\$
_____	_____	%	\$	\$	\$
_____	_____	%	\$	\$	\$

Have you received a copy of your credit report recently? Yes No Date: _____

Pension? Client "1" Yes No

Pension? Client "2" Yes No

Monthly benefit amt. \$ _____

Monthly benefit amt. \$ _____

Please comment on the advice you seek.

These items may be needed, should you engage our services:

Prior Year Tax Return
 Brokerage Account Statements
 Trust Account Statements
 Retirement Plan Account Statements
 Loan Documents

Paycheck Stubs
 Mutual Fund Account Statements
 Employee Benefits Booklet
 Social Security Annual Statement
 Insurance Policies

If you will be coming to the office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form.

(2) fax or email a copy to:

Lenington Financial LLC • FAX/phone: 800.451.8629

Email: derek@leningtonfinancial.com

Visit us on the web at www.LeningtonFinancial.com

