

CLIENT SIGNATURE: _____

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):	_____	CLIENT NAME (2):	_____
Street Address:	_____	Street Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Fax: (Home or Work)	_____	Fax: (Home or Work)	_____
E-mail:	_____	E-mail:	_____
Cell Phone:	_____	Cell Phone:	_____
Birthdate:	_____	Birthdate:	_____
Contact me by: Phone _____ Email _____			
Primary Contact Person during business hours?	_____		

FAMILY MEMBERS (Please list children and other dependants.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1):	_____	Client Employer (2):	_____
Title/Job:	_____	Title/Job:	_____
Number of years with this employer?	_____	Number of years with this employer?	_____
Anticipated employment changes?	_____	Anticipated employment changes?	_____
When do you plan to retire?	_____	When do you plan to retire?	_____
Salary:	_____	Salary:	_____
Self Employment Income:	_____	Self Employment Income:	_____
Social Security Income:	_____	Social Security Income:	_____
Pension or Other Earned Income:	_____	Pension or Other Earned Income:	_____
TOTAL (Current Yr) =	_____	TOTAL (Current Yr) =	_____

Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Do you have estate planning documents? _____

When and in what state were they drafted? _____

Wills	Y	N	_____
Living Trusts	Y	N	_____
Power of Attorney	Y	N	_____
Living Will	Y	N	_____
Other Documents	Y	N	_____

How were your current investment assets selected? _____

Rate your working relationships with each of the following advisors that apply:

<u>Adviser</u>	<u>Satisfaction Rating</u>					
	<u>Dissatisfied</u>		-	<u>Very Satisfied</u>		<u>Not Applicable</u>
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

INSURANCE

	<u>Coverage/Cost</u>	<u>Client (1)</u>		<u>Coverage/Cost</u>	<u>Client (2)</u>	
		<u>Group</u>	<u>Individual</u>		<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section and attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Approx. Value</u>
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets, including Real Estate, not appearing on the list above or the statements provided:

PERSONAL PROPERTY

	<u>Estimated Value</u>	<u>How Titled?</u>
Primary Residence	_____	_____
Furnishings (Liquidation Value)	_____	_____
Vehicle _____	_____	_____
Vehicle _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____

<u>Debts (Mortgage, Auto, Business, School)</u>	<u>Origination Date (mo/yr.)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
			\$	\$	\$	\$
			%			
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$

Note: It is very important that you completely fill in the above.

Have you received a copy of your credit report recently? Yes No

Do you need to take money out of your investments on a regular basis to supplement income?
 Yes No

If yes, how much do you need? _____ Monthly _____ Annually

Please comment on the advice you seek.

These items may be needed, should you engage our services:

- | | |
|------------------------------------|--------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policies |

If you will be coming to our office for your financial consultation, please bring this completed form with you.
If we will be teleconferencing with you, please (1) keep a copy of your completed form, AND
(2) fax or mail a copy to us in advance at the following address:

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