

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
Years to go	\$ _____	\$ _____	\$ _____	\$ _____
Additional children planned for you?	_____	_____	_____	_____
	<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
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"/>
SCORE: 8-17 = Conservative 18-32 = Moderate Over 32 = Aggressive						GRAND TOTAL: <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

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

Please comment on the advice you are seeking:

■ THANK YOU

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