



FINANCIAL QUESTIONNAIRE

Please complete this form prior to your initial visit, as it will help us identify your goals and allow you to get the most out of your meeting with our advisory team. Please print clearly and sign and date the last page. You may approximate the amounts and we encourage you to bring your most recent financial statements, tax return and estate planning documents.

PERSONAL INFORMATION

Your Name: _____

Nickname: _____ Age: _____ Date of birth: _____

Spouse Name: _____

Nickname: _____ Age: _____ Date of birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ If married, anniversary date: _____

Your cell phone: _____ Spouse cell phone: _____

Your email: _____ Spouse email: _____

How did you originally hear about us?

TV Show Radio Seminar Website Book Referral Other _____

EMPLOYER INFORMATION

You

Employer (last if retired): _____

Occupation: _____

Work Address: _____

City: _____ State: _____

Planned retirement date: _____

If retired, date: _____

Spouse

Employer (last if retired): _____

Occupation: _____

Work Address: _____

City: _____ State: _____

Planned retirement date: _____

If retired, date: _____

What are your primary financial concerns (list in order of importance)?

You:

1. _____

2. _____

3. _____

Spouse:

1. _____

2. _____

3. _____

Please use this space for additional comments and concerns: _____

INCOME PLANNING

SOURCES OF MONTHLY INCOME

Please provide the following information on all monthly income sources listed below.

	You	Spouse
Current Employment	\$	\$
Pension	\$	\$
Social Security	\$	\$
Rental Income	\$	\$
Other	\$	\$
Total Monthly Income	\$	

What are your current monthly living expenses?	\$
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INVESTMENT OBJECTIVES AND RISK TOLERANCE

The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?



Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its impact on your investments?

- You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns.
- You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to achieve that goal.
- You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to achieve that goal.

Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your stocks behaved in a similar fashion)?

- Sell all the stocks in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.
 - Sell half of the stocks in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss.
 - Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'.
 - Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the stocks will regain their previous value or increase in value,
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Once again, assume you have a substantial portion of your investment portfolio in stocks. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 22% of its value over a year, which of the following would you do?

- Sell the securities in your portfolio and realize the 22% loss. You wish to avoid the risk of further loss.
 - Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.
 - Do nothing. You are comfortable waiting for the stocks to regain their previous value or to increase in value.
 - Invest more now because stocks are selling for approximately 22% less than they were 12 months ago. You believe that the stocks will regain their value or possibly appreciate even higher over the long-term.
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Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?

- You want to minimize the possibility of loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuations.
 - You can tolerate moderate losses in order to achieve potentially favorable returns.
 - You can tolerate the risk of large losses in your portfolio in order to increase the potential of achieving high returns.
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What is the investment time horizon on these investable assets?

- Less than 3 years
- 3 - 5 years
- 6 - 9 years
- 10+ years

ESTATE AND LEGACY PLANNING

Please answer the following questions with either Yes or No.

	You	Spouse
Do you have a current Will?		
Do you have a Living Trust?		
Do you have a Power of Attorney for Financial Matters?		
Do you have a Power of Attorney for Healthcare?		
Do you have a Living Will?		
Do you have other Estate Planning documents?		

FAMILY

Please provide the names of your children. If it is important to pass an inheritance to your grandchildren, please list them below.

Name:	Date of birth:	Relationship: <i>(son, daughter, grandson, granddaughter)</i>	Whose Child? <i>(circle one)</i>
1.			You Spouse Both
2.			You Spouse Both
3.			You Spouse Both
4.			You Spouse Both
5.			You Spouse Both
6.			You Spouse Both

By signing below, I represent that the foregoing information reflects a true, accurate and complete picture of my financial position at this time. I acknowledge that Cornerstone shall be entitled to rely upon all information provided by me above and that the value and usefulness of Cornerstone's services will be dependent upon this information.

Your Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

