Francis Financial
Your Path to Prosperous Living™

Your Path to
PROSPEROUS LIVING

Confidential Questionnaire

The information requested will enable us to serve your needs with efficiency and at less cost. Please indicate if a question does not apply with a “N/A”. If you need more space for answers, please attach a sheet and write “See Attached” next to the corresponding question number. If the information requested is available from another document that will be provided with this questionnaire, please so indicate, and attach it to the questionnaire.

Please include with this questionnaire copies of the following (where applicable):

Estate Planning Documents	Tax Returns (last 2 years)
Brokerage Statements	Employee Benefit Plan Booklets
Insurance Contracts	Retirement Plan Statements
Social Security Benefits Estimate	Paycheck
Mortgage and Student Loan Statements	Credit Card Statements

If you prefer to provide us with the original of any document, we will have it copied and returned to you as soon as possible. Please send important material by registered mail.

Stacy Francis, CFP®, CDFA™
President, Francis Financial, Inc. · Founder, Savvy Ladies®
111 John Street, Suite 240 · New York, NY 10038
www.francisfinancial.com · www.savvyladies.org
Office: 212-374-9008 · Fax: 646-219-6799
stacy@francisfinancial.com · stacy@savvyladies.com

SECTION I – PERSONAL

Client 1	Client 2
Name: ___________________________________	Name: ___________________________________
SSN: _____ - _____ - _____	SSN: _____ - _____ - _____
Birth Date: ____ / ____ / ____	Birth Date: ____ / ____ / ____
Employer: _______________________________	Employer: _______________________________
Position: ________________________________	Position: ________________________________
Length at Employer: ______________________	Length at Employer: ______________________
Work Phone: ____ - ____ - ____	Work Phone: ____ - ____ - ____
Work Fax: ____ - ____ - ____	Work Fax: ____ - ____ - ____
E-mail: __________________________________	E-mail: __________________________________

Home Address: ____

Home Phone: ____ - ____ - ____ Home Fax: ____ - _____ - ____

Client (1) Citizenship: □ U.S.A □ Other: ______________________________________

Client (2) Citizenship: □ U.S.A □ Other: ______________________________________

Advisors:

Please list your current advisors.

Advisor	Name	Address	Phone/Email
CPA/EA	______________________ ______________________	______________________ ______________________	______________________ ______________________
Attorney	______________________ ______________________	______________________ ______________________	______________________ ______________________

Children:

Name	Date of Birth	SSN	From Previous Marriage?	Provide Support Y/N
_________________________	___/___/___	___-___-____	_______	_______
_________________________	___/___/___	___-___-____	_______	_______
_________________________	___/___/___	___-___-____	_______	_______
_________________________	___/___/___	___-___-____	_______	_______
_________________________	___/___/___	___-___-____	_______	_______

I. A. Do any of the children have special needs?

____
____
____

I. B. If anyone has been married previously, is there any remaining financial obligation due from or to the prior partner?

____

____

I. C. Does anyone have a parent or relative who will require financial support? If so, when, and how much (if known)?

____

____

I. D. Does anyone expect to receive a substantial inheritance? If so, please estimate amount and timing (if known).

____

____

I. E. When was the last time your estate planning documents were reviewed? ______________________
By whom? ____

I. F. Please describe any additional sources of funds you will receive over the next 10 years:
(Examples: sale of business, inheritance, sale of home).

Source of Funds	Estimated Amount	Estimated Date of Receipt
	$	
	$	

I. G. Please describe any non-recurring withdrawals you expect to take from your investment account(s), over the next ten years. (Examples: large tax liability, second home purchase, charitable contributions)

Reason for Withdrawal	Estimated Amount	Estimated Date of Withdrawal
	$	
	$	

How large of an emergency reserve fund would make you feel comfortable? (Usually 3-6 months of your expenses)	**$**

SECTION II – OBJECTIVES

II. A. Please describe your short-term (less than 1 year) goals:
[Possible topics: change of jobs, change of career, retirement, purchase new home, move to different geographical location, return to school, start a family, etc. Please estimate cost if possible.]

____

____

____

____

____

II. B. Please describe your intermediate (less than 5 years) goals:
[Possible topics: change of jobs, change of career, retirement, purchase new home, move to different geographical location, return to school, start a family, etc. Please estimate cost if possible.]

____
____
____
____
____
____

II. C. Please describe your long-term (more than 5 years) goals:
[Possible topics: change of jobs, change of career, retirement, purchase new home, move to different geographical location, return to school, start a family, etc. Please estimate cost if possible.]

____
____
____
____
____
____

II. D. Please describe any education goals for you or your children:
[Type of school, number of years, annual cost, starting date, etc.]

____
____
____
____
____
____

II. E. Please describe your retirement (financial independence) goals:
[Start date, required annual income at start, funds required for travel or other extraordinary expenses, etc. Also please describe what you mean by retirement.]

Client (1) Start Date: ___________________ Income Desired: $ _________________
Client (2) Start Date: ___________________ Income Desired: $ _________________

Client (1): Financial independence, for me, means: ________________________________
____
____
____
____

Client (2): Financial independence, for me, means: ________________________________
____
____
____

II. F. Please describe other goals or events that will have a financial impact:
[Purchase of special items such as cars, boat, antiques, collections, gifts, vacation home, weddings, or starting a business, etc. Please include date required and approximate amount.]

____
____
____
____

SECTION III – INVESTING

III. A. Please describe your investing experience:
[Sought special situations or opportunities, accumulated capital, managed capital acquired through inheritance, avoidance of risk, etc. In general what has been your investing experience?]

____

____

____

____

III. B. Describe your current investment style in terms of the level of risk that you are comfortable taking, using a scale form 0 to 10 (0 representing no risk and 10 representing maximum risk).

Client (1): What type of investor do you consider yourself? Please circle a number on the line below.

1 2 3 4 5 6 7 8 9 10
Conservative Moderate Aggressive

Client (2): What type of investor do you consider yourself? Please circle a number on the line below.

1 2 3 4 5 6 7 8 9 10
Conservative Moderate Aggressive

III. C. How important is it to you that your investment returns are consistent from year to year?

Client (1)
- □ Very important
- □ Somewhat important
- □ Not important

Client (2)
- □ Very important
- □ Somewhat important
- □ Not important

III. D. How would you characterize your primary investment objective and loss tolerance for your portfolio?

	Investment Objective	Annual Loss Tolerance
□	Preservation of capital while minimizing losses and fluctuations.	-5%
□	A balanced approach seeking preservation of capital with some tolerance for short-term fluctuations in value to seek moderate growth.	-10%
□	Primary emphasis on capital growth with only moderate concern about short-term fluctuations in value.	-15%
□	Maximize growth of assets with corresponding tolerance for additional risk and short-term fluctuations.	-20%
□	Other (please describe)	

[1] Historically, to achieve greater rates of return, investors have had to accept greater short-term loss potential. Our target for the worst-case scenario over a 12-month period for these portfolios is the annual loss tolerance stated above. This does not mean these portfolios could not lose more than these stated percentages in a 12-month period, however, we expect that these loss thresholds would only be reached on rare occasions (i.e. once or twice over a ten-year period).

III. E. What do you see as the greatest opportunity to improve your investment experience?

____

____

Have you ever lost money on an investment? □ Yes □ No

If so, please describe the type of investment and your reaction to the loss.
Investment: ____
____

Reaction: ____
____

III. F. Do you receive/ hold options or participate in stock purchase plans? □ Yes □ No
If yes, please provide details: (or attach information)
____
____
____

III. G. Are there any securities in your current portfolio that you do not want to sell? (e.g. restricted stock, investments with large built-in gains, emotional reasons, etc.)

Security: ______________________________ Reason for Holding: ____________________________
Security: ______________________________ Reason for Holding: ____________________________
Security: ______________________________ Reason for Holding: ____________________________

Are there any types of investments that should be avoided in your accounts?
____
____
____
____

SECTION IV – FINANCES

IV. A. Do you feel that you generally live within your income or do you usually have to use savings for living costs?
____
____
____
____

IV. B. Are you comfortable with the idea of using saving for living expenses? □ Yes □ No
____
____
____

IV. C. After retiring, would you be willing to use savings to maintain your style of living if you were assured that the savings would not be exhausted during your life expectancy? □ Yes □ No

SECTION V – ASSETS & LIABILITIES

V. A. Bank Accounts:
[Ownership: 1 = Community Property, 2 = Joint Tenants, 3 = Client 1 Separate Property, 4 = Client 2 Separate Property]

Bank/Credit Union	**Owner**	**Average Balance**
____________	____________	____________
____________	____________	____________
____________	____________	____________
____________	____________	____________

V. B. Investment Accounts/Pensions:

Name of Account or Broker	**Owner**	**Balance**
____________	____________	____________
____________	____________	____________
____________	____________	____________
____________	____________	____________

V. C. Residence:
Date Purchased: ____________
Purchase Price: ____________
Current Market Value: ____________
Additions/re-model costs: ____________
Initial Mortgage Amount: ____________ Current Balance: ____________
Interest Rate: ____________ Term: ____________ Years: ____________

Are there any equity loans or secondary financing?
Initial Amount: ____________ Current Balance: ____________
Interest Rate: ____________ Term: ____________

V. D. Are there any assets in the names of the children? (Custodial accounts?)

Child's Name	**Current Value**	**Type of Account**
____________	____________	____________
____________	____________	____________
____________	____________	____________

V. E. Please list any insurance contracts and provide copies of the declaration pages.
Homeowners, Automobile, Life Insurance, Disability, Annuities, Health, Long-Term Care

Type	**Issuing Company**
____________	____________
____________	____________
____________	____________
____________	____________
____________	____________
____________	____________

V. F. Do you own any businesses? If so, please attach financial statements. Please describe the business including any debt that you are personally liable for. Do they require additional capital?

____
____
____
____

V. G. Do you own any rental properties? If so, please attach financial statements. Please describe the business, ownership interest, and debt. Do they require additional capital?

____
____
____
____

V. H. Do you have any highly valued personal property items?
[Such as automobiles, art collections, antiques, jewelry, furs, other collectables, etc.]

Type of Property	**Value**	**Insured Yes/No**

V. I. Have you co-signed or guaranteed any loans? Please provide details.

____
____
____
____

V. J. Are there any personal loans? (indicate whether owed to you or by you)

Type of Loan	**Value**	**Secured Yes/No**	**With**

V. L. Earned Income:	Client (1)	Client (2)
Salary		
Bonus		
Do you receive other forms of compensation?		

SECTION VI – EXPENDITURES

[Please indicate if the amounts are weekly, monthly, or annual.]

Type	**Amount**	**Frequency**
Transportation		
Gas		
Parking		
Bridge tolls		
Maintenance		
Car loan/lease		
Transportation (Subway, taxis)		

SECTION VI – EXPENDITURES *(continued)*

Food		
Breakfast/lunch outside home	______________	______________
Dinner outside home	______________	______________
Groceries	______________	______________
Entertainment		
Movies, clubs, bars etc.	______________	______________
Vacations	______________	______________
Home		
Rent/ mortgage	______________	______________
Condo or association dues	______________	______________
Repairs/home maintenance	______________	______________
Cleaner	______________	______________
Utilities		
Land/wireless telephone	______________	______________
Cable	______________	______________
Internet, DSL	______________	______________
Gas, Water, electricity	______________	______________
Insurance		
Disability insurance	______________	______________
Life insurance	______________	______________
Health insurance	______________	______________
Dental insurance	______________	______________
Car insurance	______________	______________
Renters/homeowners insurance	______________	______________
Memberships		
Heath club membership	______________	______________
Professional associations	______________	______________
Other membership dues	______________	______________
Personal Care		
Clothes	______________	______________
Beauty products	______________	______________
Laundry/dry cleaning	______________	______________
Education/conferences	______________	______________
Toys, books, magazines	______________	______________
Children		
Child support	______________	______________
Child care	______________	______________
School tuition	______________	______________
School activities(sports, art, etc.)	______________	______________
Clothing	______________	______________
Other		
Miscellaneous	______________	______________

Thank you again for the time you have taken to provide the requested information.