

SOARES FINANCIAL CONFIDENTIAL FINANCIAL QUESTIONNAIRE

The Certified Financial Planner Board of Standards requires that proper data gathering be performed as part of the financial planning process. This information is confidential and, unless required by law, cannot be released without your consent.

	<i>Client A</i>	<i>Client B</i>
Name	_____	_____
SSN	_____	_____
Birth date	_____	_____
Occupation/title	_____	_____
Employer	_____	_____
Years with employer	_____	_____
Employment earnings	_____	_____
Other earned income	_____	_____
Expected increases	_____	_____
Expected job changes	_____	_____
Planned retirement date	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Address	_____	
Home Phone	_____	Fax (home or work) _____
Preferred contact person/method/time:	_____	

<i>Personal Advisors</i>	Name	Company	Telephone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Banker	_____	_____	_____
Broker	_____	_____	_____
Insurance Agent	_____	_____	_____

Are you generally satisfied with your advisors? _____

If you had a previous financial planner, why did you terminate the relationship? _____

Indicate your knowledge of:

Tax law (do own return?): _____

Investing (do own?): _____

Insurance/risk mgmt: _____

Retirement plans: _____

Estate planning/law: _____

Education planning/financial aid: _____

Computers/internet: _____

How much do you want to do/learn? _____

GOALS

<i>How important are the following to you?</i>	<i>Client A</i>		<i>Client B</i>	
	<i>Very</i>	<i>Not</i>	<i>Very</i>	<i>Not</i>
Planning for a comfortable retirement	___	___	___	___
Developing an investment strategy	___	___	___	___
Funding education (yours, children's, grandchildren's)	___	___	___	___
Providing for your family in the event of your disability	___	___	___	___
Providing for your family in the event of your death	___	___	___	___
Making sure you can pay for long term care if you need it	___	___	___	___
Making sure your assets last as long as you do	___	___	___	___
Developing better cash flow management skills	___	___	___	___
Developing a savings plan	___	___	___	___
Having funds available for emergencies/opportunities	___	___	___	___
Making sure your property is adequately insured	___	___	___	___
Having adequate liability protection	___	___	___	___
Accumulating funds for a career change	___	___	___	___
Accumulating funds for a major purchase	___	___	___	___
Minimizing income taxes	___	___	___	___
Minimizing healthcare costs	___	___	___	___
Arranging a smooth transition to beneficiaries at death	___	___	___	___
Minimizing estate taxes	___	___	___	___
Avoiding probate	___	___	___	___
Determining how your estate will be distributed	___	___	___	___
Developing a gifting program to family or charities.....	___	___	___	___

What are the main issues with which you want this process to assist you?

Client A: _____

Client B: _____

Do you believe you are on track to meet your financial goals?

Client A: _____

Client B: _____

What would it take for you to feel financially secure?

Client A: _____

Client B: _____

Risk Assessment Questionnaire

Your name _____

1. I am more concerned about protecting my assets than about growth.
2. I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3. Professional advisors and mutual funds may achieve higher growth than I can.
4. I am comfortable with investments that promise slow, long term appreciation and growth.
5. I don't brood over bad investment decisions I have made.
6. I feel comfortable with aggressive growth investments.
7. I do not like surprises.
8. I am optimistic about my financial future.
9. My immediate concern is for income rather than growth opportunities.
10. I am a risk taker.
11. I make investment decisions comfortably and quickly.
12. I like predictability and routine in my daily life.
13. I usually pick the tried and true, the slow, safe but sure investments.
14. I need to focus my investment efforts on reserve funds and insurance rather than growth.
15. I prefer predictable, steady returns on my investments, even if the return is low.

Note: Each client should complete a Risk Assessment Questionnaire.

Assets

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

No.	Asset name	Current value*	Annual Additions	Account description (i.e. stock, 401k, bank account, etc)	Owner
1	_____	\$ _____	\$ _____	_____	_____
2	_____	\$ _____	\$ _____	_____	_____
3	_____	\$ _____	\$ _____	_____	_____
4	_____	\$ _____	\$ _____	_____	_____
5	_____	\$ _____	\$ _____	_____	_____
6	_____	\$ _____	\$ _____	_____	_____
7	_____	\$ _____	\$ _____	_____	_____
8	_____	\$ _____	\$ _____	_____	_____
9	_____	\$ _____	\$ _____	_____	_____
10	_____	\$ _____	\$ _____	_____	_____
11	_____	\$ _____	\$ _____	_____	_____
12	_____	\$ _____	\$ _____	_____	_____
13	_____	\$ _____	\$ _____	_____	_____
14	_____	\$ _____	\$ _____	_____	_____
15	_____	\$ _____	\$ _____	_____	_____
16	_____	\$ _____	\$ _____	_____	_____
17	_____	\$ _____	\$ _____	_____	_____
18	_____	\$ _____	\$ _____	_____	_____
19	_____	\$ _____	\$ _____	_____	_____
20	_____	\$ _____	\$ _____	_____	_____
21	_____	\$ _____	\$ _____	_____	_____
22	_____	\$ _____	\$ _____	_____	_____
23	_____	\$ _____	\$ _____	_____	_____
24	_____	\$ _____	\$ _____	_____	_____
25	_____	\$ _____	\$ _____	_____	_____

Additional Assets/Debts

Other Asset Values		Owner	Other Debts/Liabilities		Owner
Residence value:	\$ _____	_____	Residence mortgage:	\$ _____	_____
Personal property:	\$ _____	_____	Credit card balances:	\$ _____	_____
Autos:	\$ _____	_____	Autos loans:	\$ _____	_____
Boats, RVs, etc:	\$ _____	_____	Boats, RVs, etc. loans:	\$ _____	_____
Other assets:	\$ _____	_____	Other loans:	\$ _____	_____

*In today's dollars

INCOME & EXPENSES

Are your current income needs being met? _____

Do you have an emergency fund of cash reserves to cover 3-6 months of living expenses? _____

Do you believe your finances are pretty well-organized? _____

Do you have a savings & investment target amount you aim for each year? _____ Amount or %? _____

Have you been successful? _____

Do you have a formal budget for family expenditures? _____ If not, do you feel you need one? _____

Do you regularly reconcile your checkbook? _____ Do you pay your bills as they come in? _____

How often do you forget to pay your bills on time? _____

When do you expect to purchase/lease your next vehicle? _____ Expected cost? _____

How often do you purchase/lease vehicles? _____

Do you have a line of credit? _____ Do you have a home equity loan? _____

Do you know how your credit is rated by the major credit bureaus? _____

Does your employer offer a cafeteria plan? _____ Do you use it? _____

Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes. See Budget Calculation Worksheet for help in calculating Expense Total

Annual Living Expenses (today's dollars)		Annual inflation rates for living expenses	
Now:	\$ _____	Before Retirement:	_____ %
Current Surviving Household:	\$ _____	Surviving Household:	_____ %
During Retirement:	\$ _____	During Retirement:	_____ %
Single Retiree Survivor:	\$ _____	Single Retiree Survivor:	_____ %

Special Income/Expenses

Special Income/Expense List any other sources of income (including gifts & inheritances) or special expenses to be paid from your capital accounts.

Description	Annual amount	Annual increase rate	Starting year	Number of years
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____
	\$ _____	_____ %		_____

Education Funding

Children's Education and Fund Expenses

Name of child	DOB or Age	Age start college	Cost/year*	No. years	Current college fund
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

Inflation rate to use for college planner: _____%

Rate of return on college funds: _____%

College fund account types (529,UGMA,Ect): _____

*In today's dollars

RETIREMENT PLANNING DATA

Pension, Earned Income & Social Security

Defined Benefit Pension(s) Include information on pension plans that provide an annual income level (i.e.: military pension, state pension, etc.)

	Client Pension 1	Client Pension 2	Spouse Pension 1	Spouse Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____%	_____%	_____%	_____%
Increase rate after retirement:	_____%	_____%	_____%	_____%
Survivor benefit (%):	_____%	_____%	_____%	_____%

Current Annual Income	Client	Spouse
Earned income now:	\$ _____	\$ _____

Social Security	Client	Spouse
Age to start benefit:	\$ _____	\$ _____
Anticipated annual increase rate:	_____%	_____%
Anticipated or current annual benefit:	\$ _____	\$ _____

Do you participate in any other company plans?

(e.g. stock options, stock purchase or deferred comp plans) _____

Are you taking full advantage of the retirement plans at work? _____

Have you considered where you want to retire? _____

Will you keep your current home when you retire? _____

INSURANCE

LIFE INSURANCE

List any policies on you or owned on the lives of others. Policy types: whole life (WL), universal life (UL), variable life (VL), variable universal life (VUL), 1st or 2nd to die (J1, J2), annually renewable term (ART), 5 or 10 year term (T5, T10), employer sponsored (ES)

Company	Policy Type	Death Benefit	Owner	Insured	Beneficiary	Annual Premium	Current Cash Value	Loan Balance
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

HEALTH INSURANCE

Company	Insured	Type	Group or Individual	Deductible	Co-pay	Rx Card?	Monthly Premium	Paid by Employer?
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

DISABILITY INSURANCE

Company	Insured	Group or Individual	Monthly Benefit	Waiting Period	Benefit Period	Annual Premium	Paid by Employer?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do you know how disability is defined in the policy(ies)? _____

LONG TERM CARE INSURANCE

Company	Insured	Group or Individual	Daily Benefit	Waiting Period	Benefit Period	Inflation Rider?	At Home Benefit%	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

VEHICLE INSURANCE

Company	Vehicles Covered	Liability Limits	Deductible	Uninsured Motorist	Towing?
_____	_____	_____/____	_____	_____	_____
_____	_____	_____/____	_____	_____	_____

HOMEOWNER'S

Company	Property	Dwelling Coverage	Deductible	Repl Value?	Liab Limit	Earthquake Coverage?	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do you have any of the following coverages? If yes, list coverage amount.

Umbrella liability? _____ Professional liability? _____

Director's liability? _____ PMI? _____

Specified personal property (for valuables)? _____

Other _____

Do you have any special insurance needs? _____

Have you ever been turned down for insurance? _____

Is there any insurance offered at work that you are not using? _____

To the best of your knowledge, is all of your property adequately insured? _____

RISK MANAGEMENT

If you do not have disability insurance, how would you support yourself and family if you became disabled? _____

Does your property contain any 'attractive nuisances' (eg swimming pool)? _____

Have you videotaped your valuables? _____ Do you have an up-to-date inventory of your possessions? _____

Do you have a safe deposit box? _____ Do you have a list of the contents of your wallet or purse? _____

Do you or any member of your family:

Participate in sports, hobbies, civic activities, charitable, or professional organizations; serve on any boards of directors or contribute to decision-making process of any organization; handle money for any organization; have any contractual obligations; work out of your home; employ anyone at your home; have any sources of professional liability; rent out property; carpool; or have any potentially dangerous pets? _____

Do you believe you are adequately covered for the risk of these activities? _____

ESTATE PLANNING DATA

Client A

Client B

Do you have a will? _____

Do you have a living trust? _____

Do you have a living will/healthcare power of attorney? _____

When were these documents last reviewed? _____

Are you comfortable that your estate plan is up-to-date? _____

Do you have a letter of instruction for administration? _____

Have you discussed the contents and location of your will and letter of instructions with your immediate family? _____

Are your beneficiary designations consistent with your estate plan? _____

Are you planning to make any changes to your will or estate plan? _____

Do you have children from prior marriages? Adoptions? _____

Are there any special needs that might require unequal distribution to your children? _____

Are there any others for whom you need to provide in your estate plan? _____

Have you considered a living trust in order to avoid probate? _____

Have you set up any other trusts? _____

Have the trusts been funded (i.e. assets titled in the name of the trust)? _____

Do you believe you have a taxable estate? _____

In the event of your death:

Are you comfortable that your family's needs would be met? _____

Is your spouse experienced at handling family finances? _____

Have you arranged for a guardian of your minor children? _____

GIFTING DATA

Do you presently have a gifting program? _____

Do you have assets that you would like to gift? _____

Do you have a charitable goal that needs funding? _____

Have you filed any gift tax returns? _____

Have you given gifts for which you should have filed gift tax returns? _____

INVESTMENT DATA

Are you satisfied with your investment results? _____
If not, why not? _____
What type investments are you familiar with? _____
What are your reasons for choosing your current investments? _____
Are you planning any significant investments soon? _____
Are any of your investment assets earmarked? _____
Are you well-diversified? _____

IN CONCLUSION

Do you have any other pertinent facts or considerations or concerns not previously covered?

Client A:

Client B:

I understand that the financial planning process depends on the accuracy of the information that I have provided.

Signature Client A

Signature Client B

Date completed

Date completed

Document Request

Please provide the following items as indicated. Let us know if these items are your originals.

- _____ Previous financial plans
- _____ Personal financial statements for last 3 years (if available)
- _____ Latest paycheck stubs
- _____ Tax returns for 3 prior years
- _____ All gift tax returns
- _____ Estate tax returns for estates in which you were a beneficiary

- _____ Most recent statements for all brokerage, money market, mutual fund, and retirement accounts
- _____ Most recent report of vested interest in pension or profit-sharing plans
- _____ Retirement account investment options
- _____ Documents pertaining to other employer-benefit plans (stock option programs, life insurance, deferred comp)
- _____ Employee benefits booklet
- _____ Social Security Benefits Statement

- _____ Life insurance policies
- _____ Health insurance policy/handbook
- _____ Disability insurance policy
- _____ Auto insurance policy
- _____ Homeowner's policy
- _____ Umbrella liability policy
- _____ Professional liability/malpractice policy
- _____ Director insurance policy

- _____ Wills
- _____ Trust agreements
- _____ Powers of attorney
- _____ Powers of appointment
- _____ Guardian agreements

- _____ Partnership and joint venture agreements

Budget Calculation Worksheet

Expense Worksheet	Estimated Monthly Expenses		
<i>Fixed Expenses:</i>	<i>Now:</i>	<i>Retirement:</i>	<i>Survivor:</i>
Mortgage payment or rent			
2 nd home mortgage			
Auto note			
Personal loans			
Credit cards			
Life insurance			
Disability insurance			
Medical insurance			
Long-term-care insurance			
Homeowner/renter insurance			
Auto insurance			
Umbrella liability insurance			
Property taxes			
<i>Variable Expenses:</i>			
Food			
Utilities & cable			
Telephone			
Home Repair & Maintenance			
Home Improvements/Furnishings			
Clothing			
Laundry			
Child care			
Education			
Personal care			
Auto gas, oil, maintenance			
Other transportation			
Entertainment, dining			
Vacation, recreation			
Club/association dues			
Hobbies			
Gifts, birthdays			
Donations			
Un-reimbursed medical, dental			

SOARES FINANCIAL, INC.

ACKNOWLEDGEMENT OF RECEIPT OF FORM ADV & PRIVACY POLICY

By my signature below, I acknowledge receipt of a copy form ADV Part II for Soares Financial, Inc. updated as of January 31,2017.

I understand that if I did not receive this at least 48 hours prior to entering into an investment advisory contract or financial planning agreement, I have 5 days to cancel after entering into the agreement.

I also acknowledge receipt of the Privacy Policy for Soares Financial, Inc.

Name

Signature

Date