

Confidential Questionnaire

Date of Completion: _____



Client Information

| | |
|---|------------------------------|
| Client Name (1) _____ | Client Name (2) _____ |
| Home Address _____ | Home Address _____ |
| City, State, ZIP _____ | City, State, ZIP _____ |
| Home Phone () - _____ | Home Phone () - _____ |
| Work Phone () - _____ | Work Phone () - _____ |
| Fax (Hm or Wk) () - _____ | Fax (Hm or Wk) () - _____ |
| E-mail _____ | E-mail _____ |
| Date of Birth _____ | Date of Birth _____ |
| Primary Contact Person during business hours? _____ | |
| Contact me/us by (circle one) E-mail or Phone | |

Family Members (please list children and other dependants)

| Name | Relationship | Date of Birth | Dependant | Resides (City & State) |
|-------|--------------|---------------|-----------|------------------------|
| _____ | _____ | / / | Y N | _____ |
| _____ | _____ | / / | Y N | _____ |
| _____ | _____ | / / | Y N | _____ |
| _____ | _____ | / / | Y N | _____ |

Employment

| | |
|---|---|
| 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 Year) = _____ | TOTAL (Current Year) = _____ |

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

Who prepares your tax return?

| | | |
|--|------------------------|----------------------------|
| <input type="checkbox"/> Self | Preparer Name _____ | Phone (____) _____ - _____ |
| <input type="checkbox"/> Paid Preparer | Address _____ | Fax (____) _____ - _____ |
| | City, State, ZIP _____ | |

Do you have estate planning documents?

| | Year Drafted | State Drafted |
|---|--------------|---------------|
| <input type="checkbox"/> Wills | _____ | _____ |
| <input type="checkbox"/> Living Trusts | _____ | _____ |
| <input type="checkbox"/> Powers of Attorney | _____ | _____ |
| <input type="checkbox"/> Living Wills | _____ | _____ |
| <input type="checkbox"/> Other Documents | _____ | _____ |

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

| Client 1 | Client 2 | 1 = Most True, 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 like predictability and routine in my daily life. |
| _____ | _____ | I usually pick the tried and true, the slow, safe but sure investments. |
| _____ | _____ | I need to focus my investment efforts on building cash reserves. |
| _____ | _____ | I prefer predictable, steady return on my investments, even if the return is low. |

How were your current investment assets selected? _____

Confidential Questionnaire, Continued

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

| <u>Advisor</u> | <u>Satisfaction Rating</u> | | | | | Not Applicable |
|---------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 = Dissatisfied | 2 | 3 | 4 | 5 = Very Satisfied | |
| Financial Planner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Broker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Broker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accountant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax Preparer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attorney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance Agent (1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance Agent (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Insurance

| | <u>Client (1)</u> | | <u>Client (2)</u> | | | |
|------------------------|-------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|
| | <u>Coverage</u> | <u>Group</u> | <u>Individual</u> | <u>Coverage</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

Checking (C), Savings (S), or Money (MM)

| <u>Bank Name</u> | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | <u>Ownership</u> | <u>Avg. Balance</u> |
|------------------|---|------------------|---------------------|
| _____ | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | _____ | \$ _____ |
| _____ | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | _____ | \$ _____ |
| _____ | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | _____ | \$ _____ |

CDs

| <u>Institution</u> | <u>Interest Rate</u> | <u>Maturity Date</u> | <u>Ownership</u> | <u>Avg. Balance</u> |
|--------------------|----------------------|----------------------|------------------|---------------------|
| _____ | % | / / | _____ | \$ _____ |
| _____ | % | / / | _____ | \$ _____ |
| _____ | % | / / | _____ | \$ _____ |

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

| Personal Property | Estimated Value |
|---------------------------------|-----------------|
| Primary Residence | _____ |
| Furnishings (Liquidation Value) | _____ |
| Vehicle _____ | _____ |
| Vehicle _____ | _____ |
| Other _____ | _____ |
| Other _____ | _____ |

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 not appearing on the list above or the statements provided: _____

Personal Liabilities

| <u>Credit Cards</u> | <u>Interest Rate</u> | <u>Avg. Monthly Payment*</u> | <u>Current Balance</u> |
|---------------------|----------------------|------------------------------|------------------------|
| _____ | % _____ | \$ _____ | \$ _____ |
| _____ | % _____ | \$ _____ | \$ _____ |
| _____ | % _____ | \$ _____ | \$ _____ |

(*If not paid in full each month)

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

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

Please comment on the advice you seek. _____

Confidential Questionnaire, Continued

Additional Information

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

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form

AND

send us a copy at: **Pegasus Financial Solutions, LLC**
1250 Capital of Texas Hwy, South
Building 3, Suite 400
Phone: (512) 329-2105 • Fax: (512) 275-6758
Home Office Phone: (512) 215-4445

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