



# EMERGING WEALTH

Investment Management, Inc.<sup>®</sup>

\_\_\_\_\_, 20\_\_

## INVESTMENT MANAGEMENT / CONSULTING DATA QUESTIONNAIRE FOR

\_\_\_\_\_

**PERSONAL DATA**

**Client Name** \_\_\_\_\_

**Spouse Name** \_\_\_\_\_

**Residence Address** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_

**Home Fax** (\_\_\_\_) \_\_\_\_\_

**Home E-mail (Client)** \_\_\_\_\_ **Home E-mail (Spouse)** \_\_\_\_\_

**Client**

**Spouse**

**Nickname** \_\_\_\_\_

\_\_\_\_\_

**Birthdate (MM/DD/YYYY)** \_\_\_\_\_

\_\_\_\_\_

**Social Security Number** \_\_\_\_\_

\_\_\_\_\_

**Driver's License No/State  
And Expiration Date** \_\_\_\_\_

\_\_\_\_\_

**Passport No.** \_\_\_\_\_

\_\_\_\_\_

**Country Of Citizenship** \_\_\_\_\_

\_\_\_\_\_

**County Of Residence** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone** \_\_\_\_\_

\_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

**Business Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

\_\_\_\_\_

**Business Phone** (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

**Business Fax Number** (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

**Business E-mail** \_\_\_\_\_

\_\_\_\_\_

**Occupation/Title** \_\_\_\_\_

\_\_\_\_\_

**Date Of Employment** \_\_\_\_\_

\_\_\_\_\_

**Name Of Your Primary Bank/  
Branch Location** \_\_\_\_\_

\_\_\_\_\_



## SUPPORT FOR FAMILY MEMBERS OTHER THAN CHILDREN

---

Will Anyone Be Dependent On You For Support?      Yes \_\_\_\_\_      No \_\_\_\_\_

Other, Please Explain \_\_\_\_\_

<u>Name</u>	<u>When/How Long</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do You Or Any Dependents Or Other Relatives Require Special Schooling Or Have A Medical Condition (Physical Or Other Impairments)?    Yes \_\_\_\_\_    No \_\_\_\_\_

Details: \_\_\_\_\_

Do You Have Any Alimony Obligations?    Yes \_\_\_\_\_    No \_\_\_\_\_    How Much? \$ \_\_\_\_\_

For How Long? \_\_\_\_\_    Is Your Estate Obligated To Continue?    Yes \_\_\_\_\_    No \_\_\_\_\_

Do You Have Any Child Support Obligations?    Yes \_\_\_\_\_    No \_\_\_\_\_    How Much? \_\_\_\_\_

For How Long? \_\_\_\_\_    Is Your Estate Obligated To Continue?    Yes \_\_\_\_\_    No \_\_\_\_\_

Are There Any Special Circumstances Concerning Children From A Previous Marriage(s) Or Relationship(s)?    Yes\_    No \_\_\_\_\_

Details: \_\_\_\_\_

Miscellaneous Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CHILDREN'S INFORMATION

## CHILDREN LIVING AT HOME (INFANT THRU 12<sup>TH</sup> GRADE):

---

Child 1

Child 2

First, Middle Last Name	_____	_____
Nickname	_____	_____
Birthdate (M/D/Y)	_____	_____
Sex (Male/Female)	_____	_____
Social Security No.	_____	_____
Driver's License No./State And Expiration Date	_____	_____
Passport No.	_____	_____
Country Of Citizenship	_____	_____
County Of Residence	_____	_____
Grade In School	_____	_____
School Attending	_____	_____
School's Annual Cost	_____	_____
Future School To Attend *	_____	_____
Number Of Years To Attend **	_____	_____
Future School's Annual Cost	_____	_____
Field Of Study	_____	_____

**Other Issues:** Please Provide Full Details Regarding Health Concerns, Military Services, Etc.) \_\_\_\_\_

---

\* For Undergraduate And Post Graduate School, Indicate By Utilizing The Corresponding Code For The Higher Education Institution:

TECH Computer/Nursing School (Example: ICM)  
CC Community College (Example: Community College of Allegheny County)  
PUB Public University (Example: Penn State, University of Pittsburgh)  
PRIV Private (Example: Duquesne University)  
EPU Exclusive Private University (Example: Allegheny College)  
IVY Ivy League (Example: Carnegie Mellon University, Harvard University)

\*\* Indicate The Grade/Class Year (Example: Undergraduate-Freshman) That The Child Will Begin Attending The School

# CHILDREN'S INFORMATION

## CHILDREN LIVING AT HOME (INFANT THRU 12<sup>TH</sup> GRADE):

---

Child 3

Child 4

First, Middle Last Name	_____	_____
Nickname	_____	_____
Birthdate (M/D/Y)	_____	_____
Sex (Male/Female)	_____	_____
Social Security No.	_____	_____
Driver's License No./State And Expiration Date	_____	_____
Passport No.	_____	_____
Country Of Citizenship	_____	_____
County Of Residence	_____	_____
Grade In School	_____	_____
School Attending	_____	_____
School's Annual Cost	_____	_____
Future School To Attend *	_____	_____
Number Of Years To Attend **	_____	_____
Future School's Annual Cost	_____	_____
Field Of Study	_____	_____

**Other Issues:** Please Provide Full Details Regarding Health Concerns, Military Services, Etc.) \_\_\_\_\_

---

\* For Undergraduate And Post Graduate School, Indicate By Utilizing The Corresponding Code For The Higher Education Institution:

TECH	Computer/Nursing School (Example: ICM)
CC	Community College (Example: Community College of Allegheny County)
PUB	Public University (Example: Penn State, University of Pittsburgh)
PRIV	Private (Example: Duquesne University)
EPU	Exclusive Private University (Example: Allegheny College)
IVY	Ivy League (Example: Carnegie Mellon University, Harvard University)

\*\* Indicate The Grade/Class Year (Example: Undergraduate-Freshman) That The Child Will Begin Attending The School

# CHILDREN'S INFORMATION

## CHILDREN LIVING AT HOME (INFANT THRU 12<sup>TH</sup> GRADE):

---

Child 5

Child 6

First, Middle Last Name	_____	_____
Nickname	_____	_____
Birthdate (M/D/Y)	_____	_____
Sex (Male/Female)	_____	_____
Social Security No.	_____	_____
Driver's License No./State And Expiration Date	_____	_____
Passport No.	_____	_____
Country Of Citizenship	_____	_____
County Of Residence	_____	_____
Grade In School	_____	_____
School Attending	_____	_____
School's Annual Cost	_____	_____
Future School To Attend *	_____	_____
Number Of Years To Attend **	_____	_____
Future School's Annual Cost	_____	_____
Field Of Study	_____	_____

**Other Issues:** Please Provide Full Details Regarding Health Concerns, Military Services, Etc.) \_\_\_\_\_

---

\* For Undergraduate And Post Graduate School, Indicate By Utilizing The Corresponding Code For The Higher Education Institution:

TECH	Computer/Nursing School (Example: ICM)
CC	Community College (Example: Community College of Allegheny County)
PUB	Public University (Example: Penn State, University of Pittsburgh)
PRIV	Private (Example: Duquesne University)
EPU	Exclusive Private University (Example: Allegheny College)
IVY	Ivy League (Example: Carnegie Mellon University, Harvard University)

\*\* Indicate The Grade/Class Year (Example: Undergraduate-Freshman) That The Child Will Begin Attending The School





**ADULT CHILD AND THEIR FAMILIES:**

---

Adult Child 1

Spouse Of Adult Child 1

**First, Middle, Last Name**

\_\_\_\_\_

\_\_\_\_\_

**Nickname**

\_\_\_\_\_

\_\_\_\_\_

**Address \***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**County Of Residence \***

\_\_\_\_\_

\_\_\_\_\_

**Home Phone**

\_\_\_\_\_

\_\_\_\_\_

**Cell**

\_\_\_\_\_

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

\_\_\_\_\_

**Birthdate (MM/DD/YYYY)**

\_\_\_\_\_

\_\_\_\_\_

**Sex (Male/Female)**

\_\_\_\_\_

\_\_\_\_\_

**Date Of Marriage (if app.)**

\_\_\_\_\_

\_\_\_\_\_

**Social Security No.**

\_\_\_\_\_

\_\_\_\_\_

**Driver's License No.,  
State, Expiration Date**

\_\_\_\_\_

\_\_\_\_\_

**Passport No.**

\_\_\_\_\_

\_\_\_\_\_

**Country Of Citizenship**

\_\_\_\_\_

\_\_\_\_\_

**Health Concerns**

\_\_\_\_\_

\_\_\_\_\_

**Employer/Current School  
(If Applicable)**

\_\_\_\_\_

\_\_\_\_\_

**Miscellaneous**

\_\_\_\_\_

\_\_\_\_\_

**ADULT CHILD AND THEIR FAMILIES - CONTINUED (ADULT CHILD 1s NAME \_\_\_\_\_):**

	<u>Child 1 (a.k.a. Grandchild)</u>	<u>Child 2 (a.k.a. Grandchild)</u>	<u>Child 3 (a.k.a. Grandchild)</u>
<b>First, Middle, Last Name</b>	_____	_____	_____
<b>Nickname</b>	_____	_____	_____
<b>Date Of Marriage (if app.)</b>	_____	_____	_____
<b>Address *</b>	_____ _____	_____ _____	_____ _____
<b>County Of Residence *</b>	_____	_____	_____
<b>Home Phone</b>	_____	_____	_____
<b>Cell</b>	_____	_____	_____
<b>E-mail</b>	_____	_____	_____
<b>Birthdate (MM/DD/YYYY)</b>	_____	_____	_____
<b>Sex (Male/Female)</b>	_____	_____	_____
<b>Social Security No.</b>	_____	_____	_____
<b>Driver's License No., State, Expiration Date</b>	_____	_____	_____
<b>Passport No.</b>	_____	_____	_____
<b>Country Of Citizenship</b>	_____	_____	_____
<b>Health Concerns</b>	_____	_____	_____
<b>Current School/Employer (If Applicable)</b>	_____	_____	_____
<b>Miscellaneous</b>	_____ _____		

\* Please Note Address If The Grandchild Does Not Live With Your Child

## FUTURE COSTS FOR PRIVATE SCHOOL / COLLEGE INFORMATION

---

Name Of Child \_\_\_\_\_

A. Preschool Through Grade 12 (If Applicable)

1. Do You Expect Your Child To Attend Private School?  Yes  No What Grades? \_\_\_\_\_ What Cost? \_\_\_\_\_

2. School Name (If Known) \_\_\_\_\_

3. Cost Per Year \_\_\_\_\_

4. Name Of Field To Be Entered \_\_\_\_\_

B. Undergraduate Or Technical School (If Applicable)

1. Do You Expect Your Child To Attend College?  Yes  No Technical School?  Yes  No

2. School Name (If Known) \_\_\_\_\_

3. Field \_\_\_\_\_ Cost Per Year \_\_\_\_\_

4. If So, Give Details \_\_\_\_\_

\_\_\_\_\_

C. Graduate or Post-Graduate School (If Applicable)

1. Do You Expect Your Child To Attend Graduate School?  Yes  No  
Post-Graduate School?  Yes  No

2. School Name (If Known) \_\_\_\_\_

3. Field \_\_\_\_\_ Cost Per Year \_\_\_\_\_

4. If So, Give Details \_\_\_\_\_

\_\_\_\_\_

D. Assets of Child (Please provide statements for all financial assets including):

UGMA, UTMA, Minor's Trust, Tuition Assistance Plan (TAP), 529 Savings Plan (State), 2503(c) Trust, Coverdell IRAs, Etc.

Please List Any Assets Which You Do Not Have Statements For (Baseball Card Collection, Israel Bonds, Etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FUTURE COSTS FOR PRIVATE SCHOOL / COLLEGE INFORMATION

---

Name Of Child \_\_\_\_\_

A. Preschool Through Grade 12 (If Applicable)

1. Do You Expect Your Child To Attend Private School?  Yes  No What Grades? \_\_\_\_\_ What Cost? \_\_\_\_\_

2. School Name (If Known) \_\_\_\_\_

3. Cost Per Year \_\_\_\_\_

4. Name Of Field To Be Entered \_\_\_\_\_

B. Undergraduate Or Technical School (If Applicable)

1. Do You Expect Your Child To Attend College?  Yes  No Technical School?  Yes  No

2. School Name (If Known) \_\_\_\_\_

3. Field \_\_\_\_\_ Cost Per Year \_\_\_\_\_

4. If So, Give Details \_\_\_\_\_

\_\_\_\_\_

C. Graduate Or Post-Graduate School (If Applicable)

1. Do You Expect Your Child To Attend Graduate School?  Yes  No  
Post-Graduate School?  Yes  No

2. School Name (If Known) \_\_\_\_\_

3. Field \_\_\_\_\_ Cost Per Year \_\_\_\_\_

4. If So, Give Details \_\_\_\_\_

\_\_\_\_\_

D. Assets Of Child (Please Provide Statements For All Financial Assets Including):

UGMA, UTMA, Minor's Trust, Tuition Assistance Plan (TAP), 529 Savings Plan (State), 2503(c) Trust, Coverdell IRAs, Etc.

Please List Any Assets Which You Do Not Have Statements For (Baseball Card Collection, Israel Bonds, Etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INVESTMENT INFORMATION**

**LIQUID ASSETS**

	<u>Registration</u>	<u>Account Number</u>	<u>Bank Name/Branch Or Other Institution</u>	<u>Current Balance</u>
Checking	_____	_____	_____	\$ _____
Checking	_____	_____	_____	\$ _____
Savings	_____	_____	_____	\$ _____
Savings	_____	_____	_____	\$ _____
Money Market Fund	_____	_____	_____	\$ _____
Money Market Fund	_____	_____	_____	\$ _____
Other	_____	_____	_____	\$ _____

**BANK CERTIFICATES**

<u>Registration</u>	<u>Interest Rate</u>	<u>Principal Amount</u>	<u>Purchase Date</u>	<u>Date Of Maturity</u>	<u>Bank Name/Branch Or Other Institution</u>
_____	_____ %	\$ _____	_____	_____	_____
_____	_____ %	\$ _____	_____	_____	_____
_____	_____ %	\$ _____	_____	_____	_____
_____	_____ %	\$ _____	_____	_____	_____
_____	_____ %	\$ _____	_____	_____	_____

**U.S. SAVINGS BONDS**

<u>Registration</u>	<u>Type</u>	<u>Purchase Amount</u>	<u>Purchase Date</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**RETIREMENT PLAN INFORMATION**

**Employer Related Retirement Plans:**

<u>Person Covered</u>	<u>Age Begins</u>	<u>Source Of Funding</u>	<u>Monthly Income</u>	<u>Lump Sum</u>	<u>Benefit Period</u>	<u>Death Benefit</u>	<u>Beneficiaries</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Other Retirement Plans (IRAs, Roth IRAs, TSAs, SEPs, SIMPLEs, 457s, 401(k)s, Profit-Sharing, Money Purchase Pension, Etc.):**

<u>Person Covered</u>	<u>Investment Vehicle(s)</u>	<u>Amount Contribd.</u>	<u>Mkt. Value</u>	<u>Contribution Date(s)</u>	<u>*No. Of Shares</u>	<u>*Rate Of Interest</u>	<u>*Investment Maturity Date</u>	<u>*Maturity Value</u>	<u>Beneficiaries</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

\*Complete If Applicable.

**GOVERNMENT SECURITIES (Federal, Municipal, Government Agency)**

<u>Issuer</u>	<u>Type</u>	<u>No. of Units</u>	<u>Owner(s)</u>	<u>Face Amount</u>	<u>Coupon Rate of Interest</u>	<u>Purchase Date</u>	<u>Maturity Date</u>	<u>Total Cost</u>	<u>Current Value</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**CORPORATE BONDS**

<u>Issuer</u>	<u>Type</u>	<u>No. Of Units</u>	<u>Owner(s)</u>	<u>Face Amount</u>	<u>Coupon Rate of Interest</u>	<u>Purchase Date</u>	<u>Maturity Date</u>	<u>Total Cost</u>	<u>Current Value</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**ANNUITIES - (Fixed Return)**

<u>Issuing Company</u>	<u>Policy Number</u>	<u>Date of Issue</u>	<u>Amount</u>	<u>Rate Of Interest</u>	<u>Owners</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ANNUITIES - (Variable Return)**

<u>Issuing Company</u>	<u>Policy Number</u>	<u>Date Of Issue</u>	<u>Amount</u>	<u>Vehicle Name</u>	<u>Type of Investment</u>	<u>Owners</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**NOTE:** If Additional Assets, Please List On A Separate Page.

**STOCKS, EXCHANGE TRADED FUNDS, CLOSED-END FUNDS, TRADABLE PARTNERSHIPS AND UNIT TRUSTS**

<u>Corporation</u>	<u>No. Of Shares</u>	<u>Owner(s)</u>	<u>Current Dividend</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Market Value</u>
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

Please Give Details Of Any Restricted Stock: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MUTUAL FUNDS**

(Do Not Include Money Market Funds Or Qualified Plans  
Such As IRA's, Retirement Plans, Etc. See Retirement Section.)

<u>Fund Name</u>	<u>Investment Objective</u>	<u>No. Of Shares</u>	<u>Owner(s)</u>	<u>Account Number</u>	<u>Market Value</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____



**LIMITED PARTNERSHIPS**

<u>Partnership Name</u>	<u>Type</u>	<u>Purchase Date</u>	<u>Sponsor</u>	<u>Additional Contributions Required Due Date</u>	<u>Amount</u>	<u>Owner(s)</u>
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

**COMMODITIES, COLLECTIBLES, FUTURES AND HARD ASSETS**

<u>Item</u>	<u>Quantity</u>	<u>Purchase Date</u>	<u>Amount</u>	<u>Market Value</u>	<u>Owner</u>
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

**OTHER (Please Explain)**

---

---

---

---

---

**FINANCIAL PROFILE**

What Amount Of Emergency Cash Do You Plan To Maintain Outside Of Your Legend Managed Account(s)? \_\_\_\_\_

---

---

What Is Your Target "Retirement" Date/Age?

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Are There Any Securities In Your Current Portfolio That We Should Not Sell Without Prior Authorization From You? (I.E. Restricted Stock, Investment With Large Built-In Gains, Etc.) \_\_\_\_\_

---

---

---

---

**Cash Flow:**

How Much Income Will You Require From Your Legend Managed Account(S) To Fund Your Lifestyle? \_\_\_\_\_

---

---

---

What Will Be The Frequency, If Any, Of This Amount? \_\_\_\_\_

---

---

Is There Any Amount Of Money That You Want To Set Aside To Pay Taxes?

---

---

Please Describe Any Additional Sources Of Funds You Will Receive Over The Next Ten Years: (Examples: Sale Of Business, Inheritance, Sale Of Home.)

<u>Sources Of Funds</u>	<u>Estimated Amount</u>	<u>Estimated Date Of Receipt</u>
_____	\$ _____	_____
_____	\$ _____	_____

Please Describe Any Non-Recurring Withdrawals You Expect To Take From Your Legend Managed Account(S) Over The Next Ten Years. (Examples: Large Tax Liability, Home Purchase, Large Charitable Contributions, Etc.)

<u>Reason For Withdrawal</u>	<u>Estimated Amount</u>	<u>Estimated Date Of Withdrawal</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Tax Profile:**

What Is Your Current Marginal Federal Income Tax Rate? Please Circle One Of The Below-Listed Numbers.

- |     |     |     |
|-----|-----|-----|
| 10% | 25% | 33% |
| 15% | 28% | 35% |

Do You Expect Your Federal Income Tax Rate To Change In The Next Three Years? If So, Please Explain How Your Tax Rate Will Change. \_\_\_\_\_

What Do You Expect Your Marginal Federal Income Tax Rate Will Be In Retirement? Please Circle One Of The Below-Listed Numbers.

- |     |     |     |
|-----|-----|-----|
| 10% | 25% | 33% |
| 15% | 28% | 35% |

Are You Subject To The Federal Alternative Minimum Tax (AMT)? Yes No

If Not, Do You Expect To Be Subject To The AMT In The Future? Yes No

What Are Your Year-To-Date Capital Gains (Losses) From Your Taxable Investment Accounts?

Short-Term (1 Year Or Less)	\$ _____
Long-Term (More Than 1 Year)	\$ _____

Do You Have A Capital Loss Carry Forward From The Last Taxable Year? Yes No

If So, Please Specify Amounts:	Short-Term	\$ _____
	Long-Term	\$ _____

What Type Of Investor Do You Consider Yourself? Please Circle A Number On The Line Below.

1      2      3      4      5      6      7      8      9      10

Conservative

Moderate

Aggressive

Do You Have Interest In Direct Depositing Funds Into Your Investment Portfolio?

Yes

No

Which Account(s) Should Legend's Fees Be Deducted/Billed From?

Primary

Secondary

**Account Number**

\_\_\_\_\_

**ADVISOR QUESTIONNAIRE**

	<b><u>NAME</u></b>	<b><u>FIRM NAME &amp; ADDRESS</u></b>	<b><u>PHONE/FAX NUMBER</u></b>
<b>ACCOUNTANT</b>	_____	_____	_____
	_____	_____	_____
		_____	
		_____	
<b>PENSION ADMINISTRATOR/ ACTUARY (If You Own A Business)</b>	_____	_____	_____
	_____	_____	_____
		_____	
		_____	
<b>ATTORNEY</b>	_____	_____	_____
	_____	_____	_____
		_____	
		_____	
<b>BANKER - (Loans)</b>	_____	_____	_____
	_____	_____	_____
		_____	
		_____	
<b>BANKER - (Trust Officer)</b>	_____	_____	_____
	_____	_____	_____
		_____	
		_____	
<b>INSURANCE AGENT - (Life &amp; Disability)</b>	_____	_____	_____
	_____	_____	_____
		_____	
		_____	

**INSURANCE AGENT -  
(Property & Casualty)**


**INVESTMENT BROKER**


**EMPLOYEE BENEFITS -  
(Husband)**


**EMPLOYEE BENEFITS -  
(Wife)**


**OTHER**


**OTHER**


**CHECKLIST OF DATA/DOCUMENTS REQUIRED**

**INCOME TAX INFORMATION**

- Previous Year's Tax Returns (Federal & State)
- List of Gains And Losses (Current Year)

**INSURANCE POLICIES (All family members)**

- Annuities
- Latest Statement/Billing, Etc., On All Of The Above

**BROCHURES DESCRIBING YOUR EMPLOYEE BENEFITS (Include Most Recent Statements)**

- Annual Benefit Statement
- Non-Qualified Retirement Benefits
- Pension/Profit-Sharing/401(k)
- Thrift Plan
- Stock Options/ESOP

**RETIREMENT PLANS PLAN DOCUMENTS**

- Keogh (HR10)
- IRA(s)/SEPIRA(s)
- TSA
- Other Retirement Or Compensation Plans

**INVESTMENT INFORMATION**

- Savings Accounts (Latest Statements, CD's, Passbook)
- Brokerage Account Statements
- Installment Payments Owed on Limited Partnerships
- Mutual Fund Confirmations
- Copies of Bond/Stock Certificates
- Prospectuses and Offering Memorandums
- Confirmation Statements

**COLLECTIBLES**

- Data On Antiques, Art, Coins, Etc.