

INDIVIDUAL QUESTIONNAIRE FOR CREATION OF AN INVESTMENT PLAN

Name:		<input type="checkbox"/> M <input type="checkbox"/> F	
Physical Address:		City / State:	Zip:
Mailing Address (if different):		City / State:	Zip:
Telephone:	Fax:	E-mail:	
ACCOUNT-SPECIFIC INFORMATION			
To the right, please give us through which month-end you would like our Annual Review. We need 15 days after the end of the desired month to prepare the report and email it to you			
Annual Income: (Exclude income from investments)	Social Security: \$	Annuity/Structured Settlement: \$	
	Pension(s): \$	Other (please specify):	\$
	Real Estate/ Rental Property: \$	Total Annual Income: \$	
Annual Expenses:	Living Expenses: (Room and Board, Mortgage, Utilities etc.) \$	Personal: (Groceries, Clothing, Spending Money etc.) \$	
	Medical: \$	Other: (please specify)	\$
	Legal / Acctg. / Fiduciary: \$	Total Annual Expenses: \$	
Approximate Value of Assets to be Managed (please include copies of any brokerage & other pertinent statements):			\$
We recommend that our clients retain at least 8 months of cash for <i>net expenses</i> in a bank account to reduce the frequency of distributions from the investment portfolio. Other than management fees, how much do you want to keep in cash for contingencies?		\$	or <input type="checkbox"/> None
Attach a list of assets to be managed under this Investment Plan. Include cost basis information or indicate that it is missing.			
<input type="checkbox"/> Mark this box if you would like the Investment Plan to include ALL of the Estate's assets—including all existing assets or accounts.			
PERSONAL INFORMATION			
Social Security Number:		Tax Bracket:	<input type="checkbox"/> 0-15% <input type="checkbox"/> 25-27.5% <input type="checkbox"/> 27.5% +
Mental Health (elaborate below):	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Physical Health (elaborate below):	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Date of Birth:	Anticipated investment period (in years):		
ADDITIONAL INFORMATION – If there is any information you feel we, as the Investment Advisors, ought to know, please share it in the box below:			

I affirm that the above information is correct to the best of my knowledge:

Our fax number is (760) 597-9259.

Signature

Date