



CONFIDENTIAL QUESTIONNAIRE

Date: _____

CLIENT NAME (1): _____

CLIENT NAME (2): _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Fax: (Home or Work) _____

Fax: (Home or Work) _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-Mail: _____

Birth date: _____

Birth date: _____

Contact me by (circle one) E-mail or Phone
Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1): _____

Client Employer (2): _____

Title/Job: _____

Title/Job: _____

Number of years with this employer? _____

Number of years with this employer? _____

Anticipated employment changes? _____

Anticipated employment changes? _____

When do you plan to retire? _____

When do you plan to retire? _____

Salary: _____

Salary: _____

Self Employment Income: _____

Self Employment Income: _____

Bonus/Commissions: _____

Bonus/Commissions: _____

Other Earned Income: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

TOTAL (Current Yr) = _____

Who prepares your tax return? Self Paid Preparer

Do you have estate planning documents? When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected? _____

Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.

1. How important is capital preservation?

<i>Not at all</i>					<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

2. How important is growth?

<i>Not at all</i>					<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

3. How important is low volatility?

<i>Not at all</i>					<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

4. How important is inflation protection?

<i>Not at all</i>					<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

5. How important is current cash flow?

<i>Not at all</i>					<i>Moderately important</i>				<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

6. How much risk are you willing to take to achieve a higher return?

<i>Very little</i>					<i>A Moderate amount</i>				<i>A lot</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

% Enter the Average Annual Rate of Return* you want to earn on your portfolio to reach your financial goals.

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Rate your working relationships with each of the following advisors:

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Not Applicable</u>
	<u>Dissatisfied</u>		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

Realtor 1 2 3 4 5 X

INSURANCE	Client (1)			Client (2)		
	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Avg. Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

Where Held?	Interest Rate	Maturity Date	Ownership	Apx. Value
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Personal Property (estimate)	_____
Vehicle	_____
Vehicle	_____
Other	_____

Other _____

LIABILITIES

<u>List Credit Cards Not Paid in Full Every Month</u>	<u>Interest Rate</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	____%	\$ _____	\$ _____
_____	____%	\$ _____	\$ _____
_____	____%	\$ _____	\$ _____
_____	____%	\$ _____	\$ _____

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	____%	\$ _____	\$ _____	\$ _____
_____	_____	____%	\$ _____	\$ _____	\$ _____
_____	_____	____%	\$ _____	\$ _____	\$ _____
_____	_____	____%	\$ _____	\$ _____	\$ _____

Have you received a copy of your credit report recently? Yes No

Please comment on the advice you seek.

These items may be needed, should you engage our services:

- Prior Year Tax Return
- Brokerage Account Statements
- Trust Account Statements
- Retirement Plan Account Statements
- Loan Documents
- Paycheck Stubs
- Mutual Fund Account Statements
- Employee Benefits Booklet
- Social Security Annual Statement
- Insurance Policies

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax or mail a copy to us at the following address:

RLP Financial Mgt. • 30 Jay Street • Schenectady, NY 12305

Phone: 518-370-4020 • Fax: 518-374-6772

E-mail: arlpfina@nycap.rr.com

Visit us on the web at www.rlpfinancial.com