

## **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\_\_\_\_

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

**PERSONAL INSURANCE** (Excludes Group Insurance)

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

**1. Life Insurance:**

| Company | Owner | Death Benefit | Beneficiary | Premium & Frequency |
|---------|-------|---------------|-------------|---------------------|
|         |       | \$            |             | \$                  |
|         |       | \$            |             | \$                  |
|         |       | \$            |             | \$                  |
|         |       | \$            |             | \$                  |
|         |       | \$            |             | \$                  |

**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                | \$ | \$ | \$ | \$ |

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

**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 |
|--------------------|------------------|-----------------|---------------|-----------------|---------------|--------------------------------|----------|
| <b>Credit Card</b> | <b>Revolving</b> | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
|                    |                  | \$              | %             | \$              |               | \$                             |          |
| <b>Car payment</b> |                  | \$              | %             | \$              |               | \$                             |          |
| <b>Car Payment</b> |                  | \$              | %             | \$              |               | \$                             |          |

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: \_\_\_\_\_

## EDUCATION 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

|           | Receipts                                       | Monthly         | Annually        |
|-----------|--|-----------------|-----------------|
| CASH      | Gross salary.....                              | \$ _____        | \$ _____        |
| RECEIPTS  | 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      | Mortgage payment (principal and interest)..    | \$ _____        | \$ _____        |
| OPERATING | Rent payment.....                              | \$ _____        | \$ _____        |
| EXPENSES  | 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<br>ACCUMULATION<br>OR LIABILITY<br>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<br>AND<br>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> |
| <b>RECEIPTS – DISBURSEMENTS .....</b> |  | <b>\$ _____</b> | <b>\$ _____</b> |

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

## 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. Do you feel your current investment program reflects your needs/goals? Y/N \_\_\_\_\_
2. With what would you like help in your investment activities?  
\_\_\_\_\_  
\_\_\_\_\_
3. With what minimum cash reserves do you feel most comfortable? \$ \_\_\_\_\_

## **MORE ABOUT YOU**

1. Tell about what you feel are your financial successes:
  
  
  
  
  
  
  
  
  
  
2. Tell about what you feel are your financial failures (or where improvement could have occurred):
  
  
  
  
  
  
  
  
  
  
3. What will make this working engagement worth your money and my time? In other words, what would you like to accomplish through this engagement?
  
  
  
  
  
  
  
  
  
  
4. How do you relate to money? (Relaxed, tight, generous, anxious, don't like it, like it, feel desperate for it, afraid to have it...)
  
  
  
  
  
  
  
  
  
  
5. What prompted you to look for a financial planner at this time?
  
  
  
  
  
  
  
  
  
  
6. What are your most important financial concerns?
  
  
  
  
  
  
  
  
  
  
7. How do you envision your lifestyle 5 years from now?

8. What would “financial independence” mean to you? How would you direct your life if there were nothing to impede your choices?
9. Do you have, or would you pursue, a particular avocation(s) and/or hobby(ies) that you especially enjoy doing?
10. In detail, what would you consider the kind of service an ideal financial advisor would provide you?
11. What is the most important characteristic to you in a financial planner?
12. During our review three years from now, what will need to have happened now, and then, for you to feel satisfied with your progress?
13. How do you make important investment decisions?
14. Have you ever worked with a financial advisor before? What was good about that experience?

Unsatisfactory?

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

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

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

18. Have you ever been involved in litigation?

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

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

21. Is there anything else we need to talk about? Any “special needs” situations you are responsible for?

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.

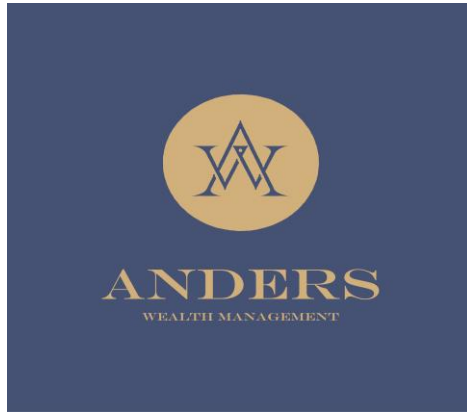
**Clients are responsible for contacting Anders Wealth Management if there are any changes in the personal/financial situation or investment objectives for the purpose of reviewing/evaluating/revising our previous recommendations and/or services. Clients also must advise us if they would like to impose, 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 (will likely have to get it online: [ssa.gov](http://ssa.gov))

Copies of most recent statements for all investments

Copy of Stock Option agreements

Completed 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)

Copy of all life insurance policies

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 707-765-1864.

Please fax (888-708-8392) or mail the above statements and records at least two weeks prior to our meeting.