

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>
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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"> • Will - Yes <input type="checkbox"/> No <input type="checkbox"/> • Durable Power of Attorney - Yes <input type="checkbox"/> No <input type="checkbox"/> • Healthcare Power of Attorney - Yes <input type="checkbox"/> No <input type="checkbox"/> • Living Will - Yes <input type="checkbox"/> No <input type="checkbox"/> • Any Type of Trust, i.e. ILIT, QTIP, Revocable - Yes <input type="checkbox"/> No <input type="checkbox"/> • Date of original execution? _____ • Date of any amendments? _____ • Any Special Need Family Members? - Yes <input type="checkbox"/> No <input type="checkbox"/> • Attorney's Name? _____
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"> • Homeowners - Yes <input type="checkbox"/> No <input type="checkbox"/> • Automobile Policy - Yes <input type="checkbox"/> No <input type="checkbox"/> • Umbrella/Liability Policy Health - Yes <input type="checkbox"/> No <input type="checkbox"/> • Disability Long Term Care - Yes <input type="checkbox"/> No <input type="checkbox"/> • Life Insurance Policy - _____ Insert or Circle Type: Term (T), Variable (V), Universal (UL), Variable Universal Life (VUL) or Whole Life (WL) and Amount(s) \$ _____
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?

Please comment on the advice you seek

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?

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

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

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

Assets	Approximate Market Value	Cost or Tax Basis	Husband (H), Wife (W) or Joint (J)
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:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Assets	\$		
	=====		

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