



CONFIDENTIAL QUESTIONNAIRE

The information you share in this confidential questionnaire helps us understand you and your financial situation. Please complete it carefully and assemble the documents requested below. If you have any questions as you complete the questionnaire, please contact us at a.tilp@trilliumvalleyfp.com

PERSONAL INFORMATION

	CLIENT	CO-CLIENT
Full Legal Name:		
Home Address:		
City, State, ZIP:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		
Preferred Method of Contact:		
Birth Date/ Age:		
Date of Marriage:		
US Citizen?		
If not, Nationality:		
Veteran?		
Employer:		
Occupation:		
# of Years w/ Current Employer:		
Anticipated Employment Change:		
Previously Married?		

CHILDREN / OTHER DEPENDENTS

NAME	BIRTHDATE	AGE	GENDER	RELATIONSHIP	SPECIAL NEEDS?	FINANCIALLY DEPENDENT?	STATE OF RESIDENCY

PARENTS

	MOTHER	LIVING OR DEC?	AGE	FATHER	LIVING OR DEC?	AGE
Client						
Co-Client						

INCOME INFORMATION

	CLIENT	CO-CLIENT
Employment Income (in \$ per year)		
Salary		
Bonus		
Commissions		
Professional Fees		
Net Self-Employment		
Other		
Social Security (if already receiving)		
Pension (if already receiving)		
Does the pension have a survivor benefit? If so, describe:		
Does the pension have a cost of living adjustment? If so, describe:		
Miscellaneous Income (in \$ per year)		
Gifts from Others		
Sale of Assets		
Alimony		
Child Support		
Other		

Please describe your financial and non-financial goals below, and indicate their importance. Note that for the financial goals, you should provide additional details in the fields below (including Education and Retirement Planning, in a separate section). Please rank your goals 1 (low) to 10 (high). You may have duplicate rankings.

What is the best thing a financial planner could do for you?

GOALS AND OBJECTIVES

GOAL	AMOUNT	WHEN?	RECURRING?	HOW OFTEN?	ENDING WHEN?	ADJUST FOR INFLATION?	RANK?

EDUCATION PLANNING

NAME	STARTING AGE	K – 12		COLLEGE	
		NO. YEARS	\$/YEAR	No. Years	PUBLIC IN-STATE / PUBLIC OUT-OF-STATE / PRIVATE

Will grandparents or others be providing any education funding for your children? If so, please explain.

What percent of college costs do you intend to pay for, if any?

RETIREMENT PLANNING

	Client	Co-Client
At what age would you ideally like to retire?		
What is the latest age you are willing to retire?		
Please provide your estimated living expenses per month in retirement.		
Are you eligible for Social Security benefits (Yes or No)?		
Have you considered moving after you retire? (Yes or No)		

Please briefly describe your plans for retirement, including your lifestyle and plans for part-time employment (if any).

Retirement Preferences

Rank the following in order of preference. 1 = Most Important, 3 = Least Important

	Retiring at my desired age/date
	Having my desired retirement income
	Maintain my current lifestyle and cashflow (versus decreasing current expenses and/or increasing current savings)

Investor profile

Of the following statements, identify your opinions and preferences using a scale of 1 to 5.

(1 = completely agree) (5 = completely disagree) (0 = "don't know") (N/A – not applicable)

I feel I am ...	Client	Co-Client
... able to meet my current financial obligations.		
... optimistic about my financial future.		
... on track to meet my financial goals.		
... comfortable with my current level of debt.		

For each of the following, please mark where you are in the continuum of the specific item.

What is your investment style?

	Long term / Buy and hold	Active Trader
Client		
Co-client		

How important is capital preservation or low volatility?

	Not at all	Moderately important	Very important
Client			
Co-client			

How important is growth?

	Not at all	Moderately important	Very important
Client			
Co-client			

How important is inflation protection?

	Not at all	Moderately important	Very important
Client			
Co-client			

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

	None at all	Moderate amount	A lot
Client			
Co-client			

How optimistic are you about the long-term future of the economy?

	Very Pessimistic	Unsure	Very optimistic
Client			
Co-client			

How knowledgeable are you about investment matters?

	Not at all	Moderately Knowledgeable	Very Knowledgeable
Client			
Co-client			

How often do you check the value of your investments?

	Daily	Monthly	Never
Client			
Co-client			

Once you have made an investment decision, do you dwell on whether you made the correct choice?

	None at all			Moderate amount				A lot		
Client										
Co-client										

If an investment loses more than 10% of its value in a year, what do you do with it?

	Sell it all			Nothing				Buy more		
Client										
Co-client										

How comfortable are you working on-line to handle investment transactions?

	Not at All			Moderately Comfortable				Very Comfortable		
Client										
Co-client										

ASSETS & LIABILITIES

Please indicate your annual savings rates (as a % of salary or \$ amount) to these accounts.

NON-RETIREMENT PLANS	CLIENT (IN \$)	CO-CLIENT (IN \$)	JOINT (IN \$)	OTHER
Liquid savings				
Taxable brokerage accounts				
Traditional IRA			<i>n/a</i>	
Roth IRA			<i>n/a</i>	
529 Plan/other college savings				

RETIREMENT PLANS	CLIENT (AS %)	CO-CLIENT (AS %)	EMPLOYER MATCH (E.G. X% OF Y%)
401(k), 403(b)			
SEP/SIMPLE			
Other Qualified Plan(s)			
Other Qualified Plan(s)			

STOCK OPTIONS

If you receive Incentive Stock Options, Non-Qualified Stock Options, Restricted Stock Units, etc through your employment, please provide us with a detailed overview, including:

Grant date(s)
Vesting date(s)
Grant price(s)
Type(s) of options(s)
Number(s) of shares/units
Expiration date(s)

RESIDENTIAL REAL ESTATE

ADDRESS	CURRENT VALUE	COST BASIS	PLAN TO SELL?	IF SO WHEN?

RESIDENTIAL MORTGAGES

ADDRESS	LENDER	LOAN DATE	ORIGINAL BALANCE	TYPE	TERM	INTEREST RATE	PAYMENT	CURRENT BALANCE

How long do you intend to stay in your current residence? Please describe your future move: downsizing, "dream home," retirement community, other?

BUSINESS/OTHER ASSETS

TYPE	NAME	OWNER	DATE ACQUIRED	MARKET VALUE	PURCHASE PRICE	TOTAL CONTRIBUTION	PLAN TO SELL?
Limited Partnership							

CLOSELY HELD BUSINESS INTERESTS	DESCRIPTION	BUSINESS FORM (C, S-CORP, LLC, OTHER)	PERCENTAGE OWNED	DATE ACQUIRED	FAIRMARKET VALUE

What are your plans for the sale or disposition of your business? When? To whom? How? Do you have a buy-sell agreement?

OTHER ASSETS

TYPE	BORROWER	ORIGINAL LOAN AMOUNT	LOAN DATE	LOAN TERM	INTEREST RATE	CURRENT BALANCE
Installment Sale						
Personal Loans (where you are the creditor)						
Other receivable						

ANTICIPATED INHERITANCE

	MOTHER/YEAR	FATHER/YEAR	OTHER/YEAR
CLIENT			
CO-CLIENT			

LIFESTYLE ASSETS

LIFESTYLE ASSETS	ESTIMATED VALUE	IF SELLING TO FUND GOALS, YEAR OF SALE
Vehicle 1		
Vehicle 2		
Boat / RV		
Memberships		
Other (art, jewelry, collectibles, etc)		

OTHER RETIREMENT INCOME

OWNER	SOURCE?	BEGINNING	ENDING	AMOUNT/FREQ.	INFLATE?

LIABILITIES

Please provide the following details for any liabilities such as credit cards, student loans, margin loans, home equity lines, insurance policy loans, auto loans, alimony and/or support obligations, charitable pledges, etc.

WHOSE	LENDER	START DATE	BEG. BALANCE	CURRENT BALANCE	TERM	RATE	REVOLVING?	PAYMENT

CASH FLOW INFORMATION

A separate expenses worksheet will be provided.

INSURANCE INFORMATION

Please provide us with copies of your various insurance policy contracts and statements, including those provided by your employer(s). These include:

Term life insurance (Personal)
Whole, Universal and/or Variable life insurance
Life insurance from employer
Disability insurance
Long-term care insurance
Medical/Health insurance
Auto insurance
Homeowners' / Renters' insurance
Specified Property insurance
Umbrella Liability insurance
Professional Liability insurance

ESTATE PLANNING

Wills	Client	Co-Client
Do you have a will? (Yes, No)		
Trusts		
Have you created a trust other than as part of your will? If so, please describe		
Other		
Is your spouse the beneficiary of your retirement accounts and other financial assets? If no, who is? _____		
Do you have a letter of instructions that provides information for your survivors?		
If applicable, have you appointed a financial guardian for your children?		
Have you and your spouse established a durable power of attorney in the event you become incapacitated?		
Do you have a Medical Advance Directive and/or Health Care Power of Attorney?		
Have you discussed the contents and whereabouts of your estate planning documents with your immediate family?		

OTHER CONSIDERATIONS

Are you listed as a co-signer on another person's debt such as a student loan or mortgage? If so, describe:

Are you listed as a co-owner on another person's asset such as bank account or real estate? If so, describe:

Are there other considerations such as prenuptial agreements, divorce settlement-related issues, lawsuits, back taxes or other such situations that we should be aware of in developing your financial plan? If so, describe:

PLANNING, RECORDKEEPING AND TAXES

	Client	Co-Client
Do you have a safe-deposit box for storage of valuable papers and possessions?		
Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions?		
Do you periodically prepare a household budget that lists expected income and expenses?		
Do you prepare your own income tax return?		

DOCUMENTATION

You will need to provide COPIES of the recent statements or other documentation for the following items. Preferably, these documents will be provided electronically. **Do not send** these statements **via unencrypted email**. TVFP will set up a box.com transfer drop box for a secure transfer of the documents. If you prefer to provide paper copies, either bring them with you to the meeting or mail them to the address below.

Liquid Assets: checking accounts, savings accounts, money market accounts, CDs, etc.
Taxable (non-retirement) Assets: brokerage accounts, mutual fund accounts, etc. (INCLUDING COST BASIS)
US Treasury bonds or savings bonds
Education savings accounts: 529 plans, Coverdell ESAs, etc.
Employer-sponsored retirement savings accounts: 401(k), 403(b), 457, Simple IRA, SEP IRA, etc.
Social Security
Non-qualified plans
Other Qualified Plan assets
Personal retirement savings accounts: Traditional IRA, Rollover IRA, Roth IRA, etc.
Annuity contracts
Pensions
Incentive Stock Options, Non-Qualified Stock Options, Restricted Stock Units, Employee Stock Purchase Plans, etc with grant, vesting and expiration information
Other investments, such as limited partnerships, etc.

Recent pay stub for each client
Employer benefit summary
Investment options in employer-sponsored retirement accounts. Summary plan description (SPD), if available.
Deferred compensation summary plan description

Most recent state and federal income tax returns
Mortgage and loan statements
Recent Social Security statements (You can get a copy at http://www.socialsecurity.gov/myaccount/)
Recent pension statements (Need payout scenarios at age 65 and at age of retirement (if different than 65))
Any other information related to your financial situation

Date completed: _____

For your financial consultation,

Prior to our consultation meeting, please complete this form. Keep a copy for yourself. If you wish to send an electronic copy, please contact TVFP so we can provide you a secure online folder to transfer the document. If you prefer a paper document, and please send a copy to:

Trillium Valley Financial Planning, LLC.
 29459 SW Ladd Hill Rd
 Sherwood, OR 97140
 Phone: (503) 610-8837

We realize filling in this questionnaire requires a lot of effort. However, it is important, as it allows us to see your full financial picture and develop your personalized financial plan. Thank you for your time and effort.