

Pathfinder Financial Services Questionnaire

CLIENT

SPOUSE / LIFE PARTNER

Name: _____, _____, _____, _____, _____, _____
Last First MI Last First MI

Address: _____

Phone: _____
(H-home, W-work, M-mobile) (W-work, M-mobile)

Date of Birth: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Gender: _____

Total Annual Earned Income: _____
(exclude income from investments, but include bonuses, commissions, etc. based on GROSS, BEFORE TAX, annual estimated amount)

CURRENT INVESTMENTS

You may input the detailed ownership OR simply the "Total Value of Investments" by "Tax Category", however detailed information is required for estate planning.

OPTIONAL: DETAILED OWNERSHIP
MUST BE COMPLETED TO INCLUDE ESTATE TAX PLANNING

TAX CATEGORY	TOTAL VALUE OF INVESTMENTS	CLIENT	SPOUSE	JOINT
Taxable Investments:	_____	_____	_____	_____
Retirement Accounts: <i>(401k, IRA, Annuities, etc)</i>	_____	_____	_____	_____
Education Accounts: <i>(529, Coverdale, UTMA, etc)</i>	_____	_____	_____	_____
Tax Exempt (Roth) Accounts:	_____	_____	_____	_____

RISK TOLERANCE / ASSET ALLOCATION

	HISTORICAL AVERAGE RETURN	ODDS OF LOSING MONEY IN ANY ONE YEAR	WORST YEAR OF 78 YEARS	WORST YEAR OF 35 YEARS	
Portfolio A	10.4%	29% (1 in 3)	-43%	-26%	<i>Unlike traditional planning methods that position you to experience the most risk you can tolerate, we assume you would prefer to avoid risk if possible. Based on your desire to avoid unnecessary investment risk, the portfolio that best fits your ideal tolerance for risk is:</i> <i>Sometimes your ideal portfolio may be too conservative to produce returns that would enable you to meet your most important financial goals. If necessary, to meet financial goals you feel are critical, which portfolio has the most risk you could possibly tolerate?</i> Portfolio With The Most Risk You Could Tolerate _____
Portfolio B	9.7%	27% (1 in 4)	-35%	-20%	
Portfolio C	8.8%	24% (1 in 4)	-27%	-14%	
Portfolio D	8.1%	22% (1 in 5)	-21%	-9%	
Portfolio E	7.2%	14% (1 in 7)	-14%	-4%	
Portfolio F	5.4%	13% (1 in 8)	-8%	-3%	

SAVINGS

To estimate the likelihood of meeting your goals, we need to know how much you are saving each year. If you do not have detailed information for items like matching employer contributions, matches on deferred compensation, etc., please provide your best estimate for the amount.

	CLIENT		SPOUSE / LIFE PARTNER	
	TOTAL	CIRCLE ONE	TOTAL	CIRCLE ONE
401k, SEP, 403b, IRA, Deferred Compensation, etc.	Amount: _____	(annual/monthly)	Amount: _____	(annual/monthly)
Roth IRA	Amount: _____	(annual/monthly)	Amount: _____	(annual/monthly)
Taxable/Other Savings	Amount: _____	(annual/monthly)	Amount: _____	(annual/monthly)
529, Coverdale, UTMA	Amount: _____	(annual/monthly)	Amount: _____	(annual/monthly)

GOALS

The following questions are to determine your ideal goals and the compromises you would be willing to make. Please complete the following questions:

1. Ideally, I would like to retire at age _____, but if needed to meet other more important financial goals, would be willing to work to age _____.(write "Now" if already retired)
2. My spouse/life partner will retire at the same time as I do: YES or NO. If NO, my spouse/life partner would ideally like to retire at age _____, but if needed to meet other more important financial goals, would be willing to work to age _____. (write "Now" if already retired)
3. If possible, I/we would like to leave an estate worth at least \$ _____, but would be willing to leave as little as \$ _____ if necessary to meet other more important goals.
4. Ideally, I/we would like to reduce annual savings by \$ _____, but would be willing to save an additional \$ _____ annually if needed to meet other more important financial goals,
5. How would you like us to estimate your retirement income needs? (check one)

_____ I'd like you to estimate my retirement income needs based on my current income and your estimates of what would be needed to maintain my lifestyle (do not select this option if already retired, input your annual spending needs below). OR

_____ I/We would ideally retire on an annual retirement spending budget of \$ _____, BUT in no case less than \$ _____.

6. Ideally, I/we would like to assist with the following children's college educational expenses (avg. annual tuition -- public - \$4,694/ private - \$19,710)

NAME	DATE OF BIRTH	IDEAL ANNUAL AMOUNT	ACCEPTABLE ANNUAL AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. OPTIONAL - I/We have other sources of income, such as pensions, rental income, etc. we would like to include in our Plan. (Please do not include income from stocks, bonds, mutual funds or other investment accounts already input in the investment assets of SECTION 1) They are as follows:

DESCRIPTION <i>(Enter a description, i.e. My pension plan, annuity, spouse's trust fund, rental income, etc.)</i>	ANNUAL AMOUNT <i>(annual \$ amount)</i>	STARTING AGE <i>(Input either a specific starting or ending age, or select from the following events: now, retirement, death or 2nd death)</i>	ENDING AGE	WHOSE AGE? <i>Client Spouse Partner</i>	ASSUMED GROWTH RATE <i>(If adjusted for cost of living, select inflate "Y" or enter annual % growth)</i>
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____

8. OPTIONAL - I/We have other specific goals we will need money for and would like to include these expenditures in our plan. (DO NOT include basic retirement income or estate goals.) They are as follows:

DESCRIPTION <i>(Enter a description, i.e. extraordinary travel, buy exotic car, buy vacation home, etc.)</i>	ANNUAL AMOUNT <i>(annual \$ amount Ideal/Acceptable)</i>	STARTING AGE <i>(Input either a specific starting or ending age, or select from the following events: now, retirement, death or 2nd death)</i>	ENDING AGE	WHOSE AGE? <i>Client Spouse Partner</i>	ASSUMED GROWTH RATE <i>(If adjusted for cost of living, select inflate "Y" or enter annual % growth)</i>
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____
_____	_____	_____	_____	C/S/P	Y/N _____

PRIORITIES

Your plan will be designed to provide you confidence that your most important financial goals will be achieved. We need to prioritize your goals to identify those alternatives that make the most sense for what you want to accomplish. Please prioritize the following (e.g., 1,2,3,... no ties please):

- _____ Minimizing Investment Risk
- _____ Minimizing Savings Requirement
- _____ Earlier Retirement
- _____ Maximizing Retirement Income
- _____ Maximizing Assistance to Children/Grandchildren Education
- _____ Maximizing Wealth Transfer
- _____
- _____
- _____
- _____

NET WORTH / OTHER ASSETS (OPTIONAL)

Please list those assets you hold, such as business interests, real estate, and collectibles that were not included in the investment assets of SECTION 1.

APPROXIMATE VALUE

	DESCRIPTION	CLIENT	SPOUSE/PARTNER	JOINT
Other Assets <i>(Homes, personal property, rental property, collectibles, etc.)</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

APPROXIMATE AMOUNT OWED

	DESCRIPTION	CLIENT	SPOUSE/PARTNER	JOINT
Liabilities <i>(Debts, Mortgages, loans, etc)</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

NOTES Please write any information you would like us to consider which is not included in the prior pages of this questionnaire.