

# BURKETT FINANCIAL SERVICES, LLC

## CONFIDENTIAL QUESTIONNAIRE

<b>CLIENT NAME (1):</b>	<b>CLIENT NAME (2):</b>
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Fax (Home or Work): _____	Fax (Home or Work): _____
E-mail: _____	E-mail: _____
Social Security # (optional): _____	Social Security # (optional): _____
Birthdate: _____	Birthdate: _____

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

Contact me by:  E-mail or  Telephone

Preferred signature method for documents and applications:  E-signature or  Manual signature

**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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>Client Employer (1):</b>	<b>Client Employer (2):</b>
Title/Job: _____	Title/Job: _____
Years with employer: _____	Years with employer: _____
Employment changes: _____	Employment changes: _____
Age at retirement: _____	Age at retirement: _____
Salary: _____	Salary: _____
Self Employment Income: _____	Self Employment Income: _____
Bonus/Commissions: _____	Bonus/Commissions: _____
Social Security: _____	Social Security: _____
Rental Income: _____	Rental Income: _____
Retirement Income*: _____	Retirement Income*: _____
Other Earned 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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Assets	Approximate Market Value	Cost or Tax Basis	Client 1 (C1), Client 2 (C2) 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:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Assets</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>			