



# Client Questionnaire

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Raleigh, NC 27613  
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Fee Only Planning NC, LLC  
Registered Investment Advisor

# Client Questionnaire

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# Client Questionnaire

## General Information: Self

### Contact Information

Mr.
  Ms.
  Mrs.
  Dr.
 \_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 First Name Middle Last

Address Line 1

Address Line 2

\_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 City State Zip Code Country

\_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 Home Phone Work Phone Mobile Phone Pager

\_\_\_\_\_
 \_\_\_\_\_  
 Fax E-mail

### Personal Information

Male
  Female
 \_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 Date of Birth SSN State in Which You File Your Taxes

\_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 Marital Status Wedding Anniversary Expected Retirement Age

\_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 Driver's License Number Driver's License Expiration Date State in Which Driver's License Issued

### Professional Information

\_\_\_\_\_
 \_\_\_\_\_
 \_\_\_\_\_  
 Employment Status Number of Years at Current Job Employer Name

\_\_\_\_\_
 \_\_\_\_\_  
 Occupation Job Description

# Client Questionnaire

## General Information: Partner

### Contact Information

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City State Zip Code Country

\_\_\_\_\_  
Home Phone Work Phone Mobile Phone Pager

\_\_\_\_\_  
Fax E-mail

### Personal Information

Male  Female \_\_\_\_\_  
Date of Birth SSN State in Which You File Your Taxes

\_\_\_\_\_  
Expected Retirement Age Driver's License Number Driver's License Expiration Date State in Which Driver's License Issued

### Professional Information

\_\_\_\_\_  
Employment Status Number of Years at Current Job Employer Name

\_\_\_\_\_  
Occupation Job Description

# Client Questionnaire

## General Information: Other Members of Your Household

### General Information

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country Phone Number

\_\_\_\_\_  
Relation to Self Dependent (Yes/No) Date of Birth SSN

\_\_\_\_\_  
Marital Status Occupation

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country Phone Number

\_\_\_\_\_  
Relation to Self Dependent Date of Birth SSN

\_\_\_\_\_  
Marital Status Occupation

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country Phone Number

\_\_\_\_\_  
Relation to Self Dependent Date of Birth SSN

\_\_\_\_\_  
Marital Status Occupation

# Client Questionnaire

## General Information: Other Members of Your Household

### General Information

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country Phone Number

\_\_\_\_\_  
Relation to Self Dependent (Yes/No) Date of Birth SSN

\_\_\_\_\_  
Marital Status Occupation

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country Phone Number

\_\_\_\_\_  
Relation to Self Dependent Date of Birth SSN

\_\_\_\_\_  
Marital Status Occupation

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
First Name Middle Last

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Country Phone Number

\_\_\_\_\_  
Relation to Self Dependent Date of Birth SSN

\_\_\_\_\_  
Marital Status Occupation

# Client Questionnaire

## Assets: Taxable

### Accounts

Account Name	Ticker Symbol	Investment Type (Bank Account, Mutual Fund, Stock, etc.)		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal (Accumulation, Retirement, Education, etc.)			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

# Client Questionnaire

## Assets: Taxable

### Accounts

Account Name \_\_\_\_\_ Ticker Symbol \_\_\_\_\_ Investment Type (Bank Account, Mutual Fund, Stock, etc.) \_\_\_\_\_

Account Number \_\_\_\_\_ Market Value \_\_\_\_\_ Monthly Contribution \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Account Owner \_\_\_\_\_ Account Goal (Accumulation, Retirement, Education, etc.) \_\_\_\_\_

Account Name \_\_\_\_\_ Ticker Symbol \_\_\_\_\_ Investment Type \_\_\_\_\_

Account Number \_\_\_\_\_ Market Value \_\_\_\_\_ Monthly Contribution \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Account Owner \_\_\_\_\_ Account Goal \_\_\_\_\_

Account Name \_\_\_\_\_ Ticker Symbol \_\_\_\_\_ Investment Type \_\_\_\_\_

Account Number \_\_\_\_\_ Market Value \_\_\_\_\_ Monthly Contribution \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Account Owner \_\_\_\_\_ Account Goal \_\_\_\_\_

Account Name \_\_\_\_\_ Ticker Symbol \_\_\_\_\_ Investment Type \_\_\_\_\_

Account Number \_\_\_\_\_ Market Value \_\_\_\_\_ Monthly Contribution \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Account Owner \_\_\_\_\_ Account Goal \_\_\_\_\_

Account Name \_\_\_\_\_ Ticker Symbol \_\_\_\_\_ Investment Type \_\_\_\_\_

Account Number \_\_\_\_\_ Market Value \_\_\_\_\_ Monthly Contribution \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Account Owner \_\_\_\_\_ Account Goal \_\_\_\_\_

# Client Questionnaire

## Assets: Tax-Deferred

### Employer-Sponsored Retirement Plans

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	_____	_____	_____		
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Contract (GIC) \$		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		
	_____				
	Loan Owner				

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	_____	_____	_____		
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Contract (GIC)		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded	Balance			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		
	_____				
	Loan Owner				

# Client Questionnaire

## Assets: Tax-Deferred

### Employer-Sponsored Retirement Plans

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	_____	_____	_____		
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Contract (GIC) \$		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		
	_____				
	Loan Owner				

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	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	_____	_____	_____		
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Contract (GIC)		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded	Balance			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		
	_____				
	Loan Owner				

# Client Questionnaire

## Assets: Tax-Deferred

### IRAs

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal (e.g., Retirement)		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

# Client Questionnaire

## Assets: Tax-Deferred

**Personal Property, Businesses, and Other Assets**

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

# Client Questionnaire

## Liabilities

### Liability

Name		Type	Collateralized (Yes/No)
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Lender Name		Borrower	

Name		Type	Collateralized
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Lender Name		Borrower	

Name		Type	Collateralized
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Lender Name		Borrower	

# Client Questionnaire

## Income: Present

### Employment, Investment Income, Alimony, Child Support, and Other Income

Income Name			Income Type	
Start Date	End Date	Tax Status (Taxable, Tax-Deferred, Tax-Free)	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment (% or \$)	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

# Client Questionnaire

## Income: Future

### Pensions

Pension Name		Annual Pension Income
Start Year	Tax Status (Taxable, Tax-Deferred, Tax-Free)	Cost of Living Adjustment (COLA) Benefit (Yes/No)
Owner		

Pension Name		Annual Pension Income
Start Year	Tax Status	Cost of Living Adjustment (COLA) Benefit
Owner		

Pension Name		Annual Pension Income
Start Year	Tax Status	Cost of Living Adjustment (COLA) Benefit
Owner		

### Social Security

Annual Amount	Age to Collect	Recipient
---------------	----------------	-----------

Annual Amount	Age to Collect	Recipient
---------------	----------------	-----------

Annual Amount	Age to Collect	Recipient
---------------	----------------	-----------

# Client Questionnaire

## Income: Future

### Working During Retirement, Expected Windfalls, etc.

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment(% or \$)	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

# Client Questionnaire

## Expenses

### Retirement Expenses

\_\_\_\_\_  
% of Salary or Dollar Amount

\_\_\_\_\_  
Retirement Year

\_\_\_\_\_  
Retirement Age

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
% of Salary or Dollar Amount

\_\_\_\_\_  
Retirement Year

\_\_\_\_\_  
Retirement Age

\_\_\_\_\_  
Recipient

### Education Expenses

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Birth Year

\_\_\_\_\_  
College Start Year

\_\_\_\_\_  
College End Year

\_\_\_\_\_  
Current Cost (Tuition/Board)

\_\_\_\_\_  
Annual Growth Rate Above Inflation

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Birth Year

\_\_\_\_\_  
College Start Year

\_\_\_\_\_  
College End Year

\_\_\_\_\_  
Current Cost

\_\_\_\_\_  
Annual Growth Rate Above Inflation

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Birth Year

\_\_\_\_\_  
College Start Year

\_\_\_\_\_  
College End Year

\_\_\_\_\_  
Current Cost

\_\_\_\_\_  
Annual Growth Rate Above Inflation

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Birth Year

\_\_\_\_\_  
College Start Year

\_\_\_\_\_  
College End Year

\_\_\_\_\_  
Current Cost

\_\_\_\_\_  
Annual Growth Rate Above Inflation

# Client Questionnaire

## Expenses

### Miscellaneous Expenses

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Description

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Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
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Description

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Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
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Description

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Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
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Description

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Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

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Description

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Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

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Description

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Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

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# Client Questionnaire

## Insurance: Life

### Life Insurance

Policy Name		Policy Type	
Beneficiary		Cash Surrender Value	
Contingent Beneficiary		<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum	
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary		Cash Surrender Value	
Contingent Beneficiary		<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum	
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary		Cash Surrender Value	
Contingent Beneficiary		<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum	
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

# Client Questionnaire

## Insurance: Life

### Life Insurance

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

# Client Questionnaire

## Insurance: Medical

### Medical, Long-Term Care, and Disability

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

# Client Questionnaire

## Insurance: Property

### Auto, Homeowners, and Umbrella Liability Insurance

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	



# Supplemental Questions For Account Set Up

**Employer Address** \_\_\_\_\_  
Street Address City State Zip Code

**Employer Phone Number** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Affiliated with or employed by a stock exchange, member firm, FINRA,  
or a municipal securities broker dealer? Yes/ No**

**Are you a director, 10% shareholder or policy-making officer of a publically held company? Yes/ No**

## Investment Knowledge

- None
- Good
- Limited
- Extensive

## Annual Income

- Under US \$15,000
- US \$15,000 - US \$24,999
- US \$25,000 - US \$49,999
- US \$50,000 - US \$99,000
- US \$100,000 or more

## Liquid Net Worth

- Under US \$25,000
- US \$25,000 - US \$49,999
- US \$50,000 - US \$ 99,000
- US \$100,000 - US \$249,999
- US \$250,000 or more

Specify \_\_\_\_\_

## Risk Tolerance Worksheet

Understanding your risk tolerance is critical to developing an asset allocation that will address your needs and allow you to sleep at night. The following questions are designed to help us evaluate your risk tolerance.

**During the recent market decline which of the following statements best describe your actions.**

- I felt sick to my stomach and could not sleep.*
- I was uneasy and did not understand why it was happening, but did not know what to do.*
- I put my statements in a drawer and ignored them.*

**How do you measure risk?**

- I measure risk by the percentage of decline in my portfolio.*
- I measure risk by the dollar decline in my portfolio.*
- I measure risk by the dollar decline in each of my investments.*

**How would you react to a \$10,000 decline in your portfolio?**

- I would be very disappointed*
- I would withdraw all of my funds and put them in a CD.*
- I would see it as a normal cycle of the market and watch with concern*
- I would see it as a normal cycle and do nothing.*

**How would you react to a \$100,000 loss in your portfolio?**

- I would fire my broker.*
- I would want an explanation of why it dropped so much.*
- It would depend on the total amount I had invested, but would be concerned.*
- It is a normal cycle of the market and I would do nothing.*

**How would you react to a 10% gain in your portfolio?**

- I expect a 10 % gain on my investments.*
- I would be happy, but know it will go back down.*
- It is a normal cycle of the market and I would do nothing.*

**How would you respond to a 40% gain in your portfolio?**

- *I expect this type of gain from time to time.*
- *If it goes this high it can go the opposite way too.*
- *I would take some of the money and reallocate my funds*
- *I would want to meet with my broker to say thanks.*

**How often would you like to meet with your advisor?**

- *Once a year*
- *Twice a year*
- *Quarterly*
- *Monthly*
- *Never. I would prefer to do it on my own.*

**What was the best investment you have ever made and why?**

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**What was the worst investment you have ever made and why?**

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How would you rate yourself in regards to risk?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10



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Phone (919) 341-0277: Fax (919) 573-9662 E-mail: [info@feonlyplanningnc.com](mailto:info@feonlyplanningnc.com)

## What to Bring

### Fax in advance

- Investment Statements
- Current Life Insurance Coverage
- Insurance Declaration page
- Risk profile (other tab)
- Employee Benefits

### What we will discuss in the office

- What concerns you most
- Why you have questions
- What has been your best investment
- What has been your worst investment
- Timeline of key events in life( Marriage, College, Retirement)
- Review of your risk tolerance
- Review of your investment objectives
- Analysis of your current investments
- Analysis of your current insurance

Plan to spend at least an hour in our office. The more information we can have prior to our meeting the more productive the meeting will be.

- |                          |  |                          |                                  |
|--------------------------|--|--------------------------|----------------------------------|
| <input type="checkbox"/> | Review Current Financial Plan                  | <input type="checkbox"/> | Long Term Care Analysis          |
| <input type="checkbox"/> | Evaluate Emergency Account Need                | <input type="checkbox"/> | Retirement Cash Flow Analysis    |
| <input type="checkbox"/> | Evaluate Options for Funding Emergency Account | <input type="checkbox"/> | Retirement Income Planning       |
| <input type="checkbox"/> | Evaluate Debt                                  | <input type="checkbox"/> | Social Security Analysis         |
| <input type="checkbox"/> | Create Plan for Debt Reduction and Elimination | <input type="checkbox"/> | Social Security Planning         |
| <input type="checkbox"/> | Windfall or Inheritance Planning               | <input type="checkbox"/> | Pension Election Evaluation      |
| <input type="checkbox"/> | Asset Allocation Evaluation                    | <input type="checkbox"/> | Timing of Retirement             |
| <input type="checkbox"/> | Asset Allocation Plan                          | <input type="checkbox"/> | Feasibility of Retirement        |
| <input type="checkbox"/> | College Planning                               | <input type="checkbox"/> | Healthcare Planning              |
| <input type="checkbox"/> | College Funding Options                        | <input type="checkbox"/> | Evaluation of Medicare Options   |
| <input type="checkbox"/> | Home Purchase/ Refinance Evaluation            | <input type="checkbox"/> | Small Business Transfer Planning |
| <input type="checkbox"/> | Job/Career Change                              | <input type="checkbox"/> | Charitable Gifting Planning      |
| <input type="checkbox"/> | Income Tax Planning                            | <input type="checkbox"/> | Estate Gifting Planning          |
| <input type="checkbox"/> | Stock Options Evaluation                       | <input type="checkbox"/> | Estate Settlement Advice         |
| <input type="checkbox"/> | Deferred Compensation Evaluation               | <input type="checkbox"/> | Beneficiary Review               |
| <input type="checkbox"/> | Review of Employer Benefits                    | <input type="checkbox"/> | Trust Review                     |
| <input type="checkbox"/> | Specific Advice on Employer Retirement Plans   | <input type="checkbox"/> | Estate Design                    |
| <input type="checkbox"/> | Specific Advice on 401(k)/ 403(b) Plans        | <input type="checkbox"/> | _____                            |
| <input type="checkbox"/> | Guidance on Variable Annuities                 | <input type="checkbox"/> | _____                            |
| <input type="checkbox"/> | Guidance on Life Insurance                     | <input type="checkbox"/> | _____                            |
| <input type="checkbox"/> | Guidance on Disability Insurance               | <input type="checkbox"/> | _____                            |
| <input type="checkbox"/> | Guidance on Long Term Care Insurance           | <input type="checkbox"/> | _____                            |
| <input type="checkbox"/> | Basic Estate Planning Advice                   | <input type="checkbox"/> | _____                            |



Client's Name: \_\_\_\_\_

Monthly or Annual

**HOUSING**

Mortgage	_____	_____
Condo Fees/ Association Fees	_____	_____
Electricity/ Gas	_____	_____
Water	_____	_____
Garbage Removal	_____	_____
Telephone/ PC	_____	_____
Cable/ Sattelite TV/ Internet	_____	_____
Security System	_____	_____
Pool Service	_____	_____
Lawn Service	_____	_____
Maid Service	_____	_____
Maintenance/ Improvements	_____	_____
Property Taxes	_____	_____
Pest/ Bug Service	_____	_____
Homeowner's Insurance/ Other	_____	_____
Total	_____	_____

**CHILD CARE**

Support Payments	_____	_____
Daycare/ Education	_____	_____
Sports Activities	_____	_____
Other	_____	_____
Total	_____	_____

**TRANSPORTATION**

Loan/ Lease Payment #1	_____	_____
------------------------	-------	-------

Loan/ Lease Payment #2	_____	_____
Loan/ Lease Payment #3	_____	_____
Gasoline	_____	_____
Maintenance/	_____	_____
Improvements	_____	_____
Registration/ Inspection/	_____	_____
Excise Tax	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

**GROCERIES**

Food/ Beverages	_____	_____
Household supplies	_____	_____
Other	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

Monthly or Annual

**CLOTHING**

Client #1	_____	_____
Client #2	_____	_____
Children	_____	_____
Total	<u>_____</u>	<u>_____</u>

**FURNISHINGS**

Inside/ Outside	_____	_____
Total	<u>_____</u>	<u>_____</u>

**PERSONAL CARE AND CASH**

Dry Clenaing	_____	_____
Hair/ Nails/ Facials	_____	_____
Cosmetics/ Shoe Shine	_____	_____
Massage	_____	_____
Health Club	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

**MEDICAL/ DENTAL/ VISION**

Co-Pay(s)/ Deductibles	_____	_____
Prescriptions/	_____	_____
Health Care Costs	_____	_____
Vitamins	_____	_____
Other	_____	_____
Total	_____	_____

**EDUCATION SELF IMPROVEMENT**

Private School/ College	_____	_____
Classes/ Books/ Paper	_____	_____
Association Fees/	_____	_____
Subscriptions	_____	_____
Hobbies/ Other	_____	_____
Total	_____	_____

**INSTALLMENT DEBT PAYMENTS**

Student Loans	_____	_____
Credit Cards	_____	_____
Other	_____	_____
Total	_____	_____

**PROFESSIONAL SERVICES**

Financial Planner	_____	_____
Accountant	_____	_____
Other	_____	_____
Total	_____	_____

Monthly or Annual

**ENTERTAINMENT**

Dining Out	_____	_____
Sports Tickets	_____	_____
Theater Tickets	_____	_____
Recreation/ Hobbies	_____	_____
Movies/ Videos	_____	_____
Club Membership Fees	_____	_____
Other	_____	_____
Total	_____	_____

**VACATIONS AND HOLIDAY**

Travel Tickets	_____	_____
Hotels	_____	_____
Food	_____	_____
Entertainment	_____	_____
Auto	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

**CHARITABLE CONTRIBUTIONS**

Favorite Charity	_____	_____
Cash Donations	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

**GIFTS**

Holidays	_____	_____
Birthdays	_____	_____
Weddings	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

**PETS**

Food	_____	_____
Veterinarian	_____	_____
Pet Insurance/ Other	_____	_____
Total	<u>_____</u>	<u>_____</u>

**MISCELLANEOUS**

Support/ Alimony	_____	_____
Other	_____	_____
Other	_____	_____
Total	<u>_____</u>	<u>_____</u>