



## ■ WELCOME

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We look forward to our initial consultation and appreciate the opportunity to work with you. You may not have all the answers to this questionnaire, but please complete as much as possible. Let's get started!

## ■ ADDITIONAL DOCUMENTATION

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Please also bring the following documents to your initial consultation:

- Prior year tax return (all pages)
- Current pay stub(s)
- Current statement for mortgage and /or other debt
- Employee benefits booklet
- Social Security benefit statement(s)
- Retirement account statements (401(k), 403(b), ESOP, profit sharing, SEP, IRA, etc.)
- Non-retirement brokerage account with cost basis (stocks, mutual funds, bonds, ETF, options, etc.)
- Legal documents (Will, Trust, POA)
  
- \_\_\_\_\_
  
- \_\_\_\_\_

## ■ PERSONAL INFORMATION

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	CLIENT 1	CLIENT 2
Name	_____	_____
Phone	(_____)_____ - _____	(_____)_____ - _____
Email	_____	_____

## ■ FAMILY MEMBERS

	Member 1	Member 2	Member 3	Member 4
Name	_____	_____	_____	_____
Grade in School	_____	_____	_____	_____
Pre-College Private School	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Annual Cost	\$ _____	\$ _____	\$ _____	\$ _____
Married	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Residence	_____	_____	_____	_____

Additional children planned for you?  No  Yes      If yes, how many additional? \_\_\_\_\_

## ■ EDUCATION FUNDING

What type of **annual** schooling cost (in today's dollars) should we project for your children

Community college (Est. \$4,000-15,000)

\$ \_\_\_\_\_

Public (Est. \$15,000-\$25,000)

\$ \_\_\_\_\_

Private (Est. \$30,000-\$50,000)

\$ \_\_\_\_\_

Other/Combination

\$ \_\_\_\_\_

What percent of the selected annual cost would you like to assist your children with?

\_\_\_\_\_%

NOTE: If a child is already in college, please indicate how much you are actually paying for a given child.

Are you planning on:

- Paying as you go
- Pre-funding
- Combination Other
- Other

Have you begun saving for college?  No  Yes

If yes, in what type of investment vehicle?

\_\_\_\_\_

Are taxes a concern for education funding investing?

No  Yes

Have you spoken to your children (if appropriate) about how much they will contribute towards funding their college education?

No  Yes

If a child chooses not to pursue college, where would you like for the savings to go to?

Child  Back to us

## ■ INCOME

	CLIENT 1	CLIENT 2
Annual salary	\$ _____	\$ _____
Bonus/Commissions	\$ _____	\$ _____
Other income (Source: _____)	\$ _____	\$ _____
Estimated combined total (full year)	\$ _____ <u>0</u>	\$ _____ <u>0</u>
Annual expected rate of increase	_____ %	_____ %
Anticipate employment change?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
If so, please comment:	_____	_____

## ■ RETIREMENT

	CLIENT 1	CLIENT 2
Expected retirement date	____/____/____	____/____/____
Does your employer match retirement contributions?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
If yes, how much?	\$ or % _____	\$ or % _____
Annual contribution made by you to a retirement/401(k) plan	\$ or % _____	\$ or % _____
Do you make annual IRA contributions?		
Roth	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Traditional	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Do you qualify for a pension?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
What is the projected monthly benefit?	\$ _____	\$ _____
If yes, can you choose to take a lump sum?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Does this benefit increase annually?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Amount typically saved per month, beyond your 401K?	\$ _____	\$ _____

## ■ BENEFICIARIES

Who are the primary and secondary beneficiaries on your retirement assets?

Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_

■ **NON-RETIREMENT ASSETS** (STATEMENTS SHOULD BE PROVIDED)

Cash assets balance as of: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(Date)

Account Type	Name of Bank or Institution	Titled (Joint, Sole, Trust)	Current Balance
Checking	_____	_____	\$ _____
Savings	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

■ **LIABILITIES**

Credit Card	Interest Rate	Current Balance	Monthly Payment	Pay in Full?
_____	_____%	\$ _____	\$ _____	<input type="checkbox"/> Y / <input type="checkbox"/> N
_____	_____%	\$ _____	\$ _____	<input type="checkbox"/> Y / <input type="checkbox"/> N

Debt Type (Home, Auto, School, Other)	Start Date	Interest Rate	Original Balance	Current Balance	Monthly Payment
_____	____/____/____	_____%	\$ _____	\$ _____	\$ _____
_____	____/____/____	_____%	\$ _____	\$ _____	\$ _____
_____	____/____/____	_____%	\$ _____	\$ _____	\$ _____
_____	____/____/____	_____%	\$ _____	\$ _____	\$ _____

If a home debt, when did you most recently finance or refinance your home? Month \_\_\_\_\_/Year \_\_\_\_\_

What was the balance at the time of financing/refinancing? \$ \_\_\_\_\_ Amortization:  fixed /  ARM

■ **HOME OWNERSHIP**

Primary residence	Purchase Date	Purchase Price	Estimated Value	Owner (Joint, sole, trust)
_____	_____	\$ _____	\$ _____	_____

Are you intending to purchase a different home?  No  Yes If yes, at what cost and when?

New Home: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cost: \$ \_\_\_\_\_

Do you have any home additions or repairs planned?  No  Yes If yes, what are the projected timing and cost?

Project #1: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cost: \$ \_\_\_\_\_

Project #2: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cost: \$ \_\_\_\_\_

## PERSONAL PROPERTY

	Estimated Value	Owner (Joint, sole, trust)
Antiques or Collectibles (market value)	\$ _____	_____
Business (book value)	\$ _____	_____
Other real estate	\$ _____	_____
Other _____	\$ _____	_____

## AUTOMOBILES

	Client (1)	Client (2)
Make & Model / Year bought?	_____ / _____	_____ / _____
When will you replace next? How often?	_____ / Every _____ yrs	_____ / Every _____ yrs
Net of trade-in value, what is your expected cost of next new vehicle?	\$ _____	\$ _____

## ADVISORS

Do you have an:	Name	Satisfaction Rating (1 = Dissatisfied, 5 = Very satisfied)				
Attorney <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Accountant <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Insurance Agent <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Investment Broker <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

- Have you worked with a financial advisor before? If so, what company? \_\_\_\_\_
- What was your experience like? What aspects did you appreciate? What aspects were dissatisfying?

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- Rate the priority you would place on each of these aspects (1 the most important, 4 the least).

\_\_\_\_\_ Price/Value      \_\_\_\_\_ Customer service      Other: \_\_\_\_\_  
 \_\_\_\_\_ Objectivity      \_\_\_\_\_ Expertise on a specific topic      \_\_\_\_\_

- Rate your preferred level of involvement in managing investments:
  - Make all decisions and trades myself
  - Receive specific recommendations and implement trades myself
  - Receive specific recommendations and help with implementation of trades
  - Prefer to delegate investment decisions and trades to a trusted advisor

## ■ INVESTMENT GOALS

On a scale of 1-5, how would you rate your investment goals?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I need my investment income to live on.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I would like to establish an emergency fund.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I would like to protect assets against inflation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I would like to reduce debt.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I would like to diversify my portfolio.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## ■ INVESTMENT RISK

On a scale of 1-10, how would you rate yourself as an investor?

	Minimize Losses and Fluctuation			Accept Some Fluctuation for Growth				Maximum Accumulation Regardless of Risk		
Client 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Client 2	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Record Score
I would like to emphasize long-term growth for my investment funds, even if it means sharp ups and downs on a year-to-year basis.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text" value="0"/>
Protecting my savings is more important than making it grow.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="text" value="0"/>
It would trouble me more if I did not invest and the market went up than if I did invest and the market went down.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text" value="0"/>
If I inherited a large sum of money, I'd put it in the bank rather than invest it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="text" value="0"/>
Short-term losses are acceptable if I believe that the long-term returns will be good.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text" value="0"/>
I prefer an investment strategy designed to grow steadily and avoid sharp ups and downs, even if it lowers the long-term results.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="text" value="0"/>
My time frame for wanting to reach my financial goals is:	Over 20 Years 5 <input type="checkbox"/>	11-20 Years 4 <input type="checkbox"/>	6-10 Years 3 <input type="checkbox"/>	1-5 Years 2 <input type="checkbox"/>	Already Reached 1 <input type="checkbox"/>	<input type="text" value="0"/>
My age is:	Over 65 1 <input type="checkbox"/>	55-65 2 <input type="checkbox"/>	40-55 3 <input type="checkbox"/>	25-39 4 <input type="checkbox"/>	Under 25 5 <input type="checkbox"/>	<input type="text" value="0"/>
<b>SCORE:</b> 8-17 = Conservative    18-32 = Moderate    Over 32 = Aggressive						<b>GRAND TOTAL:</b> <input type="text" value="0"/>

## ■ LIFE INSURANCE

Question	Answer
I sense I have sufficient assets/life insurance to provide for surviving family.	<input type="radio"/> No <input type="radio"/> Yes
I think the policy (policies) I own are cost efficient for my needs.	<input type="radio"/> No <input type="radio"/> Yes
I feel that I was sold a policy that I am not certain is right for me.	<input type="radio"/> No <input type="radio"/> Yes
<p style="text-align: center;">If the primary wage earner dies, do you expect the surviving spouse to go back to work?</p> <p style="text-align: center;">If yes, at what earnings rate and for how long?</p>	<input type="radio"/> No <input type="radio"/> Yes Annual: \$ _____ Length of Time: _____
<p style="text-align: center;">If the primary wage earner dies, would you like to pay for a portion or all education expenses?</p> <p style="text-align: center;">If yes, please complete <i>College Education Funding</i> on page 2.</p>	<input type="radio"/> No <input type="radio"/> Yes
I consider insurance: A) An investment for retirement. B) Necessary until my investments are sufficient to provide for my family. C) Necessary to increase my estate; larger inheritance to children.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

	Company	Issue Date	Coverage Amount	Owner	Beneficiary	Cost per Year	Type (Term, Whole)	Cash Value
Life			\$ _____			\$ _____		\$ _____
Life			\$ _____			\$ _____		\$ _____
Life			\$ _____			\$ _____		\$ _____
Life			\$ _____			\$ _____		\$ _____
Life			\$ _____			\$ _____		\$ _____
Life			\$ _____			\$ _____		\$ _____
Disability			\$ _____			\$ _____		\$ _____
Disability			\$ _____			\$ _____		\$ _____
Long Term Care			\$ _____			\$ _____		\$ _____

	Client 1	Client 2
What is your life insurance rating?	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Rated	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Rated
When were you last rated?	_____	_____
Have you ever been turned down for insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

## ■ ESTATE PLANNING

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Which of the following estate planning documents do you have?

Type	Date of Origin	Drafted in which state?
<input type="radio"/> Wills	____/____/____	_____
<input type="radio"/> Trusts	____/____/____	_____
<input type="radio"/> Power of Attorney	____/____/____	_____
<input type="radio"/> Living Will	____/____/____	_____
<input type="radio"/> Other _____	____/____/____	_____

Question	Answer	Priority		
I would like to accumulate an estate in order to pass on to heirs.	<input type="radio"/> No <input type="radio"/> Yes	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
I would like to provide adequate assets for surviving spouse and family.	<input type="radio"/> No <input type="radio"/> Yes	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
I am concerned about estate taxes.	<input type="radio"/> No <input type="radio"/> Yes	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

## ■ EXPECTATIONS

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Please comment on the advice you are seeking:

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## ■ THANK YOU

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If you have any questions, please feel free to contact us.

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■ SERVICES / COMPLEXITY

<input checked="" type="checkbox"/>	<b>Please select all items that apply to your situation.</b>
	How much and where should be emergency fund How/when to pay off debt College education planning Employment benefits review How much to contribute to 401(k) or IRA Want to see detailed cash flow projections Income tax planning
	Viability of retirement at specified date(s) Home purchase decision Early retirement or severance decision Retirement withdrawal planning Charitable giving strategies Social security planning Pension election options
	"Windfall" planning (inheritance, business sale, severance, etc.)
	Self-employed or small business consulting Pre-65 healthcare planning Job/career change evaluation
	Deferred compensation strategies Stock options/restricted stock strategies
	Have employer or retirement accounts only Have multiple retirement & taxable accounts Guidance on variable annuities
	Own or purchasing term only life insurance policies Own or purchasing permanent life insurance policies Property/casualty liability, disability and long term care advice Long term care cash flow analysis
	Review of existing documents or new Estate design Charitable estate planning Estate settlement advice Irrevocable Trusts