

FINANCIAL PLANNING CONFIDENTIAL QUESTIONNAIRE

Please fax or mail your completed application to our office prior to your scheduled meeting.

If we will be teleconferencing with you, please:

- (1) Keep a copy of your completed form,
- (2) Fax or mail a copy to us at the following address:

Edmond Consulting Group, LLC

Fax: (803) 234-5004

Please complete this form to the best of your ability. If there are sections you are uncomfortable completing, leave them blank and we can discuss during our meeting.

| | |
|--|---|
| <p>CLIENT NAME (1): _____</p> <p>Home Address: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Fax: (Home or Work) _____</p> <p>E-mail: _____</p> <p>Soc. Sec. Number _____</p> <p>Birth Date: _____</p> <p>Primary Contact Person during business hours? _____</p> | <p>CLIENT NAME (2): _____</p> <p>Home Address: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Fax: (Home or Work) _____</p> <p>E-mail: _____</p> <p>Soc. Sec. Number _____</p> <p>Birth Date: _____</p> <p>Contact me by (circle one) E-mail or Phone _____</p> |
|--|---|

Married: _____ Yes _____ No Significant Other: _____ Yes _____ No

FAMILY MEMBERS (Please list children and other dependents.)

| <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: _____ |
| Bonus/Commissions: _____ | Bonus/Commissions: _____ |
| Other Earned Income: _____ | Other Earned Income: _____ |
| TOTAL (Current Yr) = _____ | TOTAL (Current Yr) = _____ |

Name and contact information for your:
 Accountant: _____
 Broker: _____
 Money Manager: _____
 Insurance Agent: _____

Do you have estate planning documents?
 When and in what state were they drafted?

| | | |
|-----------------|---|---|
| Wills | Y | N |
| Living Trusts | Y | N |
| Power of Attny. | Y | N |
| Living Will | Y | N |

How were your current investment assets selected? _____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5. (1 being most true and 5 least true)

- _____ I would rather work longer than reduce my standard of living in retirement.
- _____ I feel that I/we can reduce our current living expenses to save more for the future if needed.
- _____ I am more concerned about protecting my assets than about growth.
- _____ I prefer the ease of mutual funds over individual securities.
- _____ I am comfortable with investments that promise slow, long term appreciation and growth.
- _____ I don't brood over bad investment decisions I've made.
- _____ I feel comfortable with aggressive growth investments.
- _____ I don't like surprises.
- _____ I am optimistic about my financial future.
- _____ My immediate concern is for income rather than growth opportunities.
- _____ I am a risk taker.
- _____ I make investment decisions comfortably and quickly.
- _____ I usually pick the tried and true, the slow, safe but sure investments.
- _____ I prefer predictable, steady return on my investments, even if the return is low.

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

| Adviser | Satisfaction Rating | | | | | Not Applicable |
|-------------------|---------------------|---|---|---|----------------|----------------|
| | Dissatisfied | | | | Very Satisfied | |
| 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 | Coverage/ Cost | Client (1) | | Coverage/ Cost | Client (2) | |
|-----------------------|-------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| | | Group | Individ. | | Group | Individ. |
| 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"/> |
| Profession. 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. Please attach/or bring with you the necessary documentation.)

Bank Accounts

| Bank Name | Checking [C], Savings [S], or Money [MM] | Ownership | Avg. Balance |
|-----------|--|-----------|--------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

CD's

| Where Held? | Interest Rate % | Maturity Date | Ownership | Apx. Value |
|-------------|-----------------|---------------|-----------|------------|
| _____ | _____ % | _____ | _____ | \$ _____ |
| _____ | _____ % | _____ | _____ | \$ _____ |

Financial Planning Questionnaire

****Please attach/or bring with you a copy of your most recent brokerage, mutual fund, annuities, IRAs, employee stock purchase plans, stock options, and retirement plan statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided (including cash value of life insurance policies, real estate, business interests, etc.):

PERSONAL PROPERTY

Estimated Value

| | | |
|---------------------------------|-------|-------|
| 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> |
|---------------------|-----------------------|--------------------------------|------------------------|
| _____ | _____% | \$ _____ | \$ _____ |
| _____ | _____% | \$ _____ | \$ _____ |
| _____ | _____% | \$ _____ | \$ _____ |

*If not paid in full each month

| <u>Debts/Loans (Residence, Auto, Business, School)</u> | <u>Term</u> | <u>Interest Rate</u> | <u>Payment</u> | <u>Current Balance</u> | <u>Original Balance</u> |
|--|-------------|----------------------|----------------|------------------------|-------------------------|
| _____ | _____ | _____% | \$ _____ | \$ _____ | _____ |
| _____ | _____ | _____% | \$ _____ | \$ _____ | _____ |
| _____ | _____ | _____% | \$ _____ | \$ _____ | _____ |
| _____ | _____ | _____% | \$ _____ | \$ _____ | _____ |

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

Please comment on the advice you seek.
