

# BURKETT FINANCIAL SERVICES, LLC

## CONFIDENTIAL QUESTIONNAIRE

**CLIENT NAME (1):**

Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax (Home or Work): \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Social Security # (optional): \_\_\_\_\_  
Birthdate: \_\_\_\_\_

**CLIENT NAME (2):**

Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax (Home or Work): \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Social Security # (optional): \_\_\_\_\_  
Birthdate: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Contact me by:  E-mail or  Telephone

**FAMILY MEMBERS (Please list children and other dependents)**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>City and State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Client Employer (1):**

Title/Job: \_\_\_\_\_  
Years with employer: \_\_\_\_\_  
Employment changes: \_\_\_\_\_  
Age at retirement: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Self Employment Income: \_\_\_\_\_  
Bonus/Commissions: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Rental Income: \_\_\_\_\_  
Retirement Income\*: \_\_\_\_\_  
Other Earned Income: \_\_\_\_\_

**Client Employer (2):**

Title/Job: \_\_\_\_\_  
Years with employer: \_\_\_\_\_  
Employment changes: \_\_\_\_\_  
Age at retirement: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Self Employment Income: \_\_\_\_\_  
Bonus/Commissions: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Rental Income: \_\_\_\_\_  
Retirement Income\*: \_\_\_\_\_  
Other Earned Income: \_\_\_\_\_

\*If pension income, please describe any survivorship options. You may wish to attach a separate page.

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to make any extraordinary financial changes in the next five years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect an inheritance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? _____
Do you have a: <ul style="list-style-type: none"> <li>• Will - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Durable Power of Attorney - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Healthcare Power of Attorney - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Living Will - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Any Type of Trust, i.e. ILIT, QTIP, Revocable - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Date of original execution? _____</li> <li>• Date of any amendments? _____</li> <li>• Any Special Need Family Members? - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Attorney's Name? _____</li> </ul>
Do you plan to pay for any education for children, grandchildren, yourself or others? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your parents or adult children dependent on you for support? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declined for any type of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what type and when? _____
Do you have any of the following insurance policies: <ul style="list-style-type: none"> <li>• Homeowners - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Automobile Policy - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Umbrella/Liability Policy Health - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Disability - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Long Term Care - Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Life Insurance Policy - _____ Insert or Circle Type: Term (T), Variable (V), Universal (UL), Variable Universal Life (VUL) or Whole Life (WL) and Amount(s) \$ _____</li> </ul>
Do you own a business? - Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you save systematically? - Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you satisfied with your financial progress? - Yes <input type="checkbox"/> No <input type="checkbox"/>

In order of importance, what are your three most critical goals?

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Please comment on the advice you seek

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**If you have one of the following advisors, please describe your professional relationship with each:**

Satisfaction Rating – Using a Rating Scale of 1-5 with 1 being dissatisfied and 5 very satisfied.

Advisor	Ranking		Not Applicable
Financial Planner			
Accountant			
Investment Advisor			
Attorney			
Insurance Agent			
Banker			
Trustee			

How much do you think the following affects portfolio performance?

- Portfolio Allocation – Cash vs. bonds vs. stocks
- Investment Selection – Which stocks/ bonds to buy
- Market Timing – Getting into and out of the market

Must add to 100%

How do you feel when the stock market fluctuates?

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How did you select and determine the current allocations in your portfolio?

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What do you think the average annual rates of return for inflation and the stock market have been since 1970?

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What do you believe is a reasonable rate of return on your investments?

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<b>Assets</b>	<b>Approximate Market Value</b>	<b>Cost or Tax Basis</b>	<b>Husband (H), Wife (W) or Joint (J)</b>
Cash:			
Checking Accounts	_____	_____	_____
Savings & Money Market Accounts	_____	_____	_____
Certificate of Deposits	_____	_____	_____
U.S. Government & Corporate Bonds	_____	_____	_____
Municipal Bonds	_____	_____	_____
Deferred Annuities	_____	_____	_____
Insurance-Cash Surrender Value	_____	_____	_____
Mutual Funds:			
Equity: _____	_____	_____	_____
Bonds: _____	_____	_____	_____
Balanced: _____	_____	_____	_____
Individual Stocks (owned directly):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Rental Property & Land:			
Location _____	_____	_____	_____
Location _____	_____	_____	_____
Ventures or Businesses:			
_____	_____	_____	_____
_____	_____	_____	_____
Retirement Accounts:			
Profit Sharing Plans	_____	_____	_____
Savings Plans	_____	_____	_____
Individual Retirement Accounts (IRA)	_____	_____	_____
_____	_____	_____	_____
Personal & Other:			
Personal Residence	_____	_____	_____
Second Residence	_____	_____	_____
Personal Property (Furniture, etc)	_____	_____	_____
Jewelry & Art	_____	_____	_____
Autos, RV's & Boats	_____	_____	_____
Other Assets Not Identified:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Assets</b>	<b>\$</b> _____		

<b>Liabilities</b>	<b>Original Loan Amount</b>	<b>Date of Loan</b>	<b>Term of Loan</b>	<b>Remaining Principal Balance</b>	<b>Monthly Payment</b>	<b>Person Liable</b>	<b>Interest Rate</b>
Mortgages							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Home Equity Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Investment Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Auto Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Credit Cards							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Personal Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Auto Leases							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Other							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>Total Liabilities</b>				<b>\$</b>			
				_____			