



## Data Questionnaire

### Confidential

This questionnaire is designed to help you take inventory and assign realistic values to your personal assets and liabilities. Note: This questionnaire offers space for co-client and children data. Please disregard if these spaces are not applicable.

## BIOGRAPHICAL DATA

	Name	Birth Date	Age	Social Security Number	US Citizen Y/N	Place of Birth
<b>Client</b>						
<b>Client</b>						
<b>Children</b>						

If married, marriage date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Occupation: Client: \_\_\_\_\_ Client: \_\_\_\_\_

Employer : \_\_\_\_\_, \_\_\_\_\_

Phone: Hm. \_\_\_\_\_, \_\_\_\_\_

Wk. \_\_\_\_\_, \_\_\_\_\_

Cell \_\_\_\_\_, \_\_\_\_\_

Email \_\_\_\_\_, \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Have you ever paid into Social Security? Client \_\_\_\_ Client \_\_\_\_

Are you currently paying into Social Security? Client \_\_\_\_ Client \_\_\_\_

Are you currently paying into State Disability Insurance? Client \_\_\_\_ Client \_\_\_\_

If you work with a tax professional, Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Firm name and city:

If you have an attorney, Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Firm name and city:

Who is your insurance broker? Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Firm name and city:

## HEALTH STATUS

1. Personal estimate of current health status:    Client \_\_\_\_\_  
   Client \_\_\_\_\_  
   Children \_\_\_\_\_

2. Do you participate in any special activities (flying, scuba diving, etc.), which could alter a standard insurance classification?

Client: \_\_\_\_\_

Client: \_\_\_\_\_

3. Have you experienced any major health problems during the past 10 years? If so, please explain (approx date, duration, etc.):

4. Have you or any member of your family ever received or claimed disability income benefits?  
Y/N \_\_\_\_\_

If yes, please comment:

5. Have you or any member of your family ever been declined, or rated for life or health insurance? Y/N \_\_\_\_\_

If yes, please comment:

**PERSONAL INSURANCE (Excludes Group Insurance)**

(Please list and enclose all policies on Clients and Children for all insurances below.)

**1. Life Insurance:**

Company	Monthly Benefit	Owner	Death Benefit	Beneficiary	Premium & Frequency	Existing Policy Loans
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

**2. Disability Insurance:**

Owner	Monthly Benefit	Premium & Frequency
		\$
		\$
		\$

**3. Health Insurance:**

Company	Who is covered?	Premium & Frequency
		\$
		\$

**4. Casualty Insurance:**

	Covered Item Description	Premium & Frequency
	Earthquake	
	Auto	\$
	Auto	\$
	Home	\$
	Boat	\$
	Umbrella Liability	\$
	Other	\$
	Other	\$

**5. Long Term Care Insurance**

Yes \_\_\_\_\_ No\* \_\_\_\_\_ \*If no, reason? \_\_\_\_\_

## PERSONAL BANKING

Name of Institution: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Checking	Acct. Balance	Ownership*
	\$	
	\$	
	\$	

Savings (passbook accts.)	Account Balance	Ownership*
	\$	
	\$	
	\$	

## Certificates of Deposit

Name of Institution: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Acct. Balance	Maturity Date	Ownership*
\$		
\$		
\$		

Total Current Market Values (CDs and Bank accounts): \$ \_\_\_\_\_

\* JT = Joint Tenancy; CP = Community Property; TIC = Tenants in Common; if neither, use names

**PERSONALLY OWNED REAL ESTATE**  
(Exclude partnerships.)

	PROPERTY 1	PROPERTY 2	PROPERTY 3	PROPERTY 4
Type of Property	Home			
Purpose	Residence			
Location (city, state)				
Form of Ownership*				
% Owned (if applic.)	%	%	%	%
Date of Purchase				
Purchase Price	\$	\$	\$	\$
Improvement costs	\$	\$	\$	\$
Present Mkt. Value	\$	\$	\$	\$

Gross Monthly Rent	\$	\$	\$	\$
Annual Prpty. Taxes	\$	\$	\$	\$
Annual Maint./Insur.	\$	\$	\$	\$
Annual Depreciation	\$	\$	\$	\$
% Owned (if applic.)	%	%	%	%

<b>1<sup>st</sup> Mortgage</b>				
Orig. Mtg. Amount	\$	\$	\$	\$
Date Mtg. Acquired				
Term of Mtg. (yrs)				
Interest Rate	%	%	%	%
\$ Pmt / Month	\$	\$	\$	\$
Current Balance	\$	\$	\$	\$
% Pre-pay Penalty				

<b>2nd Mortgage</b>				
Orig. Mtg. Amount	\$	\$	\$	\$
Date Mtg. Acquired				
Term of Mtg. (yrs)				
Interest Rate	%	%	%	%
\$ Pmt / Month	\$	\$	\$	\$
Current Balance	\$	\$	\$	\$
% Pre-pay Penalty				

**Total Current Market Values:** \$ \_\_\_\_\_

**Total Current Mortgage Balances:** \$ \_\_\_\_\_

**Employee Stock Options (Option Agreement requested)**

Company	Type (n/q, q)	# of shares	Vesting Date	Lapse Date	Option Price/Share
					\$
					\$
					\$
					\$
					\$

**Total Current Market Values:** \$ \_\_\_\_\_

**PERSONAL PROPERTY**

	Description/Owner name, if applicable	Year purchased	Current Market Value
Automobile			
Automobile			
Automobile			
Personal Property			
Personal Property			
Personal Property			
Personal Property			

**Total Current Market Values:** \$ \_\_\_\_\_

### LIABILITIES (other than mortgages)

Creditor	Date originated	Original amount	Interest Rate	Current Balance	Maturity Date	Amount & Frequency of payments	Comments
Credit Card	Revolving	\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
Car payment		\$	%	\$		\$	
Car Payment		\$	%	\$		\$	

Contingent Liabilities (such as co-signed notes or pending lawsuits): \$ \_\_\_\_\_

Details: \_\_\_\_\_

Other outstanding liabilities not previously listed: \$ \_\_\_\_\_

Details: \_\_\_\_\_

**Total Liabilities (other than mortgages): \$ \_\_\_\_\_**



## RETIREMENT GOALS

Financial Planning must begin with realistic goals. Review your current cash disbursements on the Cash Flow Statement later in this questionnaire. In setting your goals, determine what expenses will be necessary during your financial independence (retirement) and what new expenses you expect to incur.

1. What is your Retirement Income Goal (spendable money)? \$ \_\_\_\_\_

2. What is your planned retirement age? \_\_\_\_\_

3. Do you anticipate any extraordinary major expenditure? Y/N \_\_\_\_\_

Purpose: \_\_\_\_\_

Approximate date: \_\_\_\_\_

Approximate amount needed: \$ \_\_\_\_\_

4. If applicable, will your co-client retire at the same time that you retire? Y/N \_\_\_\_\_

Explain: \_\_\_\_\_

5. Do you expect to receive any earned income (from consulting or part-time employment) during your retirement? Y/N \_\_\_\_\_

If so, how much (annually)? \$ \_\_\_\_\_ Until what age? \_\_\_\_\_

Source of income: \_\_\_\_\_

6. Do you anticipate any future financial dependency from relatives? Y/N \_\_\_\_\_

Comments: \_\_\_\_\_

## EDUCATIONAL GOALS

1. If applicable, will any child remain dependent after age 18? Y/N \_\_\_\_\_

After age 22? Y/N \_\_\_\_\_

2. Do you want to provide for your childrens' college education? Y/N \_\_\_\_\_

a. Estimated Annual cost per child (today's dollars): \$ \_\_\_\_\_

b. Length of time anticipated per child: \_\_\_\_\_

3. Are post-graduate studies anticipated? Y/N \_\_\_\_\_

a. Estimated annual cost per child: \$ \_\_\_\_\_

b. Length of time anticipated per child: \_\_\_\_\_

# CASH FLOW STATEMENT

		<b>Receipts</b>	Monthly	Annually
CASH RECEIPTS	Gross salary.....		\$ _____	\$ _____
	Bonus (Specify when paid) .....		\$ _____	\$ _____
	Net Business or Practice Income (Loss)...		\$ _____	\$ _____
	Co-Client Gross salary.....		\$ _____	\$ _____
	Net Real Estate cash flow.....		\$ _____	\$ _____
	Other Investment cash receipts.....		\$ _____	\$ _____
	Dividends .....		\$ _____	\$ _____
	Interest .....		\$ _____	\$ _____
	Alimony Received .....		\$ _____	\$ _____
	Child Support Received.....		\$ _____	\$ _____
	Trust Income .....		\$ _____	\$ _____
	Partnership Distributions .....		\$ _____	\$ _____
	Other (Please specify) _____		\$ _____	\$ _____
	Other (Please specify) _____		\$ _____	\$ _____
<b>Total Receipts .....</b>		<b>\$ _____</b>	<b>\$ _____</b>	

		<b>Disbursements</b>		
HOME OPERATING EXPENSES	Mortgage payment (principal and interest)..		\$ _____	\$ _____
	Rent payment.....		\$ _____	\$ _____
	Property Taxes on residence.....		\$ _____	\$ _____
	Home/Auto liability insurance.....		\$ _____	\$ _____
	Utilities -			
	- Phone .....		\$ _____	\$ _____
	- Water .....		\$ _____	\$ _____
	- Electricity .....		\$ _____	\$ _____
	- Garbage .....		\$ _____	\$ _____
	- Cable/Television subscriptions.....		\$ _____	\$ _____
	- Internet .....		\$ _____	\$ _____
	Auto operation -			
	- maintenance .....		\$ _____	\$ _____
	- gas .....		\$ _____	\$ _____
	- parking .....		\$ _____	\$ _____
	- tolls .....		\$ _____	\$ _____
	Food .....		\$ _____	\$ _____
	Household items .....		\$ _____	\$ _____
	Clothing .....		\$ _____	\$ _____
	Laundry/Dry Cleaner/Tailor .....		\$ _____	\$ _____
	Domestic help (yard, home).....		\$ _____	\$ _____
	Allowances .....		\$ _____	\$ _____
	Medical (all practitioners and supplies).....		\$ _____	\$ _____
Hospital and medical insurances (incl. Dental)		\$ _____	\$ _____	
Alimony paid .....		\$ _____	\$ _____	
Pet expenses (food, veterinarian, etc).....		\$ _____	\$ _____	
Other (please specify) _____		\$ _____	\$ _____	

SYSTEMATIC ACCUMULATION OR LIABILITY REDUCTION	Savings Accounts (contribution).....	\$ _____	\$ _____
	Life Insurance .....	\$ _____	\$ _____
	ETFs/Mutual Funds/ Stocks (contribution).....	\$ _____	\$ _____
	Other Investments (contribution).....	\$ _____	\$ _____
	Investment Real Estate (contribution).....	\$ _____	\$ _____
	Auto Loan Payments .....	\$ _____	\$ _____
	Auto Loan Payments .....	\$ _____	\$ _____
	Auto Loan Payments .....	\$ _____	\$ _____
	Credit Card Payments .....	\$ _____	\$ _____
	Credit Card Payments .....	\$ _____	\$ _____
	Credit Card Payments .....	\$ _____	\$ _____
	Credit Card Payments .....	\$ _____	\$ _____
	Credit Card Payments .....	\$ _____	\$ _____
	Other Loan Payments (Please specify) _____	\$ _____	\$ _____
Other Loan Payments (Please specify) _____	\$ _____	\$ _____	

ADVANCEMENT AND RECREATION	Theater/Movies .....	\$ _____	\$ _____
	Recreation .....	\$ _____	\$ _____
	Entertainment .....	\$ _____	\$ _____
	Meals away from home .....	\$ _____	\$ _____
	Education, Music, Dance, Camp, etc. ....	\$ _____	\$ _____
	Charity, Church.....	\$ _____	\$ _____
	Gifts .....	\$ _____	\$ _____
	Books, Papers, Magazines.....	\$ _____	\$ _____
	Club Dues .....	\$ _____	\$ _____
	Vacation/Travel .....	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
<b>Total Disbursements .....</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**RECEIPTS – DISBURSEMENTS .....** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Do you expect any significant increases in either your cash receipts or disbursements in the next year? If so, explain:

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## ESTATE CONSIDERATIONS

1. I/We have a: Will \_\_\_\_\_ Trust \_\_\_\_\_
2. Do you have designated beneficiaries for all of your accounts? Y/N \_\_\_\_\_
3. Do you have contingent beneficiaries for all of your accounts? Y/N \_\_\_\_\_
4. Do you have a close friend or relative with whom you would feel comfortable acting as the executor of your estate (or trustee of your trust), and/or guardian of your children? (Please have this documented ASAP, if you have not already done so.) Please state names below:  

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## YOUR INVESTMENT PHILOSOPHY

1. Indicate your opinion of the economic outlook for the next five years:  
( ) Highly inflationary (7-10%)    ( ) Moderately inflationary (4-6%)    ( ) Stable
2. Do you feel your current investment program reflects this opinion? Y/N \_\_\_\_\_
3. With what would you like help in your investment activities?  

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4. With what minimum cash reserves do you feel most comfortable? \$ \_\_\_\_\_

## MORE ABOUT YOU

1. Tell about what you feel are your financial successes:

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2. Tell about what you feel are your financial failures (or where improvement could have occurred):

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3. Tell about your best financial decision:

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4. Tell about your worst financial decision:

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5. What will make this working engagement worth your money and my time? In other words, what would you like to accomplish through this engagement?

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6. How would you describe yourself (yourselves) in relation to your finances?

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7. How do you relate to money? (Relaxed, tight, generous, anxious, don't like it, like it, feel desperate for it, afraid to have it...)

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8. What prompted you to look for a financial planner at this time?

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9. What are your most important financial concerns?

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10. What is most important to you about money?

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11. What are some things that concern you about your future financial picture?

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12. How do you envision your lifestyle 5 years from now?

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13. Is your outlook generally optimistic or pessimistic concerning the future?

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14. What are the most important non-financial concerns & objectives right now?

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15. What would “financial independence” mean to you? How would you direct your life if there were nothing to impede your choices?

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16. Do you have, or would you pursue, a particular avocation(s) and/or hobby(ies) that you especially enjoy doing?

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17. In detail, what would you consider the kind of service an ideal financial advisor would provide you?

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18. What are the keys to making this relationship successful for you? What are your expectations of Anders Wealth Management as your financial advisor?

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19. What is the most important characteristic to you in a financial planner?

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20. During our review three years from now, what will need to have happened now, and then, for you to feel satisfied with your progress?

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21. How do you make important investment decisions?

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22. Have you ever worked with a financial advisor before? What was good about that experience?

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Unsatisfactory?

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23. Who are your other advisors? What are their strengths and weaknesses in your eyes?

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24. What is your most memorable investment experience?

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25. What things frustrate you about financial planning and investments?

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26. Where are your investments now? Why do you think you need help?

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27. Have you ever been involved in litigation?

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28. Do you have someone who prepares your taxes, or do you prepare them yourself?

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29. What changes do you expect in the future in your finances that you wish to plan for?

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30. What are your goals/concerns regarding passing assets to children or others?

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31. Is there anything else we need to talk about? Any "special needs" situations you are responsible for?

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This form is an attempt to bring to light all information surrounding your financial affairs, together with your thoughts and objectives, in an effort to use as a guide in the preparation of your financial analysis. If there is anything else to add, please do so here. In addition, please list in order of priority the things you most want to accomplish through our Advisor ~ Client relationship.

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Anders Wealth Management:

- Does not give legal or tax advice.
- Does not sell insurance or any other products.
- Recommends that you consult an attorney, tax professional, and/or insurance broker when making decisions regarding legal issues, tax issues, and insurance policies.

**Clients are responsible for contacting Anders Wealth Management if there are any changes in the personal/financial situation or investment objectives for the purpose of reviewing/evaluating/revising our previous recommendations and/or services. Clients also must advise us if they would like to impose, add, or to modify any reasonable restrictions to our investment advisory services. A copy of our current written disclosure statement discussing our advisory services and fees continues to remain available for your review upon request.**

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(If applicable)

Date: \_\_\_\_\_



### Checklist for First Meeting

- Copy of most recent Social Security statement
- Copies of most recent statements for all investments
- Copy of Stock Option agreements
- Completed Data Questionnaire
- Any large expenditures within the next six months – one year
- List main financial goals and concerns (including, but not limited to those on Data Questionnaire)
- Copies of statements / values from all accounts (checking, savings, credit union, money market, life insurance, etc.)
- Copy of most recent pay stubs
- Copy of tax returns (previous two years)
- Income/Expenses for businesses
- Copy of all life insurance policies
- List of debts owed to you
- Copies of Employee/Employer benefits summary statements (Pension, Profit Sharing, 401(k), 403(b), ESOP, Health, etc.)
- Copy of trust certificate(s) (Not the trust document)

If you have any questions, please don't hesitate to call.

Please fax or mail the above statements and records at least two weeks prior to our meeting.