



Deerfield Financial Advisors, Inc. Investment 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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Investment-Only

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 – 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

\$ _____ Monthly Quarterly Annually Other _____

\$ _____ Monthly Quarterly Annually Other _____

In Retirement:

Amount

Frequency

\$ _____ Monthly Quarterly Annually Other _____

\$ _____ Monthly Quarterly Annually 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.)*

Additional Information:

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

2. 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:

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.

- 1. Please provide copies of the most recent statements for all of your investment accounts.
- 2. Please provide recent statements and all transaction confirmations or cost basis report(s) identifying each individual trade lot (or all statements since inception) for non-retirement investment accounts.
- 3. Please provide the previous 2 years federal and state income tax returns including all schedules, statements, and supporting documents.

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