

BUTTON FINANCIAL

Registered Investment Advisor

FINANCIAL PLANNING QUESTIONNAIRE

Today's Date _____ Referred by _____

GENERAL INFORMATION

Client(C) _____ (C) Birth date _____

Spouse/Partner (S/P) _____ (S/P) Birth date: _____

Address _____

Home Phone _____ Date of Marriage _____

(C)SSN _____ (S/P) SSN _____

(C) Work Phone _____ (S/P) Work Phone _____

(C) Cell _____ (S/P) Cell _____

(C) E-Mail _____ (S/P) E-Mail _____

Prior Marriages (C) Yes No Prior Marriages (S/P) Yes No

Client

Spouse/Partner

Occupation _____

Employer _____

How Long _____

Address _____

Children	Birth dates	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents	Comments
_____	_____
_____	_____
_____	_____
_____	_____

Significant Others _____

Are you expecting any inheritances? _____

REASON FOR FINANCIAL PLANNING

Please number the following in order of importance. Place N/A next to the ones that do not apply.

Client	S/P	
_____	_____	Cash Management
_____	_____	Increase/Maintain Current Standard of Living
_____	_____	Provide Educational Funds For My/Our Children
_____	_____	Provide Income at Retirement
_____	_____	Minimize My/Our Personal Income Tax(s)
_____	_____	Develop an Appropriate Investment Strategy
_____	_____	Establish Proper Wills and Trusts
_____	_____	Build a Sizeable Estate for my Survivors

What is your major concern or question that brings you to seek the assistance of a financial planner?

CURRENT ADVISORS

ATTORNEY _____	Phone _____
ACCOUNTANT _____	Phone _____
NAME OF BANK _____	Phone _____
Address _____	
REALTOR _____	Phone _____
INSURANCE AGENT _____	Phone _____
STOCK BROKER _____	Phone _____
TRUST OFFICER _____	Phone _____
OTHER _____	Phone _____
OTHER _____	Phone _____

Please put an asterisk next to those advisors whom we should consult in preparing your financial plan

ASSETS

Bank Accounts	INSTITUTION	MARKET VALUE	OWNERSHIP NAME/JOINT?
Checking Account	_____	\$ _____	_____
Savings Account	_____	\$ _____	_____
Credit Union	_____	\$ _____	_____
Money Markets	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Individual Stocks & Mutual Funds	Provide complete and detailed statements for each or complete this section		
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Retirement Plan Investments	Provide complete and detailed statements for each or complete this section		
IRAs	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
Employers' Plan(s)	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
Pension/Profit Sharing	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Tangible Assets	Gold, Diamonds, Collectibles (only if held for investment/profit)		
	_____	\$ _____	_____
	_____	\$ _____	_____

U.S. GOVERNMENT SECURITIES, CD's, MUNICIPAL BONDS, CORPORATE BONDS

Provide complete and detailed statements for each or complete this section

TYPE	RATE	MATURITY DATE	CURRENT VALUE	OWNERSHIP
_____	_____%	_____	\$ _____	_____
_____	_____%	_____	\$ _____	_____

MONEY OTHER PEOPLE OWE YOU

	BALANCE	INTEREST	PAYMENT
Loans Receivable	\$ _____	_____%	\$ _____
Mortgages You Carry	\$ _____	_____%	\$ _____
Are All Loans Current?	_____		
Do You Expect To Be Paid in Full	_____		

REAL ESTATE

	YOUR HOME	PROPERTY #2	PROPERTY #3
Street Address	_____	_____	_____
Purchase Date	_____	_____	_____
Purchase Price	\$ _____	\$ _____	\$ _____
Improvement Costs	\$ _____	\$ _____	\$ _____
Current Loan Origination Date	_____	_____	_____
Current Balance	\$ _____	\$ _____	\$ _____
Terms (Fixed, Variable, Other)	_____	_____	_____
Rate	_____%	_____%	_____%
Loan Duration	_____	_____	_____
Payment Total	\$ _____	\$ _____	\$ _____
Principle	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
HOA	\$ _____	\$ _____	\$ _____
Extra Principle Payments	\$ _____	\$ _____	\$ _____
Monthly Ave. Rental Income	\$ _____	\$ _____	\$ _____
Monthly Ave. Maintenance	\$ _____	\$ _____	\$ _____
Approximate Current Value	\$ _____	\$ _____	\$ _____

Comments _____

AUTOMOBILES

Year Model Make	# of Miles	FMV	Loan Due	When Will You Replace
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANTIQUES/SPECIAL VALUE PROPERTY

ANY OTHER ASSETS

INCOME

	Annual	Bonus	Take Home Per check	# Paychecks Per Year
Clients Gross Income	\$ _____	\$ _____	\$ _____	_____
S/P Gross Income	\$ _____	\$ _____	\$ _____	_____
Government Pension/ Non-Taxable Income	_____			\$ _____
Other Income	_____			\$ _____
Comments	_____			

Last Year's Refund/Under-payment	\$ _____	Last Year's Taxable Income		\$ _____

LIABILITIES

	Description	Balance Due	Monthly Payment	Interest Rate
Bank Loans	_____	\$ _____	\$ _____	_____ %
Personal Loans	_____	\$ _____	\$ _____	_____ %
Auto Loans	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
Charge Accounts – Credit Cards				
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
Taxes Due	_____	\$ _____	\$ _____	_____ %
Other Liabilities	_____	\$ _____	\$ _____	_____ %
(Please Specify)	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %

INSURANCES

HEALTH

	Type HMO PPO/HSA	Annual Premium	Annual Deductible	Coinsurance Max Payment	Maximum Limit
Client	_____	_____	_____	_____	_____
S/P	_____	_____	_____	_____	_____

DISABILITY

	Short Term				Long Term			
	Premium	Benefit	Wait	Duration	Premium	Benefit	Wait	Duration
Client	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____
S/P	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____

LONG TERM CARE

Company Name	Premium	Daily Benefit	Wait	Duration	Cost of Living
Client _____	\$ _____	\$ _____	_____	_____	_____
S/P _____	\$ _____	\$ _____	_____	_____	_____

LIFE

Insured's Name	Employer or Name of Company	Death Benefit	Premium	Beneficiary	Cash Value	Policy Loans	Owner
_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
_____	<u>Group</u>	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
_____	<u>Group</u>	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____

	Name of Company	Annual Premium	Deductible	Comments
HOMEOWNERS	_____	\$ _____	_____	_____
AUTO	_____	\$ _____	_____	_____
UMBRELLA	_____	\$ _____	_____	_____

ESTATE PLANNING

Are you a United States Citizen? Client Yes No Date S/P Yes No Date
 Do you have a current will? Client Yes No _____ S/P Yes No _____
 Do you have a Medical Power of Attorney? Client Yes No _____ S/P Yes No _____
 Do you have a Financial POA? Client Yes No _____ S/P Yes No _____
 Do you have a Living Will? Client Yes No _____ S/P Yes No _____
 Do you have any trusts or other special provisions? Client Yes No _____ S/P Yes No _____

Is so, describe? _____

Do you own real estate in another state? Client Yes No S/P Yes No
 What state? _____

Retirement Plan Assets

Owner	Plan	Primary Beneficiary(ies)	Secondary Beneficiary(ies)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Do you plan to provide funds for your children's education? Client Yes No S/P Yes No
 Does an adult in the family intend to go back to school? Client Yes No S/P Yes No

If yes, complete the table below to arrive at an estimate, in today's dollars, of the gross cost of education.

Name	Years of Education	Estimated Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you expect your children to contribute to their cost of their education? Yes No

RETIREMENT

At what age do you plan to retire or be financially independent? Client _____ S/P _____

What do you expect your life expectancy to be? Client _____ S/P _____

How much income would you like to have, in today's dollars, when you retire? (Consider your current standard of living and whether you want to maintain, increase or decrease that standard of living.)

Client \$ _____ S/P _____

INVESTMENT RISK AND OBJECTIVES

For each of the following questions, circle the number that most accurately reflects your answer. Client & S/P are to respond separately by placing your initials in the box which indicates your response.

How willing are you:	Very	Medium	Not
To take high risks for high rewards based on you ability to move assets in and out of investments quickly?			
To take higher risks for higher rewards with rewards obtained by holding investments over long period of time? (10+ years)			
How important is it to you			
To achieve tax-free or tax deferred returns?			
To receive regular monthly income from your investments			
To have investments with small fluctuations in market value?			
To hold investments which have no fluctuations in market value?			
To dispose of your investments quickly and easily, with little or no loss of value?			

Which of the following most closely describes your investment goals Client S/P
(Rank each item 1-4, with one being the most important and four being least important)

- | | | |
|---|-------|-------|
| 1. Preserving your original investment capital. | _____ | _____ |
| 2. Receiving a monthly income from your investments | _____ | _____ |
| 3. The growth of your investments over long periods of time (10+ yrs) | _____ | _____ |
| 4. Receive the highest returns possible over a short period of time. | _____ | _____ |

Please mark "A" the vehicles you have used successfully in the past.
 Please mark "B" those about which you would like more information.
 Please mark "C" vehicles you would *not* like to consider.

Client	S/P	
_____	_____	Money Market Funds
_____	_____	Certificates of Deposit
_____	_____	Bonds (Corporate, Municipal, Government)
_____	_____	Gold (Stocks, Coins, Certificates)
_____	_____	Commodities Options Futures
_____	_____	Gemstones Collectibles
_____	_____	Blue Chip Stocks
_____	_____	Mutual Funds
_____	_____	Mortgages
_____	_____	Others _____

MONEY ATTITUDES AND LIFE VALUES

Please complete by indicating if you are satisfied with a "y" for yes and an "N" for no:

Client	S/P	I AM SATISFIED...
_____	_____	...with my ability to meet my financial obligations
_____	_____	...with the income from my current job
_____	_____	...with my spending habits
_____	_____	...with my debt level
_____	_____	...with the "extras that I am able to buy for myself and/or loved ones
_____	_____	...with the level and quality of insurance protection I currently have
_____	_____	...with the amount of money that I save and invest on a regular basis
_____	_____	...with my current investment choices
_____	_____	...that I am on track to build a sufficient retirement nest egg
_____	_____	...with my style of personal bookkeeping and financial record management
_____	_____	...with my ability to provide financial help to family members
_____	_____	...with my estate plan
_____	_____	...with my level of charitable giving
_____	_____	...with my level of financial education
_____	_____	...with how I respond emotionally to my personal finance matters
_____	_____	...with my ability to communicate about my financial matters
_____	_____	...with the feelings I have about my relationship to money
_____	_____	...that financial issues do not cause stress in important relationships I have

Please share any comments that these last two exercises lead you to want to discuss with your financial planner.

Indicate which of the FIVE (5 ONLY) values you are most likely to use your money to express with a "\$" and those FIVE you are most likely willing to use your time to express with a "T."

Client S/P

- | | | |
|-------|-------|--|
| _____ | _____ | ACHIEVEMENT: To accomplish something important in life; be involved in significant activities; succeed at what I am doing. |
| _____ | _____ | AESTHETICS: To be able to appreciate and enjoy beauty for beauty's sake; to be artistically creative. |
| _____ | _____ | AUTHORITY/POWER: To be key decision-maker, directing priorities, the activities of other people and/ or allocation and use of general resources. |
| _____ | _____ | ADVENTURE: To experience variety and excitement, and to be able to respond to challenging opportunities |
| _____ | _____ | Autonomy: To be independent, have freedom, be able to live where I want to live and do what I want to do. |
| _____ | _____ | HEALTH: To be physically, mentally and emotionally well; to feel energetic and maintain a sense of well being. |
| _____ | _____ | INTEGRITY: To be honest, straightforward, just and fair. |
| _____ | _____ | INTIMACY/FRIENDSHIP/LOVE: To have close personal relationships, experience affection and share life with family and friends. |
| _____ | _____ | PLEASURE: To experience enjoyment and personal satisfaction from the activities in which I participate. |
| _____ | _____ | RECOGNITION: To be seen as successful; receive acknowledgement for achievements. |
| _____ | _____ | SECURITY: To feel stable and comfortable with few changes or anxieties in life |
| _____ | _____ | SERVICE: To contribute to the quality of life for other people and to be involved in improving society or the world. |
| _____ | _____ | SPIRITUAL GROWTH: To have communication or harmony with the infinite source of life. |
| _____ | _____ | WEALTH: To acquire an abundance of money and/or material possessions; to be financially independent. |
| _____ | _____ | WISDOM: To have insight, to be able to pursue new knowledge, have clear judgment and be able to use common sense in life situations. |