



## CONFIDENTIAL CLIENT QUESTIONNAIRE

The information you provide here forms the foundation of our understanding of your financial life.

Please complete this confidential questionnaire and assemble the documents requested below.

If you have questions as you complete the questionnaire, please feel free to give us a call or send us an e-mail.

### PERSONAL INFORMATION

	CLIENT	CO-CLIENT
Full Legal Name:		
Home Address:		
City, State, Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Fax:		
E-mail Address:		
Social Security #:		
Birth date:		
Date of Marriage:		
U.S. Citizen?		
Employer:		
Occupation:		
Start date of Employment:		
Anticipated Employment Change:		
Prior Education:		
Hobbies:		
Community Involvement:		
Previous Marriage?		
Password we should use when sending confidential e-mail attachments:		

**CHILDREN / OTHER DEPENDENTS**

Name	Date of Birth	Sex	Social Security #	Living with you (Y/N)	State of Residency	Special Needs (Y/N)

**PARENTS**

	Mother	Father	Birth Dates (Mother / Father)		Annual Support Provided to Parents	Amount of Expected Inheritance
Client						
Co-Client						

**PROFESSIONAL ADVISORS**

	Name / Firm	Phone Number	E-mail Address	Frequency of Contact	Satisfaction Rating Dissatisfied (1) - Very Satisfied (5)
Accountant					
Attorney					
Insurance Agent					
Stock Broker					
Other					

**EDUCATION PLANNING**

Name	Starting Age	K - 12		College	
		# of Yrs	\$ / year	# of Yrs	Public In-State / Public Out-Of-State / Private

## FINANCIAL GOALS

Description (enter in priority order) (wedding(s), travel, new homes, new cars, home remodeling, career change, etc.)	Amount Needed	Purchase Date / When Needed	How often will goal occur? (Every ___ Years)

How would you like to utilize the resources and wealth you have been able to accumulate? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your priorities in life? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What types of personal achievements would you like to accomplish in life? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you hope to gain by working with a Certified Financial Planner™? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Below is a list of potential benefits of working with a Certified Financial Planner™. Please rank the importance of each of these benefits to you on a scale of 1–5 (5 being the most important):

- |   |  |
|---|--|
| <p>_____ Feeling of contentment</p> <p>_____ Gaining financial freedom</p> <p>_____ Developing a long-term partnership</p> <p>_____ Combining personal &amp; financial goals</p> <p>_____ Organizing your financial life</p> <p>_____ Learning how to apply biblical principles to financial planning and stewardship</p> | <p>_____ Gaining financial stability and security</p> <p>_____ Care taken to help identify your needs and goals</p> <p>_____ Being able to sleep at night</p> <p>_____ Gaining control over your finances</p> <p>_____ Having someone to help hold me accountable to a long-term plan so I don't make erratic or erroneous decisions</p> |
|---|--|



## INVESTMENT PHILOSOPHY AND RISK QUESTIONNAIRE (Continued)

\_\_\_\_\_ 11. Have you ever borrowed money to make an investment (other than for your home)?

- 1 No. 2 Yes.

\_\_\_\_\_ 12. How much confidence do you have in your ability to make good financial decisions?

- 1 None. 4 A great deal.  
2 A little. 5 Complete.

3 A reasonable amount.

\_\_\_\_\_ 13. Suppose that 5 years ago you bought shares in a highly regarded company. That same year the company experienced a severe decline in sales due to poor management. The price of the shares dropped drastically and you sold at a substantial loss. The company has been restructured under new management and most experts now expect its shares to produce better than average returns. Given your bad past experience with this company would you buy shares now?

- 1 Definitely not. 3 Probably.  
2 Probably not. 4 Definitely.

\_\_\_\_\_ 14. Investments can go up and down in value and experts often say you should be prepare to weather a downturn. By how much could the total value of all your investments go down before you would begin to feel uncomfortable?

- 1 Any fall in value would make me feel uncomfortable. 4 33%.  
2 10%. 5 50%.  
3 20%. 6 More than 50%.

\_\_\_\_\_ 15. Assume that a long-lost relative dies and leaves you a house which is in a poor condition but it is located in a suburb that's becoming popular. As is, the house would probably sell for \$150,000, but if you were to spend about \$50,000 on renovations, the selling price would be around \$300,000. However, there's some talk of constructing a major highway next to the house, and this would lower its value considerably. Which of the following options would you take?

- 1 Sell it as is. 3 Take out a \$50,000 mortgage and do the renovations.  
2 Keep it as is, but rent it out.

\_\_\_\_\_ 16. Most investment portfolios have a spread of investments – some of the investments may have high expected returns but with high risk, some may have medium expected returns and medium risk, and some may be low risk/low return (For example, shares and property would be high risk/high return whereas cash and term deposits would be low risk/low return). Which spread of investments do you find most appealing? Would you prefer all low risk/low return, all high risk/high return, or somewhere in between? Please select one of the seven portfolios listed below.

Portfolio	High Risk/High Return	Medium Risk/Medium Return	Low Risk/Low Return
1	0%	0%	100%
2	0%	30%	70%
3	10%	40%	50%
4	30%	40%	30%
5	50%	40%	10%
6	70%	30%	0%
7	100%	0%	0%

\_\_\_\_\_ 17. You are considering placing one-quarter of your investment funds into a single investment. This investment is expected to earn about twice the current short-term cd rate. However, unlike a short-term cd rate, this investment is not protected against loss of the money invested. How low would the chance of a loss have to be for you to make the investment?

- 1 Zero, i.e., no chance of any loss. 3 Moderately low chance of loss.  
2 Very low chance of loss. 4 50% chance of loss.

## INVESTMENT PHILOSOPHY AND RISK QUESTIONNAIRE (Continued)

18. With some types of investment, such as cash and term deposits, the money value of the investment is fixed. However inflation will cause the purchasing power of this money value to decrease. With other types of investment, such as shares and property, the money value is not fixed. It will vary. In the short term it may even fall below the purchase price. However, over the long term, the money value of shares and property should certainly increase by more than the rate of inflation. With this in mind, which is more important to you, that the money value of your investments does not fall or that it retains its purchasing power?

- 1 Much more important that the money value does not fall.
- 2 Somewhat more important that the money value does not fall.
- 3 Somewhat more important that the money value retains its purchasing power.
- 4 Much more important the money value retains its purchasing power.

19. In recent years, how have your personal investments changed?

- 1 Always toward lower risk.
- 2 Mostly toward lower risk.
- 3 No changes or changes with no clear direction.
- 4 Mostly toward higher risk.
- 5 Always toward higher risk.

20. When making an investment, return and risk usually go hand-in-hand. Investments which produce above average returns are usually of above average risk. With this in mind, how much of the funds you have available to invest would you be willing to place in investments where both returns and risks are expected to be above average?

- |         |        |        |        |         |          |
|---------|--------|--------|--------|---------|----------|
| 1 None. | 3 20%. | 5 40%. | 7 60%. | 9 80%.  | 11 100%. |
| 2 10%.  | 4 30%. | 6 50%. | 8 70%. | 10 90%. |          |

21. Think of the average rate of return you would expect to earn on an investment portfolio over the next ten years. How does this compare with what you think you would earn if you invested the money in term deposits?

- 1 About the same rate as from term deposits.
- 2 About one and a half times the rate from term deposits.
- 3 About twice the rate from term deposits.
- 4 About two and a half times the rate from term deposits.
- 5 About three times the rate from term deposits.
- 6 More than three times the rate from term deposits.

22. People often arrange their financial affairs so as to qualify for a government benefit or to obtain a tax advantage. However a change in legislation can leave them worse off than if they'd done nothing. With this in mind, would you take a risk in arranging your affairs to qualify for a government benefit or obtain a tax advantage?

- 1 I would not take a risk if there was any chance I could finish up worse off.
- 2 I would take a risk if there was only a small chance I could finish up worse off.
- 3 I would take a risk as long as there was more than a 50% chance that I would finish up better off.

23. Imagine that you are borrowing a large sum of money at some time in the future. It's not clear which way interest rates are going to move – they might go up, they might go down, no one seems to know. You can have a variable interest rate that will rise and fall as the market rate changes, a fixed interest rate which is 1% more than the then variable rate but which won't change as the market rate changes, or a mixture of both. How would you prefer your loan to be made up?

- |                            |                            |               |
|----------------------------|----------------------------|---------------|
| 1 100% variable.           | 3 50% variable, 50% fixed. | 5 100% fixed. |
| 2 75% variable, 25% fixed. | 4 25% variable, 75% fixed. |               |

24. Insurance can cover a wide variety of life's major risks – theft, fire, accident, illness, death, etc. How much cover do you have?

- 1 Very little.
- 2 Some.
- 3 Considerable.
- 4 Complete.

## INVESTMENT PHILOSOPHY AND RISK QUESTIONNAIRE (Continued)

\_\_\_\_\_ 25. Except for the Great Depression, the longest time period investors have had to wait for their portfolio to return to its earlier value after a market crash or significant decline has been 4 years for stock investments and 2 years for bond investments. 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:

- 1 Less than one year.                      3 Between 2 and 3 years.                      5 Longer than 5 years.  
 2 Between 1 and 2 years.                      4 Between 3 and 5 years.

\_\_\_\_\_ 26. If you selected less than "Between 2 and 3 years" in question 25, are you prepared to substantially reduce your goals (Y/N)?

\_\_\_\_\_ 27. When investing, there may be a natural tradeoff between investment performance and the risk of a decline in portfolio value. Typically, the higher return you pursue, the more willing you must be to withstand fluctuations and potentially incur losses. Please review the probable performance of five hypothetical portfolios over a twenty year holding period. Which portfolio would meet your expectations for returns in "average" and "good" years without making you uncomfortable during periods of declining values.

Portfolio:	Possible Number of Years with a Negative Return (out of 20 years)	Expected Average Annual Rate of Return	Expected Annual Range of Rates of Return
1 No Risk	0	4.00%	0.00% to +8.00%
2 Low Risk	3	6.00%	-5.00% to +12.00%
3 Average Risk	4	7.00%	-9.00% to +25.00%
4 Moderate Risk	5	8.50%	-16.00% to +31.00%
5 High Risk	6	10.00%	-20.00% to +35.00%

\_\_\_\_\_ 28. Please rate each of the following investment objectives as to their overall importance to your investment strategies (1-5, 5 being very important and 1 being of little importance. You may use numbers more than once):

- \_\_\_\_\_ Capital Preservation  
 \_\_\_\_\_ Current Income  
 \_\_\_\_\_ Low Volatility  
 \_\_\_\_\_ Inflation Protection  
 \_\_\_\_\_ Growth  
 \_\_\_\_\_ Aggressive Growth

\_\_\_\_\_ 29. How often do you review the value of your investments?

- 1 Daily              2 Weekly              3 Monthly              4 Quarterly              5 Annually              6 Rarely Ever

\_\_\_\_\_ 30. This questionnaire is scored on a scale of 0 to 100 (0 being total risk avoidance and 100 being total risk seeking). When the scores are graphed they follow the familiar bell-curve of the Normal distribution. The average score is 50. Two-thirds of all scores are within 10 points of the average. Only 1 in 1000 is less than 20 or more than 80. What do you think your score will be?

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

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Is there anything else pertaining to your past investment experience or your tolerance to risk that may be helpful in determining an appropriate investment policy for you? \_\_\_\_\_

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## INSURANCE INFORMATION

### I. TERM LIFE INSURANCE POLICIES

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary (Primary / Contingent) _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary (Primary / Contingent) _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

### II. WHOLE, UNIVERSAL OR VARIABLE LIFE INSURANCE POLICIES

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary (Primary / Contingent) _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

Description/Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary (Primary / Contingent) _____
Term _____ years	Year Began _____		Premium \$ _____ per year	

### III. DISABILITY INSURANCE POLICIES

Description/Company _____	Insured _____	Monthly Benefit Amount \$ _____	Elimination Period _____ mos _____ yrs	Definition of Disab _____
Benefit Period: (Select one option)		Inflation Option: (Circle one)		
_____ months years OR until age _____		1. None      2. Fixed _____%      3. CPI		
If you pay the premium yourself, complete the following information:				
Premium \$ _____ per year		quarter	month	Premium is: Pre-tax OR After-tax      Coverage for: Any Occ / Own Occ

Description/Company _____	Insured _____	Monthly Benefit Amount \$ _____	Elimination Period _____ mos _____ yrs	Definition of Disab _____
Benefit Period: (Select one option)		Inflation Option: (Circle one)		
_____ months years OR until age _____		1. None      2. Fixed _____%      3. CPI		
If you pay the premium yourself, complete the following information:				
Premium \$ _____ per year		quarter	month	Premium is: Pre-tax OR After-tax      Coverage for: Any Occ / Own Occ

### IV. LONG-TERM CARE INSURANCE POLICIES

Description/Company _____	Insured _____	Daily Benefit Amount \$ _____	Elimination Period _____ days
Benefit Period: (Circle # of years or Lifetime)		Inflation Option: (Circle one)	
1 2 3 4 5 6 7 8 9 10 years OR Lifetime		None      Fixed _____%      CPI	
Premium \$ _____ per year      quarter      month			

Description/Company _____	Insured _____	Daily Benefit Amount \$ _____	Elimination Period _____ days
Benefit Period: (Circle # of years or Lifetime)		Inflation Option: (Circle one)	
1 2 3 4 5 6 7 8 9 10 years OR Lifetime		None      Fixed _____%      CPI	
Premium \$ _____ per year      quarter      month			

**V. OTHER INSURANCE**

	<b>Company</b>	<b>Annual Premium</b>	<b>Deductible</b>	<b>Policy Expiration Date</b>
Homeowners				
Auto				
Umbrella Liability				
Professional Liability				

**FINANCIAL STATEMENT / ASSETS & LIABILITIES**

**ASSETS**

<b>Account Type</b>	<b>Account Owner(s) (Client, Co-Client, Joint)</b>	<b>Bank / Custodian</b>	<b>Current Balance</b>	<b>Current Rate and Maturity Date</b>	<b>Purchase Date / Cost Basis</b>
<b>Bank Deposits:</b>					
Checking					
Savings					
Money Market					
CD's					
<b>Other Bank Deposits:</b>					
<b>Investments (Non-IRA):</b>					
Mutual Funds					
Stocks					
Bonds					
REITs					
Life Insur. Cash Value					

## FINANCIAL STATEMENT / ASSETS & LIABILITIES (Continued)

Account Type	Account Owner(s) (Client, Co-Client, Joint)	Bank / Custodian	Current Balance	Current Rate and Maturity Date	Purchase Date / Cost Basis
Notes Receivable					
Other:					

Other Assets	Account Owner(s) (Client, Co-Client, Joint)	Purchase Date/ Purchase Price	Description / Estimated Current Value and Current Income (if any)
Primary Residence			
Secondary Residence			
<b>Other Real Estate Property:</b>			
<b>Personal Property:</b>			
Vehicle # 1			
Vehicle # 2			
Other Vehicles, Boats, Motorcycles, RV, etc.			
Furnishings			
Other (Jewelry, Art, Collectibles, etc.)			

## FINANCIAL STATEMENT / ASSETS & LIABILITIES (Continued)

Other Assets	Account Owner(s) (Client, Co-Client, Joint)	Purchase Date/ Purchase Price	Description / Estimated Current Value and Current Income (if any)
<b>Business Assets:</b>			

Qualified Retirement Assets	Estimated Value		Contribution % (from base and bonus?)	Employer Match Details	Beneficiary Primary/Contingent	Non-Deductible Cont made (IRA)
	Client	Co-Client				
401(k), 403 (b)						
401(k), 403 (b)						
IRA (Roth/Traditional):						
Other Qualified Plan(s):						
Annuities:						

**TOTAL ASSETS =** \_\_\_\_\_

## FINANCIAL STATEMENT / ASSETS & LIABILITIES (Continued)

### LIABILITIES

Property	Original Mortgage Amount	Date of Loan	Interest Rate	Type of Mortgage	Current Balance
Primary Residence					
Secondary Residence					
Other Real Property					

Liabilities	Original Loan Amount / Date	Provider	Interest Rate	Term of Loan	Monthly Pmt	Current Balance
Primary Residence						
Equity Line/Loan						
Secondary Residence						
Other Real Estate:						
Vehicle, Boat, etc. Loan(s):						
Credit Card(s):						
School Loans						
Other Loans:						

**TOTAL LIABILITIES =** \_\_\_\_\_

**TOTAL NET WORTH =** \_\_\_\_\_

## STOCK OPTIONS

Grant Date	Vesting Date	Grant Price	Type ISO / NQSO	Number of Shares	Expiration Date

## TAX INFORMATION

Tax Filing Type:    Single             Head of Household             Married Filing Jointly             Married Filing Separately  
 Do you have any capital loss carryovers from the prior sale of assets? If so, how much and from the sale of what? \_\_\_\_\_

### Regular Gifting Strategies:

Gift	To Whom	Relationship	Total Prior Gifts

## ESTATE PLANNING

Document	Client Y/N	Co-Client Y/N	When Drafted?	What State?	Drafting attorney
Wills					
Living Will					
Durable Power of Attorney for Finance					
Durable Power of Attorney for Health Care					
Revocable Trust					
Irrevocable Trust					

## ESTATE PLANNING (Continued)

Who is/are the executor(s) of your will(s)?	
Who are your beneficiaries?	
Does your estate plan make any charitable bequests? (Please describe)	

If co-client is not currently employed and would seek employment if client passed away, enter the following information:

Start Year	Stop Year	Annual Income	Inflates?
_____	_____	\$ _____	Yes    No

## RETIREMENT INFORMATION

When do client / co-client plan to retire?	Client _____	Co-Client _____
Do you expect your annual living expenses to change in retirement?	Yes / No	
If so, how much more or less would you expect them to be?	_____	
Where do you plan to live once you have stopped working?	_____	

	Start Year	Monthly Amt	Survivor Benefit %	Pension Inflates?	Inflation Rate
Pension (Client)	_____	_____	_____	_____	_____
Pension (Co-Client)	_____	_____	_____	_____	_____

If you expect to work part-time upon retirement, please complete the following:

	Start Year	Monthly Amount	# of Years
Part-Time Work (Client)	_____	_____	_____
Part-Time Work (Co-Client)	_____	_____	_____

### Questions Regarding Retirement:

- 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

## RETIREMENT INFORMATION (Continued)

What special plans do you have for retirement? \_\_\_\_\_

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What do each of you most look forward to in retirement? \_\_\_\_\_

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What most concerns each of you about retirement? \_\_\_\_\_

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Do you foresee the need to provide for a parent or child during retirement? \_\_\_\_\_

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## CASH FLOW INFORMATION

### INCOME

Description	Client (Monthly)	Co-Client (Monthly)	Client (Annually)	Co-Client (Annually)
Employment Salary				
Employment Bonus				
Alimony Received				
Net self-employment				
Professional Fees				
Tax-Free Income				
Rental Income				
Royalty Income				
Other				

**TOTAL INCOME: (Monthly)** = \_\_\_\_\_ **(Annually)** = \_\_\_\_\_

## CASH FLOW INFORMATION (Continued)

### EXPENSES

Housing	Monthly	Annually
Mortgage / Rent		
Real Estate Taxes		
Fees: Condo, parking, etc.		
Maintenance & Repairs		
Furnishings		
Services (Cleaning / Lawn)		
Other		

Utilities	Monthly	Annually
Oil / Gas / Electric		
Telephone		
Cell Phone		
Internet Service Provider		
Cable		
Refuse Collection		
Water		
Other		

Insurance	Monthly	Annually
Life Insurance (Client)		
Life Insurance (Co-Client)		
Medical Premiums		
Dental Premiums		
Vision Care Premiums		
Disability Premiums (Client)		
Disability Premiums (Co-Client)		
Homeowner's Insurance		
Automobile Insurance		
Long Term Care Insurance		
Umbrella Insurance		

Food	Monthly	Annually
Groceries		
Dining Out		

Clothing	Monthly	Annually
Purchases		
Cleaning / Tailoring		

Recreation	Monthly	Annually
Vacations		
Entertainment		
Books / Magazines / Subscriptions		
Hobbies / Collections		
Membership Dues / Expenses		

## CASH FLOW INFORMATION (Continued)

Personal Items	Monthly	Annually
Gifts		
Tithe Contributions		
Charitable Contributions		
Tobacco / Alcohol		
Education		
Film / Developing		
Beauty Parlor / Barber		
Cosmetics		
Cash Withdrawals		

Child Care / Pet Care	Monthly	Annually
Tuition / School Supplies		
Lessons / Camp / Allowance		
Child Care / Babysitting		
Pet Food		
Veterinary Care		

Health Care	Monthly	Annually
Prescriptions / Medications		
Medical / Dental (out-of-pocket)		
Toiletries / Drugstore Items		
Vision Care / Glasses / Contacts		

Transportation	Monthly	Annually
Car Payment		
Gasoline		
Maintenance / Repairs		
Parking/Tolls/License/Registration		
Commuting Expenses		

Other	Monthly	Annually
Alimony		
Child Support		
Professional Services		
Other		

**TOTAL EXPENSES: (Monthly) = \_\_\_\_\_ (Annually) = \_\_\_\_\_**

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

- |   |   |
|---|---|
| <input type="checkbox"/> I need more current income<br><input type="checkbox"/> My present income exceeds my needs and<br>I can save for future financial goals | <input type="checkbox"/> My present income is adequate for my needs<br><input type="checkbox"/> My income is variable from year to year |
|---|---|

**ADDITIONAL QUESTIONS / COMMENTS**

- 1. Are you currently or have you ever been involved in a lawsuit? \_\_\_\_\_
- 2. If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Have you ever worked with a financial advisor before? \_\_\_\_\_
- 4. If so, why are you no longer working with this individual? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Are there any other goals, facts, issues or details that would be helpful in formulating your financial plan?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I realize that financial planning recommendations depend largely on accurate information provided by the client. By my signature below, I acknowledge the completeness and accuracy of the data provided in these data forms and the data gathering process.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client

\_\_\_\_\_  
Date

## DOCUMENTS TO BRING WITH YOU

(Please be sure to provide COPIES of all of the following):

- Copies of Estate Planning Documents including Beneficiary Designation Forms (existing wills, trusts and durable powers of attorney)
- Copies of all Investment Statements / Cost Basis information (purchase price and date) on taxable accounts
- Mortgage and Loan Statements
- Recent Social Security Statement
- Prior Year Tax Returns (federal, state, gift)
- Insurance Policies (declaration pages; life, homeowners, auto, disability, long-term care, etc.)
- Company Benefit Statements and Employee benefit information and Pension Estimates/Details
- Last two Paycheck Stubs / Information on any other sources of income
- Any other information related to your personal financial situation

## COLLIE FINANCIAL PLANNING, INC. PRIVACY POLICY

Collie Financial Planning, Inc., a Registered Investment Advisor, is committed to safeguarding the confidential information of its clients. We hold all personal information provided to our firm in the strictest confidence. These records include all personal information that we collect from you in connection with any of the services provided by Collie Financial Planning, Inc. We have never disclosed information to nonaffiliated third parties, except as permitted by law, and do not anticipate doing so in the future. If we were to anticipate such a change in firm policy, we would be prohibited under the law from doing so without advising you first. As you know, we use financial information that you provide to us to help you meet your personal financial goals while guarding against any real or perceived infringements of your rights of privacy.

Our policy with respect to personal information about you is listed below:

- To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain and record information that identifies each person who opens an account. When you open an account we will ask you for your name, address, date of birth and any other information that will allow us to identify you. We may ask you for your driver's license, password or other identifying documents.
- We limit employee access to information only to those who have a business or professional reason for knowing, and only to nonaffiliated parties as permitted by law. (For example, federal regulations permit us to share a limited amount of information about you with a brokerage firm in order to execute securities transactions on your behalf.)
- We maintain a secure office and computer environment to ensure that your information is not placed at unreasonable risk.
- The categories of nonpublic information that we collect from a client depend upon the scope of the client relationship. It will include information about your personal finances, transactions and accounts with other financial institutions, wills, trusts, and any other financial documents needed in the financial planning process.
- For unaffiliated third parties that require access to your personal information, including financial service companies, consultants, and auditors, we also require strict confidentiality in our agreements with them and expect them to keep this information private. Federal regulators may also review firm records as permitted by law.
- We do not provide your personal identifiable information to mailing list vendors or solicitors for any reason.
- Year-end account information, requested on your behalf (e.g., client accountant, attorney, etc.) will only be released upon receiving your prior approval. At no time shall such information be released without authorized approval.
- Personal identifiable information about you will be maintained during the time you are a client, and for the required time thereafter that such records are required to be maintained by federal securities laws, and consistent with the CFP® Board Code of Ethics and Professional Responsibility. After this required period of record retention, all such information will be destroyed.