



_____, 20____

**INVESTMENT MANAGEMENT/CONSULTING
DATA QUESTIONNAIRE
FOR**

PERSONAL DATA

Client Name #1

First	Middle Initial	Last
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Client Name #2

First	Middle Initial	Last
--------------	-----------------------	-------------

Residence Address

(Street)

(City)	(State)	(Zip Code)
---------------	----------------	-------------------

Home Phone

() Home Fax ()

Pers. E-mail (Client #1)

Pers. E-mail (Client #2)

CLIENT #1

Nickname

Birthdate (MM/DD/YYYY)

Social Security Number

Driver's License Number

Driver's License State

Driver's License Exp. Date

Passport Number

Country of Citizenship

County of Residence

Cell Phone Number

()

Employer

Business Address

City, State, ZIP

Business Phone Number	()	_____	_____
Business Fax Number	()	_____	_____
Business E-mail		_____	_____
Occupation/Title		_____	_____
Date of Employment		_____	_____
Name of Your Primary Bank/Branch Location		_____	_____

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):

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):

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: _____

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: _____

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>*# 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% | 22% | 32% | 37% |
| 12% | 24% | 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% | 22% | 32% | 37% |
| 12% | 24% | 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

<u>NUMBER</u>	<u>NAME</u>	<u>FIRM NAME & ADDRESS</u>	<u>PHONE/FAX</u>
ACCOUNTANT	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
		<hr/>	
		<hr/>	
		<hr/>	
PENSION ADMINISTRATOR/ ACTUARY (if you own a business)	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
		<hr/>	
		<hr/>	
ATTORNEY	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
		<hr/>	
		<hr/>	
		<hr/>	

BANKER -

(Loans)

BANKER -

(Trust Officer)

INSURANCE AGENT -

(Life & Disability)

INSURANCE AGENT -

(Property & Casualty)

INVESTMENT BROKER

EMPLOYEE

BENEFITS -

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.