

# Questionnaire



Timothy Financial Counsel, Inc.

## ■ WELCOME

We look forward to our initial consultation with you and appreciate the opportunity to earn your trust. The purpose of this questionnaire is to get to know you a little better. Please complete as much as possible, but don't let a few missing items prevent you from finishing the questionnaire. Let's get started!

## ■ ADDITIONAL DOCUMENTATION

Please also bring the following documents to your initial consultation:

- Prior year tax return
- Legal documents (Will, Trust, POA)
- Current pay stub(s)
- Employee benefits booklet
- Social Security benefit statement(s)
- Retirement/Brokerage account statements (401(k), ESOP, profit sharing, SEP, IRA, etc.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## ■ PERSONAL INFORMATION

	CLIENT 1	CLIENT 2
Name	_____	_____
Home address	_____	_____
City, State, ZIP	_____	_____
Home phone	( _____ ) _____ - _____	( _____ ) _____ - _____
Business phone	( _____ ) _____ - _____	( _____ ) _____ - _____
Mobile phone	( _____ ) _____ - _____	( _____ ) _____ - _____
Fax	( _____ ) _____ - _____	( _____ ) _____ - _____
Email address	_____	_____
Date of birth	_____	_____
Employer	_____	_____
Job title	_____	_____

## ■ FAMILY MEMBERS

	Member 1	Member 2	Member 3	Member 4
First Name	_____	_____	_____	_____
Date of Birth	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Married	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Residence Pre-College Private School	_____	_____	_____	_____
Cost	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Cost	\$ _____	\$ _____	\$ _____	\$ _____
Years to go	_____	_____	_____	_____
Additional children planned for you?	<input type="radio"/> No <input type="radio"/> Yes		If yes, how many additional?	_____

## ■ EDUCATION FUNDING

What type of **annual** schooling cost (in today's dollars) should we project for your children

Community college (Est. \$4,000-12,000)

\$ \_\_\_\_\_

Public (Est. \$12,000-\$25,000)

\$ \_\_\_\_\_

Private (Est. \$20,000-\$50,000)

\$ \_\_\_\_\_

Other/Combination

\$ \_\_\_\_\_

What percent of the selected annual cost would you like to assist your children with?

\_\_\_ %

NOTE: If a child is already in college, please indicate how much you are actually paying for a given child.

Are you planning on:

Paying as you go

Pre-funding

Combination

Other

Have you begun saving for college?  No  Yes

If yes, in what type of investment vehicle?

\_\_\_\_\_

Are taxes a concern for education funding investing?

No  Yes

Have you spoken to your children (if appropriate) about how much they will contribute towards funding their college education?

No  Yes

If a child chooses not to pursue college, where would you like for the savings to go to?

Child  Back to us

## ■ INCOME

	CLIENT 1	CLIENT 2
Annual salary	\$ _____	\$ _____
Bonus/Commissions	\$ _____	\$ _____
Other income (Source: _____)	\$ _____	\$ _____
Estimated combined total (full year)	\$ _____	\$ _____
Annual expected rate of increase	_____ %	_____ %
Amount typically saved per month, beyond your 401K?	\$ _____	\$ _____
Anticipate employment change?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

## ■ RETIREMENT

	CLIENT 1	CLIENT 2
Expected retirement date	____ / ____ / ____	____ / ____ / ____
Does your employer match retirement contributions?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
If yes, how much?	\$ _____	\$ _____
Annual contribution made by you to a retirement/401(k) plan	\$ or % _____	\$ or % _____
Do you make annual IRA contributions?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Roth	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Regular	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Do you qualify for a pension?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
If yes, can you choose to take a lump sum?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
What is the projected monthly benefit?	\$ _____	\$ _____
Does this benefit increase annually?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

## ■ BENEFICIARIES

Who are the primary and secondary beneficiaries on your retirement assets?

Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_

■ **CASH ASSETS** (STATEMENTS SHOULD BE PROVIDED FOR INVESTMENTS)

Cash assets balance as of: \_\_\_\_\_ / \_\_\_\_\_

Account Type	Bank Name	Titled (Joint, Sole, Trust)	Current Balance
Checking	_____	_____	\$ _____
Savings	_____	_____	\$ _____
Other	_____	_____	\$ _____
Other	_____	_____	\$ _____

■ **LIABILITIES**

Credit Cards

Credit Card Company	Interest Rate	Current Balance	Monthly Payment
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

Debts

Debt Type (Home, Auto, School, Other)	Start Date	Interest Rate	Original Balance	Current Balance	Monthly Payment
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____

If a home debt, when did you most recently finance or refinance your home? Month \_\_\_\_\_ / Year \_\_\_\_\_

What was the balance at the time of financing/refinancing? \$ \_\_\_\_\_ Amortization: 15 fixed/30 fixed/ \_\_\_ ARM

■ **HOME OWNERSHIP**

	Estimated Value	Original Purchase Price	Owner (Joint, sole, trust)
Primary residence	\$ _____	\$ _____	_____

Are you intending to purchase a different home?  No  Yes If yes, at what cost and when?

New Home: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Do you have any home additions or repairs planned?  No  Yes If yes, what are the projected timing and cost?

Project #1: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Project #2: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \$ \_\_\_\_\_

## PERSONAL PROPERTY

	Estimated Value	Owner (Joint, sole, trust)
Furnishings (liquidation value)	\$ _____	_____
Business (book value)	\$ _____	_____
Other real estate	\$ _____	_____
Other _____	\$ _____	_____

## AUTOMOBILES

	Client (1)	Client (2)
Type/Year bought?	_____ / _____	_____ / _____
When will you replace next? How often?	_____ / Every _____ yrs	_____ / Every _____ yrs
Trade in value at replacement?	\$ _____	\$ _____
Expected cost of next new vehicle?	\$ _____	\$ _____

## ADVISORS

Do you have an:	Name	Satisfaction Rating (1 = Dissatisfied, 5 = Very satisfied)					
Attorney	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5
Accountant	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5
Insurance Agent	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5
Investment Broker	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5

- Have you worked with a financial advisor before? If so, what company? \_\_\_\_\_
- What was your experience like? What aspects did you appreciate? What aspects were dissatisfying?

\_\_\_\_\_

\_\_\_\_\_

- Rate the priority you would place on each of these aspects (1 the most important, 4 the least).

\_\_\_\_\_ Price/Value      \_\_\_\_\_ Customer service      Other: \_\_\_\_\_

\_\_\_\_\_ Objectivity      \_\_\_\_\_ Expertise on a specific topic      \_\_\_\_\_

- Rate your preferred level of involvement in managing investments:

- Make all decisions and trades myself
- Receive specific recommendations and implement trades myself
- Receive specific recommendations and help with implementation of trades
- Prefer to delegate investment decisions and trades to a trusted advisor

## ■ INVESTMENT GOALS

On a scale of 1-5, how would you rate your investment goals?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I need my investment income to live on.	1	2	3	4	5
I would like to establish an emergency fund.	1	2	3	4	5
I would like to protect assets against inflation.	1	2	3	4	5
I would like to reduce debt.	1	2	3	4	5
I would like to diversify my portfolio.	1	2	3	4	5

## ■ INVESTMENT RISK

On a scale of 1-10, how would you rate yourself as an investor?

	Minimize Losses and Fluctuation			Accept Some Fluctuation for Growth				Maximum Accumulation Regardless of Risk		
Client 1	1	2	3	4	5	6	7	8	9	10
Client 2	1	2	3	4	5	6	7	8	9	10

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Record Score
I would like to emphasize long-term growth for my investment funds, even if it means sharp ups and downs on a year-to-year basis.	5	4	3	2	1	<input type="checkbox"/>
Protecting my savings is more important than making it grow.	1	2	3	4	5	<input type="checkbox"/>
It would trouble me more if I did not invest and the market went up than if I did invest and the market went down.	5	4	3	2	1	<input type="checkbox"/>
If I inherited a large sum of money, I'd put it in the bank rather than invest it.	1	2	3	4	5	<input type="checkbox"/>
Short-term losses are acceptable if I believe that the long-term returns will be good.	5	4	3	2	1	<input type="checkbox"/>
I prefer an investment strategy designed to grow steadily and avoid sharp ups and downs, even if it lowers the long-term results.	1	2	3	4	5	<input type="checkbox"/>
My time frame for wanting to reach my financial goals is:	Over 20 Years 5	11-20 Years 4	6-10 Years 3	1-5 Years 2	Already Reached 1	<input type="checkbox"/>
My age is:	Over 65 1	55-65 2	40-55 3	25-39 4	Under 25 5	<input type="checkbox"/>
<b>SCORE:</b> 8-17 = Conservative    18-32 = Moderate    Over 32 = Aggressive						<b>GRAND TOTAL:</b> <input type="checkbox"/>

## ■ LIFE INSURANCE

Question	Answer
I sense I have sufficient assets/life insurance to provide for surviving family.	<input type="radio"/> No <input type="radio"/> Yes
I think the policy (policies) I own are cost efficient for my needs.	<input type="radio"/> No <input type="radio"/> Yes
I feel that I was sold a policy that I am not certain is right for me.	<input type="radio"/> No <input type="radio"/> Yes
<p style="text-align: center;">If the primary wage earner dies, do you expect the surviving spouse to go back to work?</p> <p style="text-align: center;">If yes, at what earnings rate and for how long?</p>	<input type="radio"/> No <input type="radio"/> Yes  Annual: \$ _____  Length of Time: _____
<p style="text-align: center;">If the primary wage earner dies, would you like to pay for a portion or all education expenses?</p> <p style="text-align: center;">If yes, please complete <i>College Education Funding</i> on page 2.</p>	<input type="radio"/> No <input type="radio"/> Yes
I consider insurance: A) An investment for retirement. B) Necessary until my investments are sufficient to provide for my family. C) Necessary to increase my estate; larger inheritance to children.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

	Company	Coverage Amount	Owner	Beneficiary	Cost/Year	Type (Term, Whole)	Cash Value
Life	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Disability	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Long Term Care	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____

	Client 1	Client 2
What is your life insurance rating?	<input type="radio"/> Preferred <input type="radio"/> Standard <input type="radio"/> Rated	<input type="radio"/> Preferred <input type="radio"/> Standard <input type="radio"/> Rated
Have you ever been turned down for insurance?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

## ■ ESTATE PLANNING

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Which of the following estate planning documents do you have?

Type	Date of Origin	Drafted in which state?
<input type="radio"/> Wills	_____ / _____ / _____	_____
<input type="radio"/> Trusts	_____ / _____ / _____	_____
<input type="radio"/> Power of Attorney	_____ / _____ / _____	_____
<input type="radio"/> Living Will	_____ / _____ / _____	_____
<input type="radio"/> Other _____	_____ / _____ / _____	_____

Question	Answer	Priority		
I would like to accumulate an estate in order to pass on to heirs.	<input type="radio"/> No <input type="radio"/> Yes	High	Medium	Low
I would like to provide adequate assets for surviving spouse and family.	<input type="radio"/> No <input type="radio"/> Yes	High	Medium	Low
I am concerned about estate taxes.	<input type="radio"/> No <input type="radio"/> Yes	High	Medium	Low

## ■ EXPECTATIONS

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Please comment on the advice you are seeking:

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## ■ THANK YOU

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If you have any questions, please feel free to contact us.

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■ **Services/Complexity**

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<input checked="" type="checkbox"/>	<b>Please select all items that apply to your situation.</b>
	How much and where should be emergency fund
	How/when to pay off debt
	College education planning
	Employment benefits review
	How much to contribute to 401(k) or IRA
	Want to see detailed cash flow projections
	Income tax planning
	Viability of retirement at specified date(s)
	Home purchase decision
	Early retirement or severance decision
	Retirement withdrawal planning
	Charitable giving strategies
	Social security planning
	Pension election options
	"Windfall" planning (inheritance, business sale, severance, etc.)
	Self-employed or small business consulting
	Pre-65 healthcare planning
	Job/career change evaluation
	Deferred compensation strategies
	Stock options/restricted stock strategies
	Have employer or retirement accounts only
	Have multiple retirement & taxable accounts
	Guidance on variable annuities
	Own or purchasing term only life insurance policies
	Own or purchasing permanent life insurance policies
	Property/casualty liability, disability and long term care advice
	Long term care cash flow analysis
	Review of existing documents or new Estate design
	Charitable estate planning
	Estate settlement advice
	Irrevocable Trusts

Level 1: 8-12 Hours (\$1,920-\$2,880)\*

Level 2: 10-14 Hours (\$2,400-\$3,360)\*

Level 3: 14-19 Hours (\$3,360-\$4,560)\*

Level 4: 20-30 Hours (\$4,800-\$7,200)\*

Level 5: more than 30 Hours (\$9,600+)\*

\* Final quote will be based on the hourly rate of your primary advisor