



CONFIDENTIAL DATA GATHERING QUESTIONNAIRE

PERSONAL INFORMATION

	Client	Spouse
Full Name	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
E-Mail Address	_____	_____
Social Security Number	_____	_____
Date of Birth	___ / ___ / ___	___ / ___ / ___
Citizenship	_____	_____

Primary Contact Person During Business Hours: _____

Contact Me By (select one): E-Mail Phone

FAMILY MEMBERS

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
_____	___/___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	___/___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	___/___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	___/___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

EMPLOYMENT

	Client	Spouse
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> N/A	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> N/A
Employer	_____	_____
Number of Years	_____	_____
Anticipated Changes	_____	_____
Planned Retirement Date	_____	_____
Salary	_____	_____
Self-Employment Income	_____	_____
Bonus / Commissions	_____	_____
Other Earned Income	_____	_____
Total (current year) =	_____	_____

In the event my current retirement projections fall short of my goals, I would implement the following remedies (rank in order of preference):

Client	Spouse	
_____	_____	Work longer, retire later
_____	_____	Reduce spending during working years
_____	_____	Reduce spending during retirement years
_____	_____	Attempt to increase the rate of return on my investments
_____	_____	Work part time during retirement

CURRENT PLANNING

Who prepares your tax return? Self Paid Preparer

Name: _____

Address: _____

Phone: _____

Do you have estate planning documents?

Wills Yes No

Living Trusts Yes No

Power of Attorney Yes No

Healthcare POA Yes No

Directive to Physicians Yes No

Current Advisors		Name	Satisfaction Level (1 to 5) (1 = Poor, 5 = Excellent)
Financial Planner	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Broker	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Accountant	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Insurance Agent (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Insurance Agent (2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

INVESTMENT ATTITUDE & RISK

Please circle the answer that is most representative of your feelings. There are no right or wrong answers. Your answers are not to be construed as investment instructions in the event that the scenarios depicted actually occur.

- How long do you think you will retain your investment portfolio?
 - 3 to 5 years
 - 5 to 10 years
 - 10 years or more
- Understanding that investments are not guaranteed, which best describes the investment approach you would be most comfortable with in pursuing your financial goals?
 - Conservative: I am willing to accept modest portfolio value fluctuation with infrequent quarterly losses in exchange for the potential of more consistent average returns.
 - Moderate: I am willing to accept short-term market value fluctuation with an occasional year of negative returns in exchange for the potential of positive returns over the long-term.
 - Aggressive: I am willing to accept a higher degree of portfolio value fluctuation with periodic years of negative returns in exchange for the potential of higher positive returns over the long-term.
- Six months after you make a \$100,000 investment, it decreases in value by \$10,000 in a down market period. How would you feel?
 - Very uncomfortable. I would consider selling my investment.
 - Uncomfortable, yet I would stay with the investment if my financial advisor recommends it.
 - I would want to buy more of the investment, since this may be a good investment opportunity.

4. Is it important for you to receive money from your account on a regular basis (e.g., monthly, quarterly or annually)?
- Yes, it is highly important and it must be the same amount each period.
 - It is important, but the growth of my portfolio is also an important factor.
 - It is not important because growth of my portfolio is my primary goal.
5. Although past performance is no guarantee of future results, stocks have historically provided better protection against inflation than bonds. Additionally, diversification¹ using a portfolio of stocks or stock mutual funds also provides the potential for less volatility in returns. Given these factors, complete the following statement: “I would be comfortable if a well-diversified position in stocks or stock mutual funds represented...”
- A small percentage of my portfolio (less than 50 percent).
 - A significant percentage of my portfolio (50 to 80 percent).
 - A dominant percentage of my portfolio (more than 80 percent).
6. The table below shows four hypothetical portfolios with fictitious yearly and 5-year average annual return numbers*. With which hypothetical portfolio would you feel most comfortable?

*They are for illustrative purposes only and should not be used to predict future product performance. Specific rates of return, especially for extended time periods, will vary over time. There is also a higher degree of risk associated with this investment that offer the potential for higher rates of return.

Portfolio	Year 1	Year 2	Year 3	Year 4	Year 5	Avg. Annual Return
A	4%	4%	4%	4%	4%	4%
B	12%	-2%	9%	1%	15%	7%
C	16%	-6%	13%	2%	20%	9%
D	19%	-9%	15%	4%	26%	11%

7. For each of the following attributes, check the number the most correctly reflects your level of concern, with a 5 being the highest level of concern.

Capital Preservation 1 2 3 4 5 Inflation Protection 1 2 3 4 5
 Growth 1 2 3 4 5 Low Volatility 1 2 3 4 5
 Current Income 1 2 3 4 5 Minimize Risk 1 2 3 4 5

¹ Diversification does not assure or guarantee better performance and cannot eliminate the risk of investment loss.

How were your current investments selected? _____

INSURANCE

	Client			Spouse		
	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (1)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (2)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for insurance? Yes No

ASSETS

If you have this information in a format of your own design, please feel free to omit this section. Please attach necessary documentation.)

Retirement Accounts (IRA, 401(k), Pension, etc.)

<u>Type</u>	<u>Ownership</u>	<u>Balance</u>	<u>Monthly Contributions</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Financial Accounts (Bank, Mutual Fund, Brokerage, CD's, etc.)

<u>Account Name</u>	<u>Type</u>	<u>Ownership</u>	<u>Balance</u>	<u>Monthly Contributions</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Education Accounts (529, Coverdell, UTMA, UGMA, etc.)

<u>Type</u>	<u>Ownership</u>	<u>Designee</u>	<u>Balance</u>	<u>Monthly Contributions</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Please attach a copy of your most current brokerage, mutual fund and retirement statements.

Personal Property

	<u>Estimated Value</u>
Primary Residence	\$ _____
Secondary Residence	\$ _____
Vehicle (1) _____	\$ _____
Vehicle (2) _____	\$ _____
Other _____	\$ _____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Monthly Payment*</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

* If not paid in full each month

<u>Debts</u> <small>(Residence, Auto, Business School)</small>	<u>Term</u>	<u>Interest</u> <u>Rate</u>	<u>Monthly</u> <u>Payment</u>	<u>Current</u> <u>Balance</u>	<u>Original</u> <u>Balance</u>
_____	_____	_____%	\$ _____	\$ _____	\$ _____
_____	_____	_____%	\$ _____	\$ _____	\$ _____
_____	_____	_____%	\$ _____	\$ _____	\$ _____
_____	_____	_____%	\$ _____	\$ _____	\$ _____

Have you received a copy of your credit report recently? Yes No

FINANCIAL CONCERNS

Please select the areas of advice you are interested in:

- Cash Flow/Budgeting
- Retirement Planning
- Education Planning
- Insurance Planning
- Estate Planning
- Portfolio Analysis
- Investment Management Services
- Comprehensive Financial Plan

These items may be needed, should you engage our services:

- Prior Year Tax Returns
- Brokerage Account Statements
- Trust Account Statements
- Retirement Plan Account Statements
- Loan Documents
- Paycheck Stubs
- Mutual Fund Account Statements
- Employee Benefits Booklet
- Legal Documents
- Insurance Policies

Please fax this completed form to our office at least 24 hours prior to your meeting

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Mark Wakeley, Financial Advisor
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