

# FINANCIAL AND ESTATE PLANNING QUESTIONNAIRE

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## ***Client Privacy Notice***

Maintaining your trust and confidence is high priority. That's why we want you to understand how we protect your privacy when we collect and use information about you, and the steps that we take to safeguard that information.

**Information We Collect.** In connection with providing you with investment products, financial advice, or other services, we obtain nonpublic personal information about you, including:

- Information we receive from you on applications.
- Information about your transactions with us or others; and
- Information from credit or service bureaus or other third parties.

**Information We Disclose.** We will not disclose information regarding you or your account with us except under the following circumstances:

- To another of your personal adviser(s) and his or her manager at your prompting;
- To establish or maintain an account with an unaffiliated third party, such as a clearing broker providing services to you. i.e. Mesirow Financial
- To government entities or other third parties in response to subpoenas or other legal process as required by law.

**Our Security Policy.** Only those individuals who need it to perform their jobs are authorized to have access to confidential client information. We maintain physical, electronic, and procedural security measures that comply with applicable state and federal regulations to safeguard confidential client information.

**Closed or Inactive Accounts.** If you decide to close your account (s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

**Changes to this Privacy Policy.** If we make any substantial changes in the way we use or disseminate confidential information, we will notify you.



Dear Client,

Please complete the following worksheets as comprehensively as possible. If you prefer, you may contact us to complete the questionnaire in person or via the telephone. When doing so please have all applicable information available.

**Client Information**

Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you prefer we contact you

E-mail \_\_\_\_\_

**CHILDREN:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_



**Estate Information**

	<i>You</i>	<i>Spouse</i>
Do you and your spouse presently have wills?	_____	_____
If so, when were they drafted or most recently revised?	_____	_____
Do they reflect your current circumstances and goals? (Y/N)	_____	_____
Do you have a living will?	_____	_____

***Who has been named executor in your will?***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

***Executor of Spouse's will:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Risk Tolerance Survey

*As an investor, it is your responsibility to help determine the investment allocation that is right for you*

*Your age, retirement needs, current cash flows, emotional risk tolerance and investment experience are a few of the factors we will examine in selecting the allocation of your portfolio.*

1. What rate of return do you expect your investments to return over the next 12 months?

A. < 1%      B. 1 - 3%      C. 3 - 6%      D. 6 - 9%      E. > 9%

36 months (annualized)?

A. < 1%      B. 1 - 3%      C. 3 - 6%      D. 6 - 9%      E. > 9%

2. I plan to retire in *how many* years

A. 1-5      B. 5-9      C. > 10-19      D. 20 or more

3. I have a strong understanding of investment concepts such as *RISK AND RETURN, INFLATION, INTEREST RATES, STOCKS, BONDS AND MUTUAL FUNDS.*

A. Strongly Disagree      B. Somewhat Disagree  
C. Somewhat Agree      D. Strongly Agree

4. Which statement best describes you?

A. I cannot bear, emotionally or financially to see my investments fall in value

B. I would rather accept a lower rate of return than put my investment at substantial risk, even if my retirement is many years away

C. I am willing to accept day-to-day fluctuations in the value of my investment in exchange for a higher potential return

- D. I am a long-term investor seeking maximum return from my investments. I am willing to accept more risk in return for the highest potential return
5. If my portfolio declined from \$943,000 in assets to \$707,250 in a twelve month period I would...(select all that apply)
- A. Sell my investments and hold the proceeds in cash until a new course of action could be developed
  - B. Hold my investments because I believe large fluctuations in value are just part of the investment process
  - C. I would likely become physically or emotionally ill
6. I believe I can emotionally tolerate a decline in value of \_\_\_\_\_% of my portfolio over a two year period without incurring undue stress from the loss?
7. If I were to set aside the emotional aspect of a decline in portfolio value; I believe my financial house could withstand a decline of \_\_\_\_\_%
8. I know I would feel compelled to abandon my financial strategy if losses exceeded (*circle one*)
- A: < 10%      B: 25%      C: 35%      D: 50%      E: >50%
9. Investment experience (Check all that apply)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Stocks                               | <input type="checkbox"/> Hedge Funds       | <input type="checkbox"/> Foreign Stocks    |
| <input type="checkbox"/> Bonds                                | <input type="checkbox"/> Mutual Funds      | <input type="checkbox"/> Junk Bonds        |
| <input type="checkbox"/> REITs                                | <input type="checkbox"/> Commodity Futures | <input type="checkbox"/> Financial Futures |
| <input type="checkbox"/> General/Limited Partnerships or LLCs |  |  |



10. My largest financial mistake was...

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11. My largest financial gain occurred when...

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12. As far as my money is concerned....

- a. I typically reconcile bank and investment statements. My financial records are in order.
- b. I am somewhere between. I have a good idea about where my assets are and if necessary I could produce records for them.
- c. It's now your (RPGs) problem.

<b>RISK LEVELS</b>	<b>EQUITY</b>	<b>FIXED INCOME</b>	<b>CASH</b>
LEVEL 1	10-20%	80-90%	up to 100%
LEVEL 2	20-40%	60-80%	up to 100%
LEVEL 3	40-60%	60-40%	up to 100%
LEVEL 4	60-80%	40-20%	up to 100%



<b>Real Estate and Business Interests</b>					
<i>Description</i>	<i>Date Acquired</i>	<i>Taxable Income</i>	<i>Annual Cash Flow</i>	<i>Cost (Tax Basis)</i>	<i>Estimated Value</i>
<b>Personal</b>					
(Primary Residence)					
(Vacation Home)					
<b>Investment Properties</b>					
<b>Business, General/Limited Partnership or LLC Interests</b>					



<b>Liabilities</b>					
<b>Description</b>	<b>Date Borrowed</b>	<b>Term</b>	<b>Balance Due</b>	<b>Monthly Payment</b>	<b>Interest Rate</b>
<b>Real Estate Mortgages</b>					
<b>Automobile Loans</b>					
<b>Credit Cards</b>					
<b>Other Liabilities</b>					



<b>INCOME</b>
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<b>INCOME AND EXPENSES</b>			
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Annual Income	You	Spouse	Total
Salary			
Income from business (self-employed)			
Net Income from real estate			
Dividends			
Interest			
Trust Income			
Child support/alimony received			
Other			

Income Tax	You	Spouse	Total
Federal			
State			
Local			



**INCOME AND EXPENSES (Cont'd)**

<b>ANNUAL EXPENSES</b>			
<b>Annual Expenditures: Fixed</b>	<b>Totals</b>	<b>Annual Expenditures: Discretionary</b>	<b>Totals</b>
Housing (mortgage)		Recreation and entertainment	
Utilities and telephone		Travel	
Cable TV		Contributions and gifts	
Food		Education investment fund	
Clothing and cleaning		Contributions to savings	
Social Security taxes		Contributions to investments	
Property taxes		Voluntary retirement fund	
Transportation		Club memberships	
Medical		Professional memberships	
Debt repayment		Training and development	
House maintenance and repairs		Hobbies	
Insurance		Other	
Education		Other	
Other		Other	



<b>Insurance</b>					
	<i>Policy No.</i>	<i>Policy No.</i>	<i>Policy No.</i>	<i>Policy No.</i>	<i>Policy No.</i>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Name of Insured					
Policy owner					
Policy Number					
Insurance company					
Date of issue					
Type of policy (term, whole, universal life, etc.)					
Employer Provided (Yes/No)					
Annual premium					
Current face amount					
Approx. cash value					
Policy loan (indicate if minimum)					
Loan interest					



Beneficiary designation					
Dividend option					
Settlement option					

*If additional space is needed please use reverse side.*



**DISABILITY INSURANCE**

	<i>Policy No. 1</i>	<i>Policy No. 2</i>	<i>Policy No. 3</i>
Name of insured			
Policy owner			
Policy number			
Insurance company			
Date of Issue			
Employer-provided insurance (Yes/No)			

Definition of disability—Unable to perform one of the following (check one as it applies to each policy):

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| (1) Own occupation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Occupation for which reasonably suited by training and education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Any occupation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Annual premium			
Waiver of premium			
Waiting period			
Monthly benefit			
Duration of benefit			
Partial disability coverage			
Residual disability coverage			
Inflation-adjusted benefits			
Guaranteed renewable (Yes/No)			



<b>Umbrella Liability Insurance</b>			
	<i>Policy No. 1</i>	<i>Policy No. 2</i>	<i>Policy No. 3</i>
Policy number			
Insurance company			
Liability limits			
Requisite auto liability coverage			
Requisite homeowners liability coverage			
Other required liability coverage (describe):			
Amount of deductible			
Annual premium			



Long-Term Care Insurance		
	<i>Policy No. 1</i>	<i>Policy No. 2</i>
Policy number		
Insurance company		
Annual premium		

Name and telephone number of existing attorney

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Name and telephone number of existing accountant

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**Notes**

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