



Family Questionnaire

Money Map

Retirement Review

Please bring the following documents:

- | | |
|--|---|
| 1. Last 2 years of tax returns | 4. All LTC and Life insurance policies. |
| 2. Annuity policies and recent statements | 5. CD information |
| 3. All brokerage firm statements (all pages) | 6. Warranty deed or legal description |

Would you please help us by answering the following questions?

How did you originally hear about us?

Have you visited our website SenFinancial.com?

Have you seen Jean on television?

If Senior Financial Security did not exist who would you go to for financial advice?

What are you most concerned with at this time?



Today's Date _____ Wedding Anniversary _____
 Name _____ Date of Birth _____
 Nickname _____ Age _____

Retired: Yes No Actual or Planned Year of Retirement: _____
 Spouse's Name _____ Date of Birth _____
 Nickname _____ Age _____

Retired: Yes No Actual or Planned Year of Retirement: _____

Address _____
 City _____ State _____ Zip Code _____
 Phone (Home) _____ How long at current address _____
 Email Address _____ Cell Phone _____

Number of Children _____ Number of Grandchildren _____

Children	Age	State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Information	Financial Planning Objectives
(Please check the appropriate answer)	Rank the following according to your level of concern. (Please check the most appropriate number)
	Not Concerned Very Concerned
Do you have a Financial Advisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____	Out-living My Money 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Any problems with previous Stockbrokers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reducing Current Income Taxes 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have an Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection of Principle 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have an Accountant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Maximum Investment Return 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have a will or trust? Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection of Retirement Money 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you want to leave money to your children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection of Non-Retirement Money 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have any income from real estate ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Estate Planning 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you expect to care for a child or parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rising Healthcare 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have a pension, 401 (k), or IRA? Yes <input type="checkbox"/> No <input type="checkbox"/>	Long-term Care 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have life-insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Taxation of my IRA/401K 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Do you have long-term care insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	In the last five years have either of you had a heart attack, stroke, or cancer? Yes <input type="checkbox"/> No <input type="checkbox"/>



PLEASE RESPOND WITH EACH OF YOUR OPINIONS

What do you think a reasonable rate of return is?

You _____ % Spouse _____ %

How much short term, immediate cash do you want available?

You _____ % Spouse _____ %

What percentage of your money are you comfortable with at risk?

You _____ % Spouse _____ %

On a scale of 1-10, what is your risk tolerance?

(1= ultra conservative, 10=very aggressive)

You: 1 2 3 4 5 6 7 8 9 10

Spouse: 1 2 3 4 5 6 7 8 9 10

What % or dollar amt. of your money would you be OK with losing to a market decline?

You \$ _____ or _____ % Spouse \$ _____ or _____ %

What is the main concern with your money?

You: _____

Spouse: _____

Knowing what you know now, what would you have done differently with your money?

You: _____

Spouse: _____

