



Planning - Expertise - Solutions
Michael A. Guy, CPA, CFP
301-863-9920

Confidential Financial Questionnaire

Michael A. Guy, CPA, CFP

Personal Information

	Client	Spouse
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Date of Birth	____/____/____	____/____/____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of Residence	_____	_____
Attorney	_____	_____
Accountant	_____	_____
Life Insurance Agent	_____	_____
Property Insurance Agent	_____	_____
Banker	_____	_____

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

My Financial Goals

Education Goals

College: *(Check one)*

Name: _____

Date of Birth: _____
(mm/dd/yy)

Average All - \$18,358

4-year: Public In-State - \$14,046

Public Out-Of-State - \$21,092

Private - \$29,497

2-year: Public In-State - \$10,981

Public Out-Of-State - \$14,948

Private - \$17,618

Name: _____

Date of Birth: _____
(mm/dd/yy)

Average All - \$18,358

4-year: Public In-State - \$14,046

Public Out-Of-State - \$21,092

Private - \$29,497

2-year: Public In-State - \$10,981

Public Out-Of-State - \$14,948

Private - \$17,618

Name: _____

Date of Birth: _____
(mm/dd/yy)

Average All - \$18,358

4-year: Public In-State - \$14,046

Public Out-Of-State - \$21,092

Private - \$29,497

2-year: Public In-State - \$10,981

Public Out-Of-State - \$14,948

Private - \$17,618

Financial Goals – *(Major Purchases, Weddings, Travel, New Home, etc.)*

Description: _____

Year of Goal: _____

Cost \$ _____

Month Year

Description: _____

Year of Goal: _____

Cost \$ _____

Month Year

Description: _____

Year of Goal: _____

Cost \$ _____

Month Year

Description: _____

Year of Goal: _____

Cost \$ _____

Month Year

Description: _____

Year of Goal: _____

Cost \$ _____

Month Year

Insurance Policies

Insurance (life, Disability, Long-Term Care)

Account Type	Amount	Owner	Insured	Cash Value	Premium

Estate Analysis

Estate Documents

	Client	Spouse
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	_____	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Risk Tolerance Questionnaire

Investment Attitude Risk Questionnaire

Circle a number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

2. How important is growth?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

3. How important is low volatility?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

4. How important is inflation protection?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

5. How important is current cash flow?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

6. How much risk are you willing to take to achieve a higher return?

Not at all

A Moderate amount

A lot

1 2 3 4 5 6 7 8 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

(Enter a number between 5% and 14%.)

Average Annual Rate of Return* You Want: _____ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.