



EMERGING WEALTH

Investment Management, Inc.®

_____, 20__

PERSONAL FINANCIAL PLANNING DATA QUESTIONNAIRE FOR

Specify Any Publicly Traded Company Of Which Either Of You Are A Director, 10% Shareholder Or Officer:

Communication Preferences:

Where Is It Easiest To Reach Either Of You By Phone And/Or Do You Have Any Strong Preferences? _____

Mailing Preferences (Please Circle One):

Electronic Vault

Home

Office

E-mail Preferences:

Is E-Mail A Reliable Method To Communicate With You? Yes No

Please Indicate Where You Would Like E-Mail Correspondence: (Please Circle All That Apply):

Client: Home Office

Spouse: Home Office

Vacation / Second Residence:

Is There A Time Of Year When You Are Living Away From
Your Primary Residence That We Should Call You At And/Or
Send Correspondence? Yes No

If Yes, Please Explain:

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Marital Status:

Wedding Anniversary Date: _____

Other: _____

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 _____

Do You Have Plans For Any Additional Children? Yes ____ No ____

Details: _____

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 12TH 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 12TH 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)
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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 12TH 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

CHILD ATTENDING HIGHER EDUCATION INSTITUTION:

Given Name/
Middle Initial: _____

Nickname: _____

Birthdate: _____

Social Security No.: _____

Driver's License No./State
And Expiration Date _____

Passport No.: _____

Country Of Citizenship: _____

County Of Residence: _____

School Attended: _____ Annual Cost: \$ _____

Year (Class): _____ Major/Minor: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____

Other Issues: (Health Concerns, Future Schooling, Military Services, Etc.)

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

* 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 Education Accounts, etc.

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

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?

Client: _____

Spouse: _____

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.

- | | | | |
|-------|-------|-------|-------|
| 10.0% | 22.0% | 32.0% | 37.0% |
| 12.0% | 24.0% | 35.0% | |

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.

- | | | | |
|-------|-------|-------|-------|
| 10.0% | 22.0% | 32.0% | 37.0% |
| 12.0% | 24.0% | 35.0% | |

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 Loss \$ _____

Long-Term Loss \$ _____

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

Please Circle The Applicable Description Of Your Health Status:

<u>Client</u>	<u>Spouse</u>
Excellent	Excellent
Good	Good
Average	Average
Poor	Poor
Very Poor	Very Poor

Please Describe The Status Of Your Employment Including Position Title, Employment Stability, Expected Salary Increases And Future Plans For Employment.

LIFESTYLE ASSETS

PERSONAL PROPERTY (Homes, Cars, Recreational Vehicles, Boats, Pools, Vacation Property, Other Large Items)

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>
Description	_____	_____	_____	_____	_____
Owner(s)	_____	_____	_____	_____	_____
Current Market Value	_____	_____	_____	_____	_____
Original Price	_____	_____	_____	_____	_____

Clothing \$ _____

Furniture \$ _____

Valuable Items (Jewelry, Furs, Collections, Art Work Etc.) \$ _____

Electronic Equipment \$ _____

Other (Tools, Appliances, Decorations, Etc.) _____

ALL OTHER HOUSE CONTENTS AND PERSONAL ITEMS (Include All Items In Your Closets, Basement And Attic, If Applicable.) - Total Market Value \$ _____

LOANS

(Complete one page for each loan, do not include credit cards)

Asset Description (If Applicable) _____

Borrower(s) (Is Loan Personally Guaranteed By
Anyone? If So, Who?) _____

Type Of Loan (Plant & Equipment, Lines Of
Credit, Etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date
(Variable Rate Only) _____

Original Amount Borrowed \$ _____

Minimum Payment \$ _____

Actual Payment \$ _____

Frequency Of Payment _____

Date Of 1st Payment _____

Issue Date _____

Maturity Date _____

Current Interest Rate _____

Institution (Bank, S&L, Etc.) _____

Address _____

Phone _____

Loan Account No. _____

Comments _____

GUARANTEED LOANS OF OTHER INDIVIDUALS OR BUSINESSES

(Complete one page for each loan, do not include credit cards)

Asset Description (If Applicable) _____

Borrower(S) (Is Loan Personally Guaranteed By
Anyone? If So, Who?) _____

Type Of Loan (Plant & Equipment, Lines Of
Credit, Etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date
(Variable Rate Only) _____

Original Amount Borrowed \$ _____

Minimum Payment \$ _____

Actual Payment \$ _____

Frequency Of Payment _____

Date Of 1st Payment _____

Issue Date _____

Maturity Date _____

Current Interest Rate _____

Institution (Bank, S&L, Etc.) _____

Address _____

Phone _____

Loan Account No. _____

Comments _____

CREDIT CARD BALANCES OUTSTANDING

<u>Issuing Institution</u>	<u>Type of Card (MasterCard, Visa, etc.)</u>	<u>Interest Rate</u>	<u>Account Holder</u>	<u>Outstanding Balance</u>	<u>Minimum Monthly Payment</u>	<u>Actual Monthly Payment</u>
		%				
		%				
		%				
		%				
		%				
		%				
		%				
		%				
		%				
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		%				
		%				
		%				
		%				
		%				
		%				

RETIREMENT PLAN INFORMATION

Employer Sponsored Retirement Plans: (Include Previous Employer - Sponsored Retirement Plans):

Client Name _____ Anticipated Retirement Age: _____ Spouse Name _____ Anticipated Retirement Age: _____

Retirement Lifestyle Expectations: _____

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, 403(b)s, 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>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Please Provide Updated Statements And Retirement Plan Documents.

***Complete If Applicable.**

EMPLOYEE BENEFITS CHECKLIST

Please Indicate The Dollar Amount You Receive Annually.

	<u>Client</u>		<u>Spouse</u>	
	<u>Pre-tax</u>	<u>Taxable</u>	<u>Pre-tax</u>	<u>Taxable</u>
Auto Allowance	_____	_____	_____	_____
Moving Allowance	_____	_____	_____	_____
Cellular Phone Allowance	_____	_____	_____	_____
Education Allowance	_____	_____	_____	_____
Medical Reimbursement	_____	_____	_____	_____
Parking	_____	_____	_____	_____
Child Care	_____	_____	_____	_____
Flex Plans:				
Pretax Medical:	_____	_____	_____	_____
Pretax Daycare:	_____	_____	_____	_____
Meal Allowance (Per Diem Expenses)	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Disability Insurance	_____	_____	_____	_____
Long-Term Care Insurance	_____	_____	_____	_____
Other	_____	_____	_____	_____

ANNUAL CASH FLOW QUESTIONNAIRE

Instructions: Please List Numbers For The Current Year, Which You Expect To Spend Or Receive (i.e. Do Not List The New Roof, Which Was Installed Last Year). Annualize All Numbers For Each Respective Category. Do Not Duplicate Numbers In Different Categories. If You Must Do So, Please Indicate The Categories In Which There Is An Overlap And Provide A Detailed Explanation. If There Are Any Large Expenditures Expected In Coming Years, Please List At The End Of The Cash Flow Questionnaire In The Section Titled, "Future Large Expenditures." Under The Columns Titled Client And Spouse, Please List Those Expenses Unique To Each Individual Such As Clothing, Cars, Personal Grooming Expenditures, Medical Bills, Recreational Expenditures, Work Related Expenditures, Etc.

SOURCES OF CASH

CLIENT

SPOUSE

Salary	_____	_____
Number Of Pay Periods Per Year	_____	_____
Royalties	_____	_____
Bonus Or Profit Sharing Distribution	_____	_____
Deferred Compensation Payout	_____	_____
Unemployment Compensation	_____	_____
Net Schedule C Income	_____	_____
Sub-Chapter S Corp. Profits/Distributions	_____	_____
General Partnership Income	_____	_____
Limited Partnership Income	_____	_____
Stock Option Gain Proceeds	_____	_____
Social Security Benefits/Railroad Retirement/Gov't Pension	_____	_____
Pension/Profit Sharing or Other Retirement Plan Distributions	_____	_____
Annuity Distributions	_____	_____
I.R.A. Distributions	_____	_____
Auto Allowance	_____	_____
Moving Allowance, etc.	_____	_____
Oil & Gas Working Interest	_____	_____
Interest - Taxable	_____	_____
Interest - Non-taxable	_____	_____
Dividends	_____	_____
Capital Gains	_____	_____
Return Of Investment Capital (Principle From Sale Of Stock, Real Estate, Etc.)	_____	_____
Home Sale Proceeds	_____	_____
Home Improvement Loan Proceeds	_____	_____
Home Equity Loan Proceeds	_____	_____
Other Loan Proceeds	_____	_____
Inheritance	_____	_____
Note Or Mortgage Receivable Return Of Capital	_____	_____
Automobile Sale Proceeds	_____	_____
Insurance Policy Dividends	_____	_____
Other _____	_____	_____

ANNUAL CASH FLOW QUESTIONNAIRE

PRIMARY RESIDENCE

FAMILY

Housing Payments:

- Down Payment
- Mortgage Points
- Closing Costs (Other Than Points)
- First Mortgage Payment
- Second Mortgage
- Or Home Equity Line of Credit Payments

Home Improvements:

- Remodeling & Fixtures (Circle Which Applies)
- Additions, Roofs, Landscaping (Circle Which Applies)
- Sidewalk or Driveway Repair, Pool (Circle Which Applies)
- Other _____

Home Maintenance:

- Cleaning Help
- Lawn Maintenance
- Lawn Service
- Painting/Wallpapering (Circle Which Applies)
- Pest Control
- Pool Service
- Repairs
- Other _____

Household Purchases:

- Appliances
- Carpeting
- Decorations
- Draperies
- Furniture
- Other _____

Utilities:

- Cable Television
- Electricity
- Heating Oil
- Home Security
- Natural Gas
- Sewage
- Telephone
- Cellular Telephone
- Waste Disposal
- Water
- Other _____

ANNUAL CASH FLOW QUESTIONNAIRE

USES OF CASH

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Family Maintenance Expenditures:	_____	_____	_____
Groceries/Household Products/Personal Care Items	_____	_____	_____
Non-household meals:			
Breakfasts	_____	_____	_____
Lunches	_____	_____	_____
Dinners	_____	_____	_____
Clothing	_____	_____	_____
Dry Cleaning/Laundry	_____	_____	_____
Publications	_____	_____	_____
Beauty Salons/Haircuts	_____	_____	_____
Children's Activities	_____	_____	_____
Children's Allowances	_____	_____	_____
Pre-tax Day Care Account (Provided By Employer)	_____	_____	_____
Babysitter	_____	_____	_____
Child/Parent Support	_____	_____	_____
Alimony Payment	_____	_____	_____
Education/Tuition	_____	_____	_____
Job Related Expenses	_____	_____	_____
Supplies/Special Clothes (Circle Which Applies)	_____	_____	_____
Professional Fees/Dues (Circle Which Applies)	_____	_____	_____
Conference Fees	_____	_____	_____
Pre-tax Medical Care Account (Provided By Employer)	_____	_____	_____
Non-Reimbursed Medical Care	_____	_____	_____
Dentist	_____	_____	_____
Physician	_____	_____	_____
Hospital Related Expenses	_____	_____	_____
Prescription Drugs	_____	_____	_____
Other Medical Care	_____	_____	_____
Pet Expenses:			
Food	_____	_____	_____
Medical Care	_____	_____	_____
Grooming	_____	_____	_____
Other _____	_____	_____	_____
Auto Expenses (Non-business Only):			
Cash Purchase	_____	_____	_____
Loan/Down Payment	_____	_____	_____
Loan/Note Payments	_____	_____	_____
Auto #1	_____	_____	_____
Auto #2	_____	_____	_____
Lease Payments:			
Auto #1	_____	_____	_____

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Auto #2	_____	_____	_____
Operating/Maintenance Expenses:			
Gasoline	_____	_____	_____
Tires	_____	_____	_____
Repairs	_____	_____	_____
Licenses/Inspection	_____	_____	_____
Auto Club Membership	_____	_____	_____
Parking/Tolls	_____	_____	_____
Other Transportation Expenses	_____	_____	_____
Insurance Expenses:			
Homeowners	_____	_____	_____
Homeowners/Renters (Second Home)	_____	_____	_____
Valuable Items	_____	_____	_____
Auto	_____	_____	_____
Boat	_____	_____	_____
Personal Umbrella	_____	_____	_____
Medical (Insurance Only)	_____	_____	_____
Medicare Premium	_____	_____	_____
Long-Term Care	_____	_____	_____
Disability	_____	_____	_____
Life	_____	_____	_____
Accident	_____	_____	_____
Other _____	_____	_____	_____
Consumer Loans:			
Private Line Of Credit	_____	_____	_____
Credit Cards	_____	_____	_____
Education	_____	_____	_____
Life Insurance	_____	_____	_____
Installment Loan	_____	_____	_____
Promissory Note	_____	_____	_____
Other _____	_____	_____	_____
Investment Loans:			
Margin Accounts	_____	_____	_____
Promissory Note/Installment Loan	_____	_____	_____
Stock Option Loan	_____	_____	_____
Limited Partnership - Note Payable	_____	_____	_____
Other _____	_____	_____	_____
Professional Service Expenditures:			
Attorney Fees	_____	_____	_____
Tax Preparation Fees	_____	_____	_____

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Loan Application Fees (Other Than Mortgage)	_____	_____	_____
Financial Planning Fees	_____	_____	_____
Asset Management Fees	_____	_____	_____
IRA Custodial Fees	_____	_____	_____
Safety Deposit Box	_____	_____	_____
Other _____	_____	_____	_____
Discretionary Expenditures:			
Charitable Contributions	_____	_____	_____
Other Contributions	_____	_____	_____
Jewelry, Furs, Etc.			
Gifts:			
Cash	_____	_____	_____
Birthdays	_____	_____	_____
Holidays	_____	_____	_____
Weddings	_____	_____	_____
Wedding Showers	_____	_____	_____
Baby Showers	_____	_____	_____
Miscellaneous	_____	_____	_____
Entertainment:			
Fine Dining	_____	_____	_____
Cinema/Theater	_____	_____	_____
Home Entertainment:			
Movie Rentals	_____	_____	_____
Records/Tapes/Compact Discs	_____	_____	_____
Parties	_____	_____	_____
Recreation:			
Sporting Events	_____	_____	_____
Sporting Activities Expenses:			
Club Dues	_____	_____	_____
Equipment Purchases/Rentals	_____	_____	_____
Activity Expenses	_____	_____	_____
Hobby Expenses	_____	_____	_____
Vacations/Weekend Excursions	_____	_____	_____
Time Sharing Expenses:			
Time Share Loan	_____	_____	_____
Payments	_____	_____	_____
Gambling Expenses	_____	_____	_____
Computer Related Expenses (Hardware, Software)	_____	_____	_____
Other _____	_____	_____	_____

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Saving Related Expenses (Employee Contributions Only, Unless Self Employed)			
Non-Qualified Deferred Compensation Plan	_____	_____	_____
I.R.A	_____	_____	_____
Money Purchase Profit Sharing Plan	_____	_____	_____
Money Purchase Pension Plan	_____	_____	_____
Target Benefit Pension Plan	_____	_____	_____
Simplified Employee Pension Plan (SEP-IRA)	_____	_____	_____
SARSEP Plan	_____	_____	_____
401(a) Savings Plan	_____	_____	_____
401(k) Profit Sharing Plan	_____	_____	_____
403(b) Tax-Sheltered Annuity	_____	_____	_____
457 Qualified Deferred Compensation Plan	_____	_____	_____
U.S. Savings Bonds - Payroll Deduction	_____	_____	_____
Periodic Scheduled Investing	_____	_____	_____
Other _____	_____	_____	_____
Future Large Expenditures (For Years After The Current Year)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>Account Number</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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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, 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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(s)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER (Please Explain)

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

NON-QUALIFIED OR INCENTIVE STOCK OPTIONS

Please Give Details Of All Stock Options And Supply All Relevant Documents. _____

NON-QUALIFIED DEFERRED COMPENSATION

Please Give Necessary Details Of Compensation Plan And Supply All Relevant Documents. _____

COPYRIGHTS, PATENTS, TRADEMARKS, ROYALTY AND LICENSING AGREEMENTS

Please Give Necessary Details And Supply All Relevant Documents Of Any Of These Items Or Any Similar Items, Which You Hold In Your Name.

OTHER INVESTMENTS

Please Give Necessary Details Of Each Investment. _____

INVESTMENT – REAL PROPERTY (NOT FOR PERSONAL RESIDENCE)

	Property #1	Property #2	Property #3
Description	_____	_____	_____
Location	_____	_____	_____
Ownership	_____	_____	_____
Purchase Date	_____	_____	_____
Purchase Price	_____	_____	_____
Major Improvements	_____	_____	_____
Current Market Value	_____	_____	_____
Asset Description (If Applicable)	_____	_____	_____
Borrower(s)	_____	_____	_____
Type of Loan (First Mortgage, Second Mortgage, Line of Credit, Etc.)	_____	_____	_____
Balance Outstanding	_____	_____	_____
Last Annual Reset Balance Date (Variable Rate Mortgages Only)	_____	_____	_____
Type of Mortgages (Fixed, Variable, Balloon, Etc.)	_____	_____	_____
Original Amount Borrowed	_____	_____	_____
Minimum Payment (If mortgage, exclude taxes and insurance)	_____	_____	_____
Actual Payment	_____	_____	_____
Frequency of Payment	_____	_____	_____
Date of First Payment	_____	_____	_____
Issue Date	_____	_____	_____
Maturity Date	_____	_____	_____
Institution (Bank, S&L, Etc.)	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Phone	(____)_____	(____)_____	(____)_____
Loan Account Number	_____	_____	_____

Other Expenses:

	Property #1	Property #2	Property #3
Insurance Costs	_____	_____	_____
Annual Maintenance	_____	_____	_____
Utilities	_____	_____	_____
Other Expenses	_____	_____	_____
Revenues	_____	_____	_____

Please Indicate Your Plans For Each Property As To Improvements (Indicate Potential Costs), Keeping Properties, Selling Properties Providing Income To You, Etc.

Property #1 _____

Property #2 _____

Property #3 _____

ADVISOR QUESTIONNAIRE

	<u>NAME</u>	<u>FIRM & ADDRESS</u>	<u>PHONE/FAX NUMBER</u>
ACCOUNTANT	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
RETIREMENT PLAN ADMINISTRATOR/ACTUARY (If You Own A Business)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
ATTORNEY	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
BANKER - (Loans)	_____	_____	_____
	_____	_____	_____
		_____	_____

BANKER -

(Trust Officer)

**INSURANCE AGENT -
(Life & Disability)**

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

INVESTMENT BROKER

**EMPLOYEE BENEFITS -
(Client)**

**EMPLOYEE BENEFITS -
(Spouse)**

OTHER

OTHER

Board Affiliations - Charitable/Business/Associations/Organizations:

Volunteer Work/Activities:

Hobbies Or Interests:

Pets (Types/Names):

CHECKLIST OF DATA/DOCUMENTS REQUIRED

(Please Supply)

INCOME TAX INFORMATION

- Most Recent Pay Stubs (One Month's Worth)
(Include Year to date Pay Information)
- K-1 Partnership Returns
- Corporate Returns
- Gift Tax Returns
- Previous Year's Tax Returns (Federal, State & Local)
- List of Gains and Losses (Current Year)

INSURANCE POLICIES (All family members)

- Automobile
- Boatowners
- Disability
- Health
- Long Term Care
- Homeowners Or Renters
- Liability
- Valuable Items
- Life
- Business Insurance (All types)
- Latest Statement/Billing, Etc., On All Of The Above

EMPLOYEE BENEFITS MATERIALS (Include Most Recent Statements)

- Stock Options/ESOP
- Deferred Compensation
- Group Insurance
 - Disability Income
 - Health
 - Life
 - Medical
 - Long-Term Care
 - Beneficiary Designations
 - Other (_____)
- Flexible Spending Plans
 - Daycare
 - Health Benefits

PERSONAL RETIREMENT PLAN DOCUMENTS (Most Current Statement)

- Pension/Profit-Sharing
- IRA(s) / SEP IRA(s) / SIMPLE(s)
- TSA / 403(b) / 401(k) / 401(a) / 457
- Other Retirement or Compensation Plans
- Social Security Earnings Statements

REAL ESTATE

- All Loan Agreements
- Data & Documents on Real Property Owned Other than Residence
- Inventory/Appraisals of Personal Property

LEGAL DOCUMENTS

- Employment Or Compensation Arrangements
- Will(s)
- Trust Agreements
- Durable Or Springing Power of Attorney
- Health Care Power Of Attorney
- Living Wills
- Pre-Marital Agreement/Divorce Decree
- Mortgage Or Loan Agreements
- Notes Payable
- Notes Receivable

INVESTMENT INFORMATION

- Annuities (Policy & Statement)
- Bank Accounts (Latest Statements, Savings, Checking, CD's, Passbook)
- Credit Union Accounts
- Brokerage Account Statements
- Installment Payments Owed On Limited Partnerships
- Mutual Fund Confirmations
- Copies of Bond/Stock Certificates
- Prospectuses and Offering Memorandums
- Confirmation Statements (Money Market Funds, Individual Securities)
- Cost Basis Information (All Past Statements And Trade Confirmations)
- Children's Assets Statements

COLLECTIBLES

- Data On Antiques, Art, Coins, Dolls, Etc.

LIABILITIES

- All Loan Agreements (Car, Personal, etc.)
- Information On Lines Of Credit
- Information On Insurance Purchased From Lending Institutions
- Most recent Loan Statements (Including Credit Cards)

CHECKLIST OF DATA/DOCUMENTS REQUIRED

INCOME TAX INFORMATION

- Previous Year's Tax Returns (Federal, State, and Local)
- List of Gains and Losses (Current Year)

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 (Most Current Statement)

- Pension / Profit Sharing Plan
- IRA(s) / SEP IRA(s) / SIMPLE(s)
- TSA / 403(b) / 401(k) / 401(a) / 457
- Social Security Earnings Statements
- Other Retirement Or Compensation Plans

INVESTMENT INFORMATION

- Annuities (Policy & Statement)
- Bank Accounts (Latest Statements, Savings, Checking, CD's, Passbook)
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COLLECTIBLES

- Data On Antiques, Art, Coins, Etc.