

Confidential Questionnaire

FOR PROSPECTIVE CLIENTS ONLY

SUMMIT FINANCIAL STRATEGIES

7965 N. High St. #350, Columbus, OH 43235
t: (614) 885-1115 f: (614) 885-1495

Personal information

Your Full Legal Name _____

Your Nickname: _____ Birthdate: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Occupation: _____ Cell Phone: _____

Employer: _____ Office Phone: _____

Business Address: _____ Salary/Income: _____

Most convenient time to call: _____ Are you covered by a state or federal retirement plan? Y N

Spouse's Name: _____ Birthdate: _____

Occupation: _____ Cell Phone: _____

Employer: _____ Office Phone: _____

Business Address: _____ Salary/Income: _____

Most convenient time to call: _____ Are you covered by a state or federal retirement plan? Y N

Children

Name: _____ Gender (optional): _____

Birthday: _____ Marital Status: _____ Number of Children: _____

Name: _____ Gender (optional): _____

Birthday: _____ Marital Status: _____ Number of Children: _____

Name: _____ Gender (optional): _____

Birthday: _____ Marital Status: _____ Number of Children: _____

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Assets

Cash equivalents

Checking and savings accounts \$ _____
 Money market accounts \$ _____
 Certificates of deposit \$ _____
 Life insurance cash value \$ _____

Stocks/bonds/mutual funds

Attach a separate statement or list individual securities/funds \$ _____
 \$ _____
 \$ _____

Retirement plans

IRA account \$ _____
 Pension plan \$ _____
 Profit sharing plan \$ _____
 401 (k) or thrift plan \$ _____
 Tax sheltered annuity /403(b) plan \$ _____
 Deferred compensation plan \$ _____
 ESOP or stock option plan \$ _____

Real estate

Home \$ _____
 Other real estate \$ _____

Business interests \$ _____

Other assets

Accounts receivable \$ _____
 Gold or precious metals \$ _____
 Oil or gas interests \$ _____
 Coin/stamp/other collections \$ _____
 Art and antiques \$ _____
 Jewelry and furs \$ _____
 Personal property \$ _____
 Automobiles \$ _____
 Miscellaneous \$ _____
 \$ _____
 \$ _____

Total Assets \$ _____

Please bring the following documents to your initial meeting:

- Most recent brokerage/investment statements
- Most recent tax return(s)
- Most recent retirement plan statement(s)
- Most recent IRA statement(s)

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Liabilities

Home mortgage \$ _____
\$ _____
\$ _____

Home equity line of credit \$ _____
or second mortgage \$ _____

Other mortgages \$ _____

Auto loans/leases \$ _____
\$ _____
\$ _____

Other installment loans \$ _____
\$ _____

Business loans \$ _____
\$ _____

Taxes due \$ _____
\$ _____

Credit cards \$ _____
\$ _____
\$ _____

Other personal debt \$ _____

Total liabilities \$ _____

Net worth \$ _____
(Assets minus liabilities)

Financial planning priorities

In order of importance, what are your three most critical financial issues?

How did you hear about Summit Financial Strategies?

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Twenty questions

1. Do you plan to make a significant financial change in the next five years? _____ Yes No
2. Do you or your spouse expect an inheritance? If so, how much? _____ Yes No
3. Are your parents or adult children dependent on you for support? _____ Yes No
4. Do you save systematically? _____ Yes No
5. Do you have a will? _____ Yes No
6. Have you ever owned individual stocks or stock mutual funds? _____ Yes No
7. Do you have an IRA? _____ Yes No
8. Do you have an inclination to start a business? _____ Yes No
9. Do you plan to pay for your children's or grandchildren's college educations? _____ Yes No
10. Have you ever been declined or rated for life or disability insurance? _____ Yes No
11. Do you routinely receive an income tax refund? _____ Yes No
12. Do you plan to retire at a specific age? If so, when? _____ / _____ Yes No
13. Do you plan to move from your present home in the next five years? _____ Yes No
14. Do you have a/an: (check all that apply) attorney accountant insurance advisor
 broker investment advisor banker financial planner trustee
15. Are you satisfied with your financial progress to date? _____ Yes No
16. Have you ever invested in a real estate limited partnership, or other "tax shelters"? _____ Yes No
17. How much do you think the following affect portfolio performance?
Security Selection (which stocks, bonds to buy) _____ %
Market Timing (when to get in and out of market) _____ %
Portfolio Design (how much in cash vs. bonds vs. stocks) _____ %
18. How do you feel when the stock market goes down? _____
19. What happens to the value of a bond when interest rates go up? It rises It falls
20. What do you think the average annual rate of inflation has been over the past 25 years? _____

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