

Personal Values Questionnaire

1) Mr / Mrs / Ms / Miss / Dr : _____

2) Mr / Mrs / Ms / Miss / Dr : _____

Gender: _____ Birth Date: _____

Gender: _____ Birth Date: _____

Marital Status: _____ Home Phone #: _____

Marital Status: _____ Home Phone #: _____

Citizenship: _____ Occupation: _____

Citizenship: _____ Occupation: _____

Employer: _____ Work Phone: _____

Employer: _____ Work Phone: _____

Preferred e-mail: _____

Preferred e-mail: _____

Cell Phone: _____

Cell Phone: _____

| Child / Grandchild Name | Child of | Birth Date | Years of Education to Pay | Type of School to Attend | Annual Cost | Provide or Save for a Wedding? | Cost | Concerns or Special Needs |
|-------------------------|----------|------------|---------------------------|--------------------------|-------------|--------------------------------|------|---------------------------|
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PERSONAL FOCUS AREAS

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Review investments <input type="checkbox"/> Review / create a financial plan <input type="checkbox"/> Increase retirement income <input type="checkbox"/> Protect investments from losses <input type="checkbox"/> Provide for special needs child <input type="checkbox"/> Manage cash flow / debt <input type="checkbox"/> Establish / review estate plan <input type="checkbox"/> Avoid probate costs and delays <input type="checkbox"/> Minimize estate taxes <input type="checkbox"/> Simplify financial management <input type="checkbox"/> Keep estate plan simple | <input type="checkbox"/> Achieve financial independence by _____ <input type="checkbox"/> Plan for health care costs after retiring <input type="checkbox"/> Protect lifestyle if disabled before retirement <input type="checkbox"/> Start a family gifting program <input type="checkbox"/> Have retirement money last for _____ years <input type="checkbox"/> Fund education: K-12 / college / grad school <input type="checkbox"/> Improve tax efficiency of portfolio <input type="checkbox"/> Create or leave a family / charitable legacy <input type="checkbox"/> Review beneficiary designations <input type="checkbox"/> Postpone / minimize income taxes <input type="checkbox"/> Include our personal values in our estate plan | <input type="checkbox"/> Review life insurance <input type="checkbox"/> Save for a major purchase <input type="checkbox"/> Evaluate pension choices <input type="checkbox"/> Diversify a large stock position <input type="checkbox"/> Long-term care planning <input type="checkbox"/> Establish/administer a trust <input type="checkbox"/> Stock option planning <input type="checkbox"/> Protect assets from creditors <input type="checkbox"/> Sell a highly appreciated asset <input type="checkbox"/> Invest a windfall/inheritance <input type="checkbox"/> Review home loan |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PERSONAL ADVISORS

| Type | Name | Involve in Process? | City, State | Phone | e-mail |
|--------------------------|------|---------------------|-------------|-------|--------|
| CPA / Enrolled Agent | | | | | |
| Estate Planning Attorney | | | | | |
| Insurance Broker | | | | | |
| Stock Broker | | | | | |
| Real Estate Agent | | | | | |
| Spiritual Advisor | | | | | |
| | | | | | |
| | | | | | |



TELL US HOW MUCH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS

Rate from 1 to 5 1 = Strongly Disagree to 5 = Strongly Agree

| | | | |
|--------------------------------------------------------------------------|-----------|-----------------------------------------------------------|-----------|
| My investment decisions please me | 1 2 3 4 5 | I research and make decisions myself | 1 2 3 4 5 |
| I make decisions easily and quickly | 1 2 3 4 5 | The stock market worries me | 1 2 3 4 5 |
| I am a risk taker | 1 2 3 4 5 | I have a plan for my retirement lifestyle | 1 2 3 4 5 |
| Working more years is more important than reducing my standard of living | 1 2 3 4 5 | Having routine and predictability in my life is important | 1 2 3 4 5 |
| My credit is excellent | 1 2 3 4 5 | My health is excellent | 1 2 3 4 5 |
| I have strong social ties outside of my family | 1 2 3 4 5 | I am not concerned about my employment | 1 2 3 4 5 |

PERSONAL VALUES

What is the main reason you are here today? _____

If you could accomplish only one thing in our meeting today, what would it be? _____

Tell us about your children and grandchildren: _____

Is there any other information that you believe would be helpful for us to know in order to best serve you?

