PORTFOLIO MEDICS

Confidential
Client Questionnaire

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PERSONAL INFORMATION

Your Name: _____ Birth Date: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

1st Occupation: _____ Salary/Income: _____

1st Employer: _____ Office phone: _____

2nd Occupation: _____ Salary/Income: _____

2nd Employer: _____ Office phone: _____

Business Address: _____

Most convenient time to call: _____ Are you covered by a state or federal retirement plan? ____Yes ____No

Spouse's Name: _____ Birth Date: _____

Occupation: _____ Salary/Income: _____

Employer: _____ Office phone: _____

Business Address: _____

Most convenient time to call: _____ Are you covered by a state or federal retirement plan? ____Yes ____No

CHILDREN

Name: _____ Gender: _____

Birth Date: _____ Marital Status: _____ No. of Children: _____

Name: _____ Gender: _____

Birth Date: _____ Marital Status: _____ No. of Children: _____

Name: _____ Gender: _____

Birth Date: _____ Marital Status: _____ No. of Children: _____

Name: _____ Gender: _____

Birth Date: _____ Marital Status: _____ No. of Children: _____

ASSETS

Cash Equivalents

Checking and Savings Accounts $ _____
Money Market Accounts $ _____
Certificates of Deposit $ _____
Life Insurance Cash Value $ _____

Stocks/Bonds/Mutual Funds

Attach separate statement $ _____
or list individual securities/funds $ _____
$ _____
$ _____
$ _____

Retirement Plans

IRA Account $ _____
Pension Plan $ _____
Profit Sharing Plan $ _____
401(k) or Thrift Plan $ _____
Tax Sheltered Annuity/
403(b) Plan $ _____
Deferred Compensation Plan $ _____
ESOP or Stock Option Plan $ _____

Real Estate

Home $ _____
Other Real Estate $ _____

Business Interests

_____ $ _____

Other Assets

Accounts Receivable $ _____
Gold or Precious Metals $ _____
Oil or Gas Interests $ _____
Coin/Stamp/Other Collections $ _____
Art and Antiques $ _____
Jewelry and Furs $ _____
Personal Property $ _____
Automobiles $ _____

Miscellaneous

_____ $ _____
_____ $ _____
_____ $ _____

TOTAL ASSETS **$** _____

Please bring the following documents to your initial meeting:

- Most recent brokerage/investment statements
- Most recent tax return(s)
- Most recent retirement plan statement(s)
- Most recent IRA statement(s)

LIABILITIES

Home Mortgage $ _____
$ _____
$ _____

Home Equity Line of Credit
or Second Mortgage $ _____
Other Mortgages $ _____
$ _____

Auto Loans/Leases $ _____
$ _____
$ _____

Other Installment Loans $ _____
$ _____

Business Loans $ _____
$ _____

Taxes Due $ _____
$ _____

Credit Cards $ _____
$ _____
$ _____
$ _____

Other Personal Debt $ _____

TOTAL LIABILITES **$** _____

NET WORTH

(Assets minus Liabilities) $ _____

FINANCIAL PLANNING PRIORITIES

In order of importance, what are your three most critical financial issues?

1. _____
2. _____
3. _____

Comments:

_____
_____
_____
_____

QUESTIONS WE ASK OF YOU: (PLEASE CIRCLE RESPONSE)

1. Do you plan to make a significant financial change in the next five years? Yes No
2. Do you or your spouse expect an inheritance? If so, how much? $_____ Yes No
3. Are your parents or adult children dependent on you for support? Yes No
4. Do you save systematically? Yes No
5. Do you have a will? Yes No
6. Have you ever owned individual stocks or stock mutual funds? Yes No
7. Do you have an IRA? Yes No
8. Do you have an inclination to start a business? Yes No
9. Do you plan to pay for your children's or grandchildren's college educations? Yes No
10. Have you ever been declined or rated for life or disability insurance? Yes No
11. Do you routinely receive an income tax refund? Yes No
12. Do you plan to retire at a specific age? If so, when? _____ Yes No
13. Do you plan to move from your present home in the next five years? Yes No
14. Do you have a/an: (check all that apply) Attorney__ Accountant__ Insurance Advisor__ Broker__ Investment Advisor__ Banker__ Financial Planner__ Trustee __
15. Are you satisfied with your financial progress to date? Yes No
16. Have you ever invested in a real estate limited partnership, or other "tax shelter"? Yes No
17. How much do you think the following affect portfolio performance?
    - Security Selection (which stocks or bonds to buy) _____%
    - Market Timing (when to get in and out of market) _____%
    - Portfolio Design (how much in cash vs. bonds vs. stocks) _____%
18. How do you feel when the stock market goes down? _____
19. What happens to the value of a bond when interest rates go up?
    Check One: It rises___ It falls____ I have no idea ____
20. What do you think the average annual rate of inflation has been over the past 25 years? _____%

QUESTIONS YOU HAVE OF US:

1. _____
   _____
2. _____
   _____
3. _____
   _____