

CONFIDENTIAL QUESTIONNAIRE

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Personal Information

Personal Information

	Client	Partner
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	_____	_____
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Income	\$ _____	\$ _____

Enter dependents.

Name	Date of Birth	Relationship
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

Risk Analysis

Retirement Goal

Age to Retire: _____
 Client Partner

Life Expectancy: _____
 Client Partner

How much do you think you need to live on in retirement per year?

College Goal

For Name: _____ Year to Start: _____ # of Years of College: _____

Cost Estimate:

A. My cost estimate \$ _____ (Annual Cost) or

B. Use an average cost: Average All - \$19,180

4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210

2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

Do you have a 529 or Covedell Plan in place? No Yes Current Value \$ _____

College Goal

For Name: _____ Year to Start: _____ # of Years of College: _____

Cost Estimate:

A. My cost estimate \$ _____ (Annual Cost) or

B. Use an average cost: Average All - \$19,180

4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210

2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

Do you have a 529 or Covedell Plan in place? No Yes Current Value \$ _____

Financial Goal – (Major Purchases, Weddings, Travel, New Home, etc.)

Description: _____

Year of Goal: _____ Cost \$ _____ Month Year

Description: _____

Year of Goal: _____ Cost \$ _____ Month Year

Risk Analysis

Investment Attitude Risk Questionnaire

Circle a number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

2. How important is growth?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

3. How important is low volatility?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

4. How important is inflation protection?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

5. How important is current cash flow?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

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

Not at all

A Moderate amount

A lot

1 2 3 4 5 6 7 8 9

Retirement Income

Social Security - Client

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$ _____ Month Year (*pre-tax, current dollars*)
 Use the Planner Estimate
 I am ineligible for Social Security Benefits

Social Security - Partner

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$ _____ Month Year (*pre-tax, current dollars*)
 Use the Planner Estimate
 I am ineligible for Social Security Benefits

Pension

Client Pension: Description: _____

Income Begins: Client Retires Receiving Now Year _____

Amount of Benefit \$ _____ Month Year

Partner Pension: Description: _____

Income Begins: Partner Retires Receiving Now Year _____

Amount of Benefit \$ _____ Month Year

Part-Time Employment in Retirement

Whose Income: Client Partner Description: _____

Income Begins: Client Retires Partner Retires Receiving Now Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year

Annuity Income

Whose Annuity: Client Partner Description: _____

Year annuity payments start: _____

Value at Annuitization: \$ _____ Cost Basis: \$ _____

Amount of annuity payments (*pre-tax, future value*): \$ _____ Month Year

Rental Property Income

Whose Income: Client Partner Description: _____

Income Begins: Client Retires Partner Retires Receiving Now Year _____

Will the property be sold to finance retirement?

Income Ends: End of Client's Plan End of Partner's Plan End of Plan Year _____

Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ _____ Month Year

Retirement Income

Employer Sponsored Plans (401k, Retirement Savings Plan, etc)

Type of Plan: _____

Whose Plan: Client Partner

Description: _____

Current Total Value: \$ _____

After Tax Value: \$ _____

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Assume Max Contribution Each Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client Retires Partner Retires Year .

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____ Grow annually by _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Investments

Traditional IRA's

Who is the owner: Client Partner

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____
 Maximum contribution each year

After-Tax: Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Partner Retires Year _____

Traditional IRA's

Who is the owner: Client Partner

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes
 Maximum contribution each year

After-Tax: Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Partner Retires Year _____

Roth IRAs

Who is the owner: Client Partner

Description: _____

Current Value: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Partner Retires Year _____

Roth IRA's

Who is the owner: Client Partner

Description: _____

Current Value: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Partner Retires Year _____

Investments

SEP IRA

Who is the owner: Client Partner

Description: _____

Ticker Symbol: _____

CUSIP: _____

Current Value: \$ _____

After Tax Value: \$ _____

Who is the owner: Client Partner

Description: _____

Ticker Symbol: _____

CUSIP: _____

Current Value: \$ _____

After Tax Value: \$ _____

Coverdell Accounts (ESA)

Who is the owner: Custodial

Description: _____

Current Value: \$ _____

Year Additions Begin _____

Year Additions End: Client Retires Partner Retires Year _____

529 Savings Plan

Who is the owner: Client Partner

Description: _____

Current Value: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Partner Retires Year _____

Other Assets

Annuities

Who is the owner: Client Partner Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Partner Retires Year _____

Life Insurance

Owner: Client Partner Insured: Client Partner 1st to Die 2nd to Die

Name or Description: _____ Term How long? _____

Whole Life Variable Universal

Current Value: \$ _____

Cost Basis: \$ _____ Insurance Amount: \$ _____

Premium: \$ _____

Year Additions End: Client Retires Partner Retires Year _____

Life Insurance

Owner: Client Partner Insured: Client Partner 1st to Die 2nd to Die

Name or Description: _____ Term How long? _____

Whole Life Variable Universal

Current Value: \$ _____

Cost Basis: \$ _____ Insurance Amount: \$ _____

Premium: \$ _____

Year Additions End: Client Retires Partner Retires Year _____

Other Insurance Policies

Disability *(Group/Personal/Other)*

Insured: Client Partner Description/Co: _____

Premium Amount: \$ _____ every _____ Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$ _____ Elimination Period: _____ Months Years

Benefit Period (select one)

Other Assets

Period of Time _____ per _____

Until this Age _____

Inflation Option: (Check One) None Simple Compounded

If you selected Simple or Compounded, enter rate: _____%

Insured: Client Partner

Description/Co: _____

Premium Amount: \$ _____ every _____

Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$ _____

Elimination Period: _____ Months Years

Benefit Period (select one)

Period of Time _____ per _____

Until this Age _____

Inflation Option: (Check One) None Simple Compounded

If you selected Simple or Compounded, enter rate: _____%

Other Insurance Policies

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____

Description/Co: _____

Premium Amount: \$ _____ per Month Quarter Six Months Year

Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime

Daily Benefit Amount: \$ _____

Elimination Period: _____ days

Inflation Option: (Check One) None Simple Compounded

If you selected Simple or Compounded, enter rate: _____%

Insured: _____

Description/Co: _____

Premium Amount: \$ _____ per Month Quarter Six Months Year

Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime

Daily Benefit Amount: \$ _____

Elimination Period: _____ days

Inflation Option: (Check One) None Simple Compounded

If you selected Simple or Compounded, enter rate: _____%

Other Assets

Stock Options? If not, skip this page.

Who is the owner: Client Partner

Stock Name: _____

Asset Class: *(Check one)*

Large Cap Value Large Cap Growth Small Cap

International Developed International Emerging

Market Price: \$ _____

Last Update: _____

Do all Options Vest at Death? No Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Other Assets

Restricted Stock? If not, skip this page.

Who is the owner: Client Partner

Ticker: _____

Stock Name: _____

Asset Class: *(Check one)*

Large Cap Value Large Cap Growth Small Cap

International Developed International Emerging

Market Price: \$ _____

Last Update: _____

Do all Shares Vest at Death? No Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Other Assets

Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

Asset #1 Description: _____ Current Value: \$ _____
Outstanding Mortgage: \$ _____ Monthly payments \$ _____
Owner: Client Partner Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Partner
Will the value of this asset increase each year? _____ %
Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items)
Year to Sell _____ Future Value (after-tax) \$ _____

Asset #2 Description: _____ Current Value: \$ _____
Outstanding Mortgage: \$ _____ Monthly payments \$ _____
Owner: Client Partner Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Partner
Will the value of this asset increase each year? _____ %
Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items)
Year to Sell _____ Future Value (after-tax) \$ _____

Asset #3 Description: _____ Current Value: \$ _____
Outstanding Mortgage: \$ _____ Monthly payments \$ _____
Owner: Client Partner Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Partner
Will the value of this asset increase each year? _____ %
Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items)
Year to Sell _____ Future Value (after-tax) \$ _____

Pension - Lump Sum Distribution

Owner: Client Partner Description: _____
Current Value: \$ _____ Year of Distribution: _____
Value of Distribution \$ _____ Value is: (Check one) Pre-tax After-tax

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Deferred Compensation (Receiving Now)

Description: _____ Current Value (today's dollars): \$ _____
Owner: Client Partner
Distribution Period
Number of Years: _____ Annual Payment (pre-tax) \$ _____

Future Assets Cash (Inheritance, Gift, Settlement, etc.)

Other Assets

Owner: Client Partner Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Partner

Description: _____

Year to Receive: _____

Future Value (after tax) \$ _____

Owner: Client Partner Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Partner

Description: _____

Year to Receive: _____

Future Value (after tax) \$ _____

Liabilities

Liabilities *Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt*

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Partner Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Please bring the following to your next meeting with us:

- The latest Social Security Benefits statement showing the benefits you can expect to receive if you retire at the age of 62, etc.***
- Copies of your mortgage statements***
- Last year's tax return***
- The last statement from all your investment accounts***