

Client Information

Data Questionnaire

Table of Contents

Basic Information.....	Page 2
Your Advisors.....	Page 3
Information on Children and Parents, Health and Marriage.....	Page 4
Personal Financial Goals and Concerns.....	Page 5
Employment Information and Retirement Goals.....	Page 6
Asset Information -- Non-Retirement Assets.....	Page 7
Asset Information -- Retirement Assets.....	Page 8
Liabilities and Obligations Other Than Mortgages.....	Page 8
Asset Information -- Real Estate and Personal Property.....	Page 9
Life Insurance and Disability Insurance.....	Page 10
Property and Casualty Insurance.....	Page 11
Income Information.....	Page 11
Living Expense Information.....	Page 13
Business Interests.....	Page 14
Estate Information.....	Page 15
Client Acknowledgment.....	Page 16
Additional Information and Documentation Requested.....	Page 17

Orientation

This data questionnaire is organized by section. You are first asked for some basic information. Next, you are asked to discuss your personal financial goals and concerns. This is one of the most important parts of the questionnaire. You are also asked to list your assets, liabilities, income and expenses. Please feel free to use estimates or attach statements, if necessary.

Please complete the questionnaire as accurately and thoroughly as possible. It is the first step in planning for your financial future, and serves as the basis for all of our planning and investment services. The information you provide is needed to ensure that our recommendations are suitable for you and that our services are warranted by your needs, objectives, and resources.

Adam Financial Associates, Inc. relies on the completeness and accuracy of the information you provide. Incomplete or inaccurate information will impact the conclusions and recommendations we develop for you.

In gathering client data as well as in other functions, Adam Financial Associates, Inc. follows personal financial planning practice guidelines established by the CFP Board of Standards, Inc., the professional regulatory organization of CFP practitioners.

All information in this questionnaire is completely confidential

Client Information

Data Questionnaire

Your Advisors

Do you have an attorney(s)?

Yes No

Name: _____
Address: _____
Telephone: _____
Type of matters he/she handles for you: _____

Name: _____
Address: _____
Telephone: _____
Type of matters he/she handles for you: _____

Do you have an accountant or tax advisor?

Name: _____
Address: _____
Telephone: _____
Type of matters he/she handles for you: _____

Other advisors:

Name: _____
Address: _____
Telephone: _____
Type of matters he/she handles for you: _____

Client Information

Data Questionnaire

Information on Children and Parents

Children:

Name	Date of Birth	Present School Grade	Support?
Name	Date of Birth	Present School Grade	Support?
Name	Date of Birth	Present School Grade	Support?

Parents
or
Other:

Name	Age	Any Financial Support Provided
Name	Age	Any Financial Support Provided?
Name	Age	Any Financial Support Provided?

What do you anticipate your children's college plans to be?

What plans do you currently have in place, if any, to cover the costs?

Health and Marriage Information

Are you and other family members in good health? Please explain any special health circumstances.

How long-lived does your family tend to be?

Are there persons dependent on you for support now other than those listed above?

If you are married, please indicate the year of your marriage. _____

Have you been married before? If so, do you have alimony or support obligations?

Have you ever been married and lived in the following states? (Check all that apply)

<input type="checkbox"/> Arizona	<input type="checkbox"/> California	<input type="checkbox"/> Idaho
<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Mexico
<input type="checkbox"/> Texas	<input type="checkbox"/> Washington	<input type="checkbox"/> Wisconsin

Client Information

Data Questionnaire

Personal Financial Goals and Concerns

Financial goals can be difficult to articulate.

Think of what you want to do with your money -- or what you want your money to do for you! — over the next several years. Review your situation -- current lifestyle considerations, family needs, alternative career and lifestyle plans, health, desire for gifts to others -- and try to articulate your goals. Be as **specific** as possible. Please comment on the relative priority of your goals, time horizons, and approximate cost in today's dollars.

Your Goals:	Timing/Cost?	Partner's Goals:	Timing/Cost?
1.		1.	
2.		2.	
3.		3.	
4.		4.	

What are your financial concerns?

How can we best help you?

In evaluating how you handle money, please list 3 tasks or activities you do well, you feel good about or are comfortable with:

- (1) _____
- (2) _____
- (3) _____

In evaluating how you handle money, please list 3 tasks or activities you don't think you do well, you don't feel good about or are not comfortable with:

- (1) _____
- (2) _____
- (3) _____

Client Information

Data Questionnaire

Employment Information

Are you currently employed? Yes No
If yes, please list your: employer _____
and job title _____

How would you describe your employment situation?
 Salaried employee Self-employed Partnership
 Sole-Proprietorship S-Corporation C-Corporation

How long do you expect to stay with this employer?

How secure is your employment?

Is your spouse employed? Yes No
If yes, please list your: employer _____
and job title _____

How would you describe your spouse's employment situation?
 Salaried employee Self-employed Partnership
 Sole-Proprietorship S-Corporation C-Corporation

How long does he/she expect to stay with this employer?

How secure is his/her employment?

Retirement Goals

At what age do you plan to retire? _____
What is your desired after-tax retirement income (in today's dollars)? _____
How many years have you worked under the Social Security System? _____

Please rate the following retirement concerns in order of importance, with "1" being the most important:

- | | |
|---|--|
| <input type="checkbox"/> Improving standard of living | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Comfortable retirement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Building estate for heirs | <input type="checkbox"/> Education of children |

Client Information

Data Questionnaire

Asset Information -- Retirement Accounts

Please list here information on any retirement plans you have, including IRAs, 401-k, 403-b, annuities, pensions, etc. *(or if you prefer, attach statements instead).*

Plan Type (e.g. IRA, 401(k), Pen- sion)	How Invested?	Owner* (C/S)	Market Value	Vested Amount?

* Owner = Client, Spouse, etc.

Liabilities and Obligations Other Than Mortgages

Do you have any other financial obligations not listed elsewhere?

For example: Child Support, Auto Loan, Family Loans, Credit Card Debt, Margin Account, Taxes Payable, Installment Loan.

Client Information

Data Questionnaire

Asset Information -- Real Estate

Please describe any real estate holdings you may have, including your personal residence, rental or commercial property, or any other real estate holdings.

	Residence #1	Residence #2	Rental/Other #1	Rental/Other #2
Brief Description				
Owner				
Purchase Date				
Purchase Price				
Value of Improvements				
Current Market Value				
Mortgage and/or Home Equity Loan:				
Original Amount				
Current Balance				
Interest Rate				
Maturity				
Special terms				
Monthly Payment				
Property Tax				
Monthly Income from Renting Out Property?				

Asset Information -- Personal Property

Please list below any significant items of personal property, such as autos, boats, home furnishings, jewelry, collectibles, antiques, etc. that are relevant to your financial, estate or investment planning.

Item	Owner*	Approx. Market Value

Client Information

Data Questionnaire

Life Insurance

Please list below the requested information on any life insurance policies you may own. Please include group as well as individual policies.

*Type = Term, Whole Life, Universal Life, Variable Life, Etc.

	Policy #1	Policy #2	Policy #3	Policy #4
Insured				
Owner				
Beneficiary				
Insurance Company				
Face Amount				
Type*				
Group/Individual?				
Annual Premium				
Annual Dividends				
Amount Borrowed On Policy?				
Borrowing Interest Rate				
Gross Cash Value				

Disability Insurance

Please provide below information on any disability insurance you may have.

Insured and Name of Company	Type (Indiv. or Group)	Monthly Benefit	Annual Pre- miums	Who Pays Pre- mium?

Client Information

Data Questionnaire

Other Insurance

Please describe below other insurance coverage you may have.

Coverage	Insurer	Type/Amount of Coverage	Value of Property	Annual Premiums
Homeowner's				
Auto #1				
Auto #2				
Umbrella or Excess Coverage?				
Medical/Health Insurance _____				
Long-Term Care _____				

Income Information

Please list below the types and amounts of income you receive throughout the year (please use current year amounts and annualize, rounding as necessary).

Item	Client	Spouse
Salary		
Commissions/Bonuses		
Deferred Compensation		
Social Security, Pensions, etc.		
IRA Withdrawals		
Investment Income		
Business Income (net)		
Alimony/Child Support		
Insurance Proceeds		
Trust/Estate Income		
Other		
Other		
<i>TOTAL</i>		

Client Information

Data Questionnaire

Living Expense Information

Please estimate these amounts for the current calendar year on a per year **or** per month basis.

Item	Per Year	Per Month
Savings/Investment		
Housing:		
Rent/Mortgage		
Property Taxes		
Property/Casualty Insurance		
Repairs		
Utilities		
Condo Fees		
Furnishings		
Maintenance/Services		
Clothing		
Food		
Transportation:		
Auto Loan/Lease Payments		
Gas		
Repairs		
Parking/Commuting		
Parental Support		
Alimony/Child Support		
Medical:		
Insurance		
Unreimbursed Expenses		
Other Insurance:		
Life		
Disability		

(continued on next page)

Client Information

Data Questionnaire

Living Expense Information (continued)

Item	Per Year	Per Month
Gifts		
Recreation/Entertainment		
Vacations		
Professional Fees and Expenses		
Hobbies/Continuing Education		
Day-To-Day Personal Expenses		
Children		
Child Care		
Education		
Other		
Charitable Contributions		
Loan Payments		
Credit Cards		
Other Loan Payments _____		
Income Taxes (including withholding) Please include information on any loss carryforwards, capital gains/losses incurred to date, etc.		
Other _____		
Other _____		
Other _____		
Other _____		
TOTAL		

Client Information

Data Questionnaire

Business Interests

Please provide information on the business and professional practice of the client (and spouse/partner), as applicable.

Name and Address of Business or Professional Practice:

Type:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Subchapter S |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> LLC | |

What is the present market value of the business? What is your share?

What would happen to the business in the event of your long-term disability? In the case of your death? Would you want the business retained by heirs or sold?

What amount would your estate collect if you died (liquidation value)?

Do you have a buy-sell or stock redemption agreement?

If yes, what is the purchase price?

Is there an escalation clause to provide for increasing values?

Is the agreement funded? How is it funded?

Does the business have any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Corporate Disability Plan |
| <input type="checkbox"/> Profit Sharing Plan | <input type="checkbox"/> 401-k Plan |
| <input type="checkbox"/> Thrift or Savings Plan | <input type="checkbox"/> Group Life Insurance |
| <input type="checkbox"/> Medical Reimbursement Plan | <input type="checkbox"/> Deferred Compensation Plan |
| <input type="checkbox"/> SIMPLE-IRA Plan | <input type="checkbox"/> SEP-IRA Plan |

Client Information

Data Questionnaire

Estate Information

Please provide the following estate planning information for the client (and spouse/partner):

Do you have a Will?

Yes No

If yes, on what date was it written?

When was it last reviewed?

Who is named as your Personal Representative (executor)?

If you have children, what provisions have you made for them?

Do you have a Durable Power of Attorney?

Yes No

Do you have advance medical directives (e.g. Living Will, health care power of attorney)?

Yes No

Whom do you authorize us to contact in the event of an emergency, or should questions arise about your health or incapacity?

Name: _____

Address: _____

Tel: _____

Relationship: _____

Have you created any trusts?

Yes No

If yes, what type of trusts?

Who is the trustee?

Who is the beneficiary?

Do you want to make future gifts or contributions? Have you ever made any gifts greater than \$13,000 per year to anyone other than your spouse? Yes No

If yes, in what amounts?

Do you expect any inheritances?

Yes No

If yes, in what amount and from whom?

Are you the beneficiary of any trusts? Yes No

If yes, what type of trusts?

Do you receive any income or distributions?

Client Information

Data Questionnaire

Client Acknowledgment

By completing and signing this questionnaire you, the client, affirm that your answers are true and correct to the best of your knowledge. You further acknowledge and agree that this questionnaire does not make or imply any guarantee as to the attainment of your investment objective. You also agree to make Adam Financial Associates, Inc. aware in writing of any changes in your personal or financial circumstances or investment considerations and requirements as they occur.

Client Signature

Client Signature

Date

(01/2010)

Client Information

Data Questionnaire

Additional Information & Documentation Requested

You may wish to locate the following documents among your personal records. You do *not* need to bring these documents to our meeting, but we may ask for copies at a later date if you become our Client.

- Tax Planning** () Last 3 years Federal tax returns (and State if applicable)
() Latest W-2 and employee benefits statement
() Other tax returns (gift, estate)
- Cash Flow Planning** () Monthly bank statements, canceled checks, or other records of receipts/expenditures
() Assets and liabilities
() Property settlement, divorce or separation agreements
- Estate Planning** () Copies of all Wills and Trusts
() Copies of all Durable Powers and Medical Directives
- Retirement Planning** () Copies of any Social Security records, such as estimated earnings or quarters of coverage
() Anticipated benefits upon retirement
() Existing qualified and non-qualified plans
- Insurance Planning** () All insurance policies (group, individual, life, health, disability, auto, homeowner, long-term care, umbrella, policy loans, etc.)
() Employee benefit booklets/projection of benefits
() Information on any Board of Director positions/appointments as Executor/Executrix
- Investment Planning** () Latest statements from all money market and mutual fund accounts, brokerage accounts, IRAs and Keoghs, 401-k or 403-b plans, pension/profit sharing plans
() Tax basis of assets owned
() Other personal investment documents
- Business documents** () Corporation or partnership papers () Financial statements
() Income tax returns () Leases
() Stock purchase/buy-sell agreements () Business insurance policies
() Employee benefit program descriptions
() Pension or profit sharing plan descriptions