



Deerfield Financial Advisors, Inc. Financial Planning Questionnaire

CONFIDENTIAL

Unless required by law, information provided will not be released without your consent.

Fee-Only Financial Planning and Investment Advisory Services
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Comprehensive

Date Completed: ___ / ___ / ___

Section I - Personal Information

Individual 1

Name: _____
Last First Initial

Title: Mr. Mrs. Ms. Dr. Other _____

SSN: _____ - _____ - _____

Birth Date: _____ / _____ / _____

Gender: Male Female

Citizenship: U.S.A. Other _____

Cell Phone: _____ - _____ - _____

Personal Email: _____

College Attended: _____

Date Married: _____ / _____ / _____

Employment:

Occupation: _____

Employer: _____

Address: _____
City State Zip

Business Phone: _____ - _____ - _____

Business Email: _____

Contact Preference: Rank the following methods of communication in order of most preferred (1) to least preferred (7):

- ___ Business Email
- ___ Personal Email
- ___ Business Mail
- ___ Personal Mail
- ___ Business Phone
- ___ Personal Phone
- ___ Other (i.e. fax) _____

Individual 2

Name: _____
Last First Initial

Title: Mr. Mrs. Ms. Dr. Other _____

SSN: _____ - _____ - _____

Birth Date: _____ / _____ / _____

Gender: Male Female

Citizenship: U.S.A. Other _____

Cell Phone: _____ - _____ - _____

Personal Email: _____

College Attended: _____

Occupation: _____

Employer: _____

Address: _____
City State Zip

Business Phone: _____ - _____ - _____

Business Email: _____

Contact Preference: Rank the following methods of communication in order of most preferred (1) to least preferred (7):

- ___ Business Email
- ___ Personal Email
- ___ Business Mail
- ___ Personal Mail
- ___ Business Phone
- ___ Personal Phone
- ___ Other (i.e. fax) _____

Primary Address: _____
City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Second Address: _____
City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Other Address: _____
City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Is there a certain time of year that we should contact you at a location other than your primary residence?

Yes No

If yes, please explain and provide appropriate information and dates.

Children:

<u>Name</u>			<u>Gender</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Married</u>	<u># Children</u>
1) _____ Last	_____ First	_____ Initial	<input type="checkbox"/> M/F <input type="checkbox"/>	___/___/___	___/___/___	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
_____ Address				_____	_____	_____	_____
2) _____ Last	_____ First	_____ Initial	<input type="checkbox"/> M/F <input type="checkbox"/>	___/___/___	___/___/___	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
_____ Address				_____	_____	_____	_____
3) _____ Last	_____ First	_____ Initial	<input type="checkbox"/> M/F <input type="checkbox"/>	___/___/___	___/___/___	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
_____ Address				_____	_____	_____	_____
4) _____ Last	_____ First	_____ Initial	<input type="checkbox"/> M/F <input type="checkbox"/>	___/___/___	___/___/___	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
_____ Address				_____	_____	_____	_____

Do any of the children have special needs? Yes No

If yes, please briefly describe: _____

Parents:

Individual 1

Individual 2

Name: _____
Last First Initial

Living Deceased Age _____ Current/At Death

Name: _____
Last First Initial

Living Deceased Age _____ Current/At Death

Name: _____
Last First Initial

Living Deceased Age _____ Current/At Death

Name: _____
Last First Initial

Living Deceased Age _____ Current/At Death

Do you currently have (or expect to have) any financial responsibilities for your parents? Yes No

If yes, please briefly describe: _____

Emergency Contacts: Which child(ren) or parent(s) whose information is listed above would you like to use as the emergency contacts? If your desired emergency contact(s) is not listed above, please provide their contact information:

- 1) _____
- 2) _____

Professional Relationships:

Accountant: _____ **Firm:** _____

Address: _____
City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Ok to contact? Yes No

Estate Attorney: _____ **Firm:** _____

Address: _____
City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Ok to contact? Yes No

Other: _____ **Company:** _____
(Accountant/Attorney/Assistant/Banker/Insurance Broker/Trust Officer)

Address: _____
City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Ok to contact? Yes No

Other: _____ **Company:** _____
(Accountant/Attorney/Assistant/Banker/Insurance Broker/Trust Officer)

Address: _____
_____ City _____ State _____ Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Ok to contact? Yes No

Section II – Goals & Objectives

1. There are many goals for financial and estate planning; some are listed below. Rank all four goals in order of importance to you; 1 being most important and 4 being least important.

Individual 1 Individual 2

- | | | |
|-------|-------|---|
| _____ | _____ | To ensure lifetime financial independence for yourself and dependents |
| _____ | _____ | To maximize inheritance for heirs |
| _____ | _____ | To minimize estate tax |
| _____ | _____ | To make charitable contributions |

2. Which statement most closely reflects your current view regarding financial independence?

Individual 1 Individual 2

*Check **one** box only*

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have no clear picture of whether I am financially independent. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not yet financially independent, but would like to be so at age _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am financially independent but have no excess wealth. |
| <input type="checkbox"/> | <input type="checkbox"/> | My present assets and income exceed what I need for financial independence. |

3. Which statements most closely reflect your definition of financial independence?

*Check **all** that apply*

- A. Financial independence has been achieved when I have accumulated sufficient assets to maintain a desired lifestyle for:

Individual 1 Individual 2

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Myself and my spouse |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependent children |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Including a four-year undergraduate degree from a public college</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Including a four-year undergraduate degree from a private college</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Including an advanced degree</i> |
| <input type="checkbox"/> | | Others (parents, extended family, etc.) _____ |
| | <input type="checkbox"/> | Others (parents, extended family, etc.) _____ |

- B. My desired lifestyle is economically:

Individual 1 Individual 2

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The same as my current lifestyle |
| <input type="checkbox"/> | <input type="checkbox"/> | More expensive than my current lifestyle |
| <input type="checkbox"/> | <input type="checkbox"/> | Less expensive than my current lifestyle |

C. In the event of my premature death or disability, I would prefer that my family members would economically be able to maintain:

Individual 1 Individual 2

- | | | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Their current lifestyle |
| <input type="checkbox"/> | <input type="checkbox"/> | A more expensive lifestyle |
| <input type="checkbox"/> | <input type="checkbox"/> | A less expensive lifestyle |

4. Which statement most closely reflects your view regarding your responsibility to conserve assets for heirs?

*Check **one main** answer only, along with the **applicable subcategory***

Individual 1 Individual 2

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I feel no particular responsibility to conserve assets for heirs, and would prefer to spend my assets during my lifetime. |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>However, I am satisfied to have whatever is left of my estate pass to heirs upon my death.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>However, there are certain amounts I would like to leave to specific heirs.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Nevertheless, I intend to plan my estate in a manner that will maximize my heirs' inheritance.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | I do feel a responsibility to conserve assets for heirs and to plan my estate in a manner that will maximize their inheritance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>However, I am not willing to commit current cash flow or assets for that purpose.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>And, I am willing to commit current cash flow or assets for that purpose.</i> |

5. Which statement most closely reflects your thoughts regarding the transfer of charitable gifts through your estate plan?

Individual 1 Individual 2

*Check **one box** only*

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have no intention of making charitable gifts through my estate plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | As long as my intended inheritance to my heirs is not compromised, I would consider charitable gifts as part of my estate plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | Making charitable gifts is the focal point of my estate plan. |

Section III – Investment Profile & Preferences

1. There are many objectives for investment planning; some are listed below. Please select the statement that most closely reflects your current investment objectives.

Individual

- 1 2 My primary objective is to preserve capital while minimizing short-term losses and fluctuations.
- 1 2 My primary objective is to achieve a favorable long-term rate of return that provides for long-term growth of principal and income without undue risk.
- 1 2 My primary objective is to maximize the potential for long-term growth of principal without regard to short-term risk and fluctuations.

2. Are you currently retired? If **no**, please provide your target retirement date.
 Individual 1: Yes No _____
 Individual 2: Yes No _____

3. Do you plan to maintain cash reserves and / or investment accounts outside of your Deerfield managed account(s)? Yes No
 If **yes**, please explain. _____

4. How much income, if any, will you require from your Deerfield managed account(s) to fund your living expenses?

Current:

Amount	Frequency			
\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other _____
\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other _____

In Retirement:

Amount	Frequency			
\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other _____
\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other _____

5. Please describe any non-recurring withdrawals you expect to take from your Deerfield managed accounts over the next 10 years: *(Examples: large tax liability, home purchase, large charitable contributions, wedding, etc.)*

Reason for withdrawal	Estimated Amount	Est. Date of Withdrawal
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

6. Are there any securities in your current portfolio you would not consider selling regardless of Deerfield's recommendations?

Security	Reason for Holding
_____	_____
_____	_____
_____	_____

7. Please describe any special circumstances you feel we should consider in our analysis of your investment needs that are not discussed above (i.e., any special healthcare needs for you or your dependents.)

Section IV - Financial Information

See keys for Type # and Owned By #

Real Estate Information:

Description (or Address)	Type #	Owned By #	Estimated Value	Outstanding Liability*
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Please provide recent statements and loan document for each outstanding liability.**

Automobiles/Boats/Airplanes/Other:

Year	Make/Model/Description	Owned By #	Estimated Value	Outstanding Liability*
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Please provide recent statements and loan/lease agreements.**

Key

Real Estate Type:

- 1) Primary Residence
- 2) 2nd Residence
- 3) Other Personal Residence
- 4) Agricultural Real Estate
- 5) Undeveloped Real Estate
- 6) Rental Real Estate
- 7) Other

Owned By:

- 1) Individual 1
- 2) Individual 2
- 3) Joint (Individual 1 & Individual 2)
- 4) Community Property
- 5) In Trust
- 6) Other

Highly Valued Personal Property Information:

(Examples: art collections, antiques, jewelry, furs, other collectables, etc.)

Type of Property	Estimated Value	Insured
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe any additional sources of funds you will receive over the next 10 years:

(Examples: sale of business, inheritance, sale of home, etc.)

Source of Funds	Estimated Amount	Estimated Date of Receipt
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Pension Income:

Source (Company name/Social Security, etc.) _____	Individual 1	Survivor Benefit
_____	\$ _____ per mo. @ age _____	% _____
_____	\$ _____ per mo. @ age _____	% _____
Source (Company name/Social Security, etc.) _____	Individual 2	Survivor Benefit
_____	\$ _____ per mo. @ age _____	% _____
_____	\$ _____ per mo. @ age _____	% _____

Business Interests:

Business Name	Business Type #	Owned By #	Percent Owned	Total Est. Value	Personal Loan* Guarantees?
_____	_____	_____	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____ %	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Please provide recent statements and loan agreements.**

***Please provide most recent fiscal year profit and loss statement and balance sheet for each business.**

***Please provide last year's business income tax return(s).**

Key

Business Type:

- 1) "S" Corporation
- 2) "C" Corporation
- 3) Limited Liability Company
- 4) Partnership
- 5) Sole Proprietorship
- 6) Other

Owned By:

- 1) Individual 1
- 2) Individual 2
- 3) Joint (Individual 1 & Individual 2)
- 4) Community Property
- 5) In Trust
- 6) Other

Additional Information:

1. Are you currently planning to make any changes related to your real estate holdings? Yes No
If **yes**, please explain below.

2. Do you expect any inheritances, legal settlements, gifts, or other income that may affect your financial plan?
 Yes No If **yes**, please explain below.

3. Have you made any substantial gifts? Yes No If **yes**, provide a brief description below.

4. Do you foresee your future earned income being approximately the same (on an inflation-adjusted basis) as the income reported on your most recent tax return? Yes No If **no**, please explain below.

5. What is your preferred format of meetings? Face-to-Face Phone Virtual (Web)

6. After your first year of working with Deerfield Financial Advisors, Inc. how frequently would you like to meet with an advisor? 3x per year 2x per year 1x per year Other: _____

Document Checklist:

In addition to the documents requested on the previous pages, please provide the documents requested below. We will photo copy and return your documents to you at our next meeting. Should you need any documents returned prior to this meeting, please contact us to make alternative delivery arrangements. Photo copies are also acceptable. Thank you.

Please provide a recent account statement for the following:

<u>Bank Accounts</u> <input type="checkbox"/> Checking Account(s) <input type="checkbox"/> Savings/Money Market Accounts(s) <input type="checkbox"/> Certificates of Deposit	<u>Retirement Accounts</u> <input type="checkbox"/> IRA(s) <input type="checkbox"/> 401k Plan(s) <input type="checkbox"/> 403b Plan(s) <input type="checkbox"/> Qualified Retirement Plan(s) <input type="checkbox"/> Other Retirement/Deferred Compensation Plans
<u>Other</u> <input type="checkbox"/> Cash Value Life Insurance Policies <input type="checkbox"/> Social Security Benefits Statement(s) <input type="checkbox"/> Credit Card Statements (only if carrying a balance)	<input type="checkbox"/> Annuities <input type="checkbox"/> Loan Receivable(s) <input type="checkbox"/> Loan(s) Payable (not previously requested)

Please provide a recent statement and all transaction confirmations or cost basis report(s) identifying each individual trade lot (or all statements since inception) for the following non-retirement investments accounts:

<input type="checkbox"/> Brokerage/Trust Account(s) <input type="checkbox"/> Mutual Fund(s) <input type="checkbox"/> Stock(s) <input type="checkbox"/> Stock Options <input type="checkbox"/> Bond(s) <input type="checkbox"/> Other Investment Holdings	<input type="checkbox"/> Employee Stock Purchase Plan(s) <input type="checkbox"/> Children’s Custodial Account(s) (UTMA/UGMA) <input type="checkbox"/> 529 College Savings Plans <input type="checkbox"/> Education Savings Accounts
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Please provide the following documents:

<u>Estate Planning Documents</u> <input type="checkbox"/> Will(s) <input type="checkbox"/> Revocable/Irrevocable Trust(s) <input type="checkbox"/> Durable Power(s) of Attorney <input type="checkbox"/> Living Will(s) <input type="checkbox"/> Health Care Proxies <input type="checkbox"/> Estate & Gift Tax Return(s) <input type="checkbox"/> Share Transfer/Buy-Sell Agreement(s) <input type="checkbox"/> Partnership/Shareholder Agreement(s)	<u>Insurance Policies and Annuity Contracts</u> <input type="checkbox"/> Life Insurance Policies <input type="checkbox"/> Disability Insurance Policies <input type="checkbox"/> Long-Term Care Insurance Policies <input type="checkbox"/> Annuity Contracts
<u>Employment Related Documents</u> <input type="checkbox"/> Pay Stubs (last 2 pay periods) <input type="checkbox"/> Deferred Compensation Agreement(s) <input type="checkbox"/> Stock Option Agreement(s) <input type="checkbox"/> Employment Agreement(s)/Contract(s) <input type="checkbox"/> Employee Benefits Handbook(s) <input type="checkbox"/> Summary Plan Description(s) for Flexible Spending Account(s) <input type="checkbox"/> Summary Plan Description(s) for Qualified Retirement Plan(s) <input type="checkbox"/> Non-Compete Agreement(s)	<u>Income Tax Returns</u> <input type="checkbox"/> Previous 2 years federal and state income tax returns including all schedules, statements, and supporting documents. <input type="checkbox"/> Minor children’s most recent tax return(s) <input type="checkbox"/> Grandfather Election (Form 5329 filed 1988 return) <input type="checkbox"/> Previous 2 years tax return(s) for any trust
	<u>Other</u> <input type="checkbox"/> Prenuptial Agreement(s) <input type="checkbox"/> Divorce/Dissolution Agreement(s) <input type="checkbox"/> IRS Form 2119 (tax year sale of residence)

Notes and Additional Information:

Use this section to provide us with any additional information you feel we should take into consideration regarding your financial planning. In addition, please provide us with any other documents you feel are relevant to our analysis of your financial situation.

Also, please use this section to provide further details for any of the previous questions. (Please reference the section and question numbers that apply.)

For Internal Use Only

- Fee taken directly from any one taxable account
Description _____

- Fee prorated among all managed accounts