

# CONFIDENTIAL QUESTIONNAIRE

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# Personal Information

## Personal Information

	Client	Partner
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	_____	_____
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Income	\$ _____	\$ _____

**Enter dependents.**

Name	Date of Birth	Relationship
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____



# Risk Analysis

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## Investment Attitude Risk Questionnaire

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Circle a number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

2. How important is growth?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

3. How important is low volatility?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

4. How important is inflation protection?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

5. How important is current cash flow?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

6. How much risk are you willing to take to achieve a higher return?

*Not at all*

*A Moderate amount*

*A lot*

1     2     3     4     5     6     7     8     9

# Retirement Income

## Social Security - Client

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Age to Begin Taking Social Security \_\_\_\_\_

### Select One Option:

- Use this amount: \$ \_\_\_\_\_  Month  Year (*pre-tax, current dollars*)  
 Use the Planner Estimate  
 I am ineligible for Social Security Benefits

## Social Security - Partner

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Age to Begin Taking Social Security \_\_\_\_\_

### Select One Option:

- Use this amount: \$ \_\_\_\_\_  Month  Year (*pre-tax, current dollars*)  
 Use the Planner Estimate  
 I am ineligible for Social Security Benefits

## Pension

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Client Pension: Description: \_\_\_\_\_

Income Begins:  Client Retires  Receiving Now  Year \_\_\_\_\_

Amount of Benefit \$ \_\_\_\_\_  Month  Year

Partner Pension: Description: \_\_\_\_\_

Income Begins:  Partner Retires  Receiving Now  Year \_\_\_\_\_

Amount of Benefit \$ \_\_\_\_\_  Month  Year

## Part-Time Employment in Retirement

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Whose Income:  Client  Partner Description: \_\_\_\_\_

Income Begins:  Client Retires  Partner Retires  Receiving Now  Year \_\_\_\_\_

Number of Years: \_\_\_\_\_

Income When Work Begins (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

## Annuity Income

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Whose Annuity:  Client  Partner Description: \_\_\_\_\_

Year annuity payments start: \_\_\_\_\_

Value at Annuitization: \$ \_\_\_\_\_ Cost Basis: \$ \_\_\_\_\_

Amount of annuity payments (*pre-tax, future value*): \$ \_\_\_\_\_  Month  Year

## Rental Property Income

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Whose Income:  Client  Partner Description: \_\_\_\_\_

Income Begins:  Client Retires  Partner Retires  Receiving Now  Year \_\_\_\_\_

Will the property be sold to finance retirement?

Income Ends:  End of Client's Plan  End of Partner's Plan  End of Plan  Year \_\_\_\_\_

Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ \_\_\_\_\_  Month  Year

# Retirement Income

## Employer Sponsored Plans (401k, Retirement Savings Plan, etc)

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Type of Plan: \_\_\_\_\_

Whose Plan:  Client  Partner

Description: \_\_\_\_\_

Current Total Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

### Your contributions:

Pre-tax contributions: Enter % of annual income \_\_\_\_\_% or  Assume Max Contribution Each Yr

After-tax contributions \_\_\_\_\_%

Year Contributions Begin: \_\_\_\_\_

Contributions End:  Client Retires  Partner Retires  Year .

### Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: \_\_\_\_\_%

Up until your contribution reaches this %: \_\_\_\_\_%

Then your employer will match this % of your contribution: \_\_\_\_\_%

Up until your total contribution reaches this %: \_\_\_\_\_%

### Employer Contributions Limit

Maximum annual dollar limit : \_\_\_\_\_%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

### Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: \_\_\_\_\_%

Contributions as dollar amount: \$ \_\_\_\_\_

### Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: \_\_\_\_\_%

Contributions as dollar amount: \$ \_\_\_\_\_ Grow annually by \_\_\_\_\_%

Up until your contribution reaches this %: \_\_\_\_\_%

Then your employer will match this % of your contribution: \_\_\_\_\_%

Up until your total contribution reaches this %: \_\_\_\_\_%

# Investments

## Traditional IRA's

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Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

### Annual Additions: *(Check one)*

Pre-Tax:  Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

After-Tax:  Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

## Traditional IRA's

Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

### Annual Additions: *(Check one)*

Pre-Tax:  Additions: \$ \_\_\_\_\_ Inflation?  No  Yes  
 Maximum contribution each year

After-Tax:  Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

## Roth IRAs

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Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

### Annual Additions: *(Check one)*

Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

## Roth IRA's

Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

### Annual Additions: *(Check one)*

Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

## Investments

### SEP IRA

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Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Ticker Symbol: \_\_\_\_\_

CUSIP: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Ticker Symbol: \_\_\_\_\_

CUSIP: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

### Coverdell Accounts (ESA)

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Who is the owner:  Custodial

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Year Additions Begin \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

### 529 Savings Plan

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Who is the owner:  Client  Partner

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

## Other Assets

### Annuities

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Who is the owner:  Client  Partner Description: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

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### Life Insurance

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Owner:  Client  Partner Insured:  Client  Partner  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_ Term  How long? \_\_\_\_\_

Whole Life  Variable  Universal

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_ Insurance Amount: \$ \_\_\_\_\_

**Premium:** \$ \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

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### Life Insurance

---

Owner:  Client  Partner Insured:  Client  Partner  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_ Term  How long? \_\_\_\_\_

Whole Life  Variable  Universal

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_ Insurance Amount: \$ \_\_\_\_\_

**Premium:** \$ \_\_\_\_\_

Year Additions End:  Client Retires  Partner Retires  Year \_\_\_\_\_

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### Other Insurance Policies

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**Disability** *(Group/Personal/Other)*

Insured:  Client  Partner Description/Co: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_ Tax Status:  Pre-Tax  After-Tax

Monthly Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_  Months  Years

Benefit Period (select one)

## Other Assets

Period of Time \_\_\_\_\_ per \_\_\_\_\_

Until this Age \_\_\_\_\_

Inflation Option: (Check One)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

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Insured:  Client  Partner

Description/Co: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

Tax Status:  Pre-Tax  After-Tax

Monthly Benefit Amount: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_  Months  Years

Benefit Period (select one)

Period of Time \_\_\_\_\_ per \_\_\_\_\_

Until this Age \_\_\_\_\_

Inflation Option: (Check One)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

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## Other Insurance Policies

### Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: \_\_\_\_\_

Description/Co: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

Benefit Period: (Check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime

Daily Benefit Amount: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_ days

Inflation Option: (Check One)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

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Insured: \_\_\_\_\_

Description/Co: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

Benefit Period: (Check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime

Daily Benefit Amount: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_ days

Inflation Option: (Check One)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

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## Other Assets

### Stock Options? If not, skip this page.

Who is the owner:       Client    Partner

Stock Name: \_\_\_\_\_

Asset Class: *(Check one)*

Large Cap Value    Large Cap Growth    Small Cap

International Developed    International Emerging

Market Price: \$ \_\_\_\_\_

Last Update: \_\_\_\_\_

**Do all Options Vest at Death?**    No    Yes

### Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

#### Stock Options Grant

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

Grant Name: \_\_\_\_\_

Type:  ISO    NQO

Options Granted: \_\_\_\_\_

Options Already Exercised: \_\_\_\_\_

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

Grant Price: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Stock Options Grant

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

Grant Name: \_\_\_\_\_

Type:  ISO    NQO

Options Granted: \_\_\_\_\_

Options Already Exercised: \_\_\_\_\_

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

Grant Price: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Stock Options Grant

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

Grant Name: \_\_\_\_\_

Type:  ISO    NQO

Options Granted: \_\_\_\_\_

Options Already Exercised: \_\_\_\_\_

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

Grant Price: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Stock Options Grant

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

Grant Name: \_\_\_\_\_

Type:  ISO    NQO

Options Granted: \_\_\_\_\_

Options Already Exercised: \_\_\_\_\_

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

Grant Price: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

## Other Assets

### Restricted Stock? If not, skip this page.

Who is the owner:      Client    Partner

Ticker: \_\_\_\_\_

Stock Name: \_\_\_\_\_

Asset Class: *(Check one)*

Large Cap Value    Large Cap Growth    Small Cap

International Developed    International Emerging

Market Price: \$ \_\_\_\_\_

Last Update: \_\_\_\_\_

**Do all Shares Vest at Death?**    No    Yes

### Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

#### Restricted Stock Grant

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

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Restricted Stock Grant

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

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Restricted Stock Grant

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

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Restricted Stock Grant

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

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Restricted Stock Grant

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

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

#### Restricted Stock Grant

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

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

## Other Assets

### Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

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Asset #1 Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
Outstanding Mortgage: \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_  
Owner:  Client  Partner  Joint  Custodial  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Partner  
Will the value of this asset increase each year? \_\_\_\_\_ %  
Do you intend to sell this asset to help fund your Goals?  No  Yes (If Yes, complete the remaining items)  
Year to Sell \_\_\_\_\_ Future Value (after-tax) \$ \_\_\_\_\_

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Asset #2 Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
Outstanding Mortgage: \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_  
Owner:  Client  Partner  Joint  Custodial  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Partner  
Will the value of this asset increase each year? \_\_\_\_\_ %  
Do you intend to sell this asset to help fund your Goals?  No  Yes (If Yes, complete the remaining items)  
Year to Sell \_\_\_\_\_ Future Value (after-tax) \$ \_\_\_\_\_

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Asset #3 Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
Outstanding Mortgage: \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_  
Owner:  Client  Partner  Joint  Custodial  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Partner  
Will the value of this asset increase each year? \_\_\_\_\_ %  
Do you intend to sell this asset to help fund your Goals?  No  Yes (If Yes, complete the remaining items)  
Year to Sell \_\_\_\_\_ Future Value (after-tax) \$ \_\_\_\_\_

### Pension - Lump Sum Distribution

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Owner:  Client  Partner Description: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Year of Distribution: \_\_\_\_\_  
Value of Distribution \$ \_\_\_\_\_ Value is: (Check one)  Pre-tax  After-tax  
**Assign to Goal(s):** (Check one)  
 One Goal: \_\_\_\_\_  Priority Order  Leave to Estate  Not Used in Plan  
 Multiple Goals: \_\_\_\_\_

### Deferred Compensation (Receiving Now)

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Description: \_\_\_\_\_ Current Value (today's dollars): \$ \_\_\_\_\_  
Owner:  Client  Partner  
**Distribution Period**  
Number of Years: \_\_\_\_\_ Annual Payment (pre-tax) \$ \_\_\_\_\_

### Future Assets Cash (Inheritance, Gift, Settlement, etc.)

## Other Assets

Owner:  Client  Partner  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Partner

Description: \_\_\_\_\_

Year to Receive: \_\_\_\_\_

Future Value (after tax) \$ \_\_\_\_\_

---

Owner:  Client  Partner  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Partner

Description: \_\_\_\_\_

Year to Receive: \_\_\_\_\_

Future Value (after tax) \$ \_\_\_\_\_

## Liabilities

### Liabilities *Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt*

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Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Partner  Joint

If Joint, What kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

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***Please bring the following to your next meeting with us:***

- The latest Social Security Benefits statement showing the benefits you can expect to receive if you retire at the age of 62, etc.***
- Copies of your mortgage statements***
- Last year's tax return***
- The last statement from all your investment accounts***