

Fisher Financial Strategies – Confidential Questionnaire

Date of Completion: _____

Client Information

Client Name (1)	_____	Client Name (2)	_____
Home Address	_____	Home Address	_____
City, State, ZIP	_____	City, State, ZIP	_____
U.S. Citizen?	_____	U.S. Citizen?	_____
Home Phone	() _____	Home Phone	() _____
Work Phone	() _____	Work Phone	() _____
Mobile Phone	() _____	Mobile Phone	() _____
Fax (Hm or Wk)	() _____	Fax (Hm or Wk)	() _____
E-mail	_____	E-mail	_____
Date of Birth	_____	Date of Birth	_____
Primary Contact Person during business hours?	_____		
Contact me/us by (indicate one) E-mail or Phone	_____		
May we call you at home?	_____		

Please complete this questionnaire as accurately as possible. Feel free to provide rough estimates if necessary. If a question seems irrelevant to the matters with which you want help, please ignore it. Please send this completed questionnaire prior to the “Get Acquainted” meeting. Thanks!

Part I – Your Goals and Objectives

A. What are the most important questions that you are trying to address in hiring a professional financial adviser? *Understanding your goals and concerns is essential so that we may serve you effectively.*

B. Imagine that you hire a financial adviser today. What do you hope will be different five years from now as a result of working with a financial adviser?

C. What do you think the role of your financial adviser should be?

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D. Usually, financial planning clients wish to set many of the following objectives. Please indicate your level of interest in each objective using a scale from one to ten, with one indicating the least important objectives and ten indicating the most important objectives. If an objective does not apply to you, enter N/A:

Client 1	Client 2	1 = Least Important, 10 = Most Important
_____	_____	Increase my net income available for spending.
_____	_____	Reduce my taxes (including income tax, capital gains tax and inheritance tax).
_____	_____	Plan for a rewarding and enjoyable retirement.
_____	_____	Save money by using it more effectively.
_____	_____	Reduce the level of risk associated with my investments.
_____	_____	Increase my expected income in retirement.
_____	_____	Improve the organization my financial affairs.
_____	_____	Safeguard my family and dependents.
_____	_____	Increase the net amounts that I give to charity.
_____	_____	Improve my understanding of the future value of my pension and retirement funds.
_____	_____	Reduce time spent worrying about financial affairs.
_____	_____	Increase my financial awareness and understanding of my investments.
_____	_____	Provide funding for my children's future education.
_____	_____	Build my emergency cash reserves.
_____	_____	Reduce the likelihood that I will outlive my money.
_____	_____	Increase the return on my investments.

Part II – Your Personal and Family Information

A. Family Members (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent?	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

If anyone else depends upon you financially, please indicate their name(s) and relationship(s):

If any members of your family have significant health problems please indicate their name(s) and explain:

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Insurance Policies	Client (1)		Client (2)			
	Coverage	Group	Individual	Coverage	Group	Individual
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	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<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

Part V – Your Financial Opinions and Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 10.

Client 1	Client 2	1 = Least True, 10 = Most True
_____	_____	I would rather work longer than reduce my standard of living in retirement.
_____	_____	I feel that I/we can reduce our current living expenses to save more for the future if needed.
_____	_____	I am more concerned about protecting my assets than about growth.
_____	_____	I prefer mutual funds over individual securities.
_____	_____	I am comfortable with investments that promise slow, long-term appreciation and growth.
_____	_____	I don't brood over bad investment decisions I've made.
_____	_____	I feel comfortable with aggressive growth investments.
_____	_____	I am a risk -taker.
_____	_____	I make investment decisions comfortably and quickly.
_____	_____	I like predictability and routine in my daily life.
_____	_____	I usually pick the tried and true: the slow, but sure investments.

How were your current investment assets selected? _____

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Part VI – Your Assets

(If you have this information in some other format, please feel free to omit this section and attach the relevant documentation.)

Bank Accounts	Checking (C), Savings (S), or Money (MM)			Ownership	Avg. Balance
<u>Bank Name</u>	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____

CDs				
<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	%	/ /	_____	\$ _____
_____	%	/ /	_____	\$ _____
_____	%	/ /	_____	\$ _____

Retirement Accounts (IRA / Roth IRA / 401(k) / 403(b) / Profit-sharing Plan / Other)				
<u>Account Type</u>	<u>Where Held</u>	<u>Current VESTED Value</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Personal Property	Estimated Value
Primary Residence	_____
Other Residence	_____
Vehicle	_____
Vehicle	_____
Boat	_____
Other	_____
Other	_____

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

Please list/estimate a value for any assets not appearing on the list above or in statements provided:

Personal Liabilities

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

(*If not paid in full each month)

<u>Debts - Source</u> (Residence, Auto, Business, School)	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Approximate Balance Remaining</u>
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

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

Additional Information

These items, as well as others, may be needed if you engage our services:

- Prior year tax return
- 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

For your “Get Acquainted” consultation, please e-mail, fax, or mail a copy of this questionnaire to our office so that it is received at least 5 business days prior to your appointment.

Mail or fax a copy to:

Fisher Financial Strategies
 Suite 1800 – 245 First Street
 Cambridge, MA 02142
 Local Phone: (617) 444-8555 • Toll-free Phone/Fax: (866) 312-5605

If desired, contact us for secure E-mail

access: info@FFScambridge.com