

INVESTMENT ADVICE
CONFIDENTIAL QUESTIONNAIRE

CLIENT:

Name ----- Soc Sec # -----

Home Address ----- Health -----

----- Phone # -----

E-Mail -----

Citizen of -----

Birthdate -----

Driver's License # ----- Expiration Date -----

State of Issue -----

Occupation ----- How long -----

Business name ----- Position -----

Business address ----- Phone # -----

Secretary's name ----- Best time to call ----- Day off -----

Send mail: Home ----- Office -----

Date: _____

SPOUSE:

Name _____ Soc Sec # _____

Home Address _____ Health _____

_____ Phone # _____

E-Mail _____

Citizen of _____

Birthdate _____

Driver's License # _____ Expiration Date _____

State of Issue _____

Occupation _____ How long _____

Business name _____ Position _____

Business address _____ Phone # _____

Secretary's name _____ Best time to call _____ Day off _____

Send mail: Home _____ Office _____

CHILDREN:

Name Birthdate Social Security Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date:

How should investment accounts be registered?

Joint accounts -----

Living Trust -----

 Trustee -----

 Date of Trust -----

Client IRA -----

Spouse IRA -----

Other -----

Client IRA account beneficiary

Primary ----- SS # -----

----- SS # -----

Contingent ----- SS # -----

----- SS # -----

Spouse IRA beneficiary

Primary ----- SS # -----

----- SS # -----

Contingent ----- SS # -----

----- SS # -----

Date:

DATA QUESTIONNAIRE

ASSETS: Use the following page to list the individual items in each group. present value
Be certain to include IRA and KEOGH assets.

Stocks:

Bonds:

Mutual Funds:

Annuities:

Certificates of Deposit and Cash:

Limited Partnerships:

Real Estate:

Residence:

Loans due you:

Other:

Business Value:

Investments through employer: How invested? (retirement plans, 401(k), etc.)

Date

Initials of person completing this page:

INDIVIDUAL ASSET DETAIL

If asset is part of IRA, Keogh or Retirement Plan, so state in second column. Feel free to include statements instead of filling out this page if more convenient for you to do so.

Name of asset	retire- ment?	shares/ units	total cost	present value
-----	-----	-----	-----	-----
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Date:

Initials of person completing this page

DATA QUESTIONNAIRE

LIABILITIES: (debts or unpaid accounts)

purpose	interest rate	current unpaid balance
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

CASH FLOW:

Total annual income	-----
Taxable income after all deductions	-----
Annual living expenses.	-----
Annual savings	-----

PLEASE INCLUDE A COPY OF YOUR MOST RECENT TAX RETURN

Date:

Initials of person completing this page:

DATA QUESTIONNAIRE

Total life insurance on each person:

Client -----

Spouse -----

Is your home adequately covered by insurance? -----

Liability limits of your homeowner's policy -----

Are your vehicles adequately covered by insurance? -----

Liability limits of your vehicle policies -----

Do you have disability insurance:

Client amount -----

Spouse amount -----

Are you and your family adequately covered by medical insurance? -----

Do you have long-term care (nursing home) insurance? -----

If so, please attach information on the policy(ies)

When was the last time an attorney reviewed your wills? -----

The information furnished in this questionnaire is to assist Eclectic Associates in an overall understanding of the client's finances. Eclectic is not providing advice in all these areas, but only in those areas specifically agreed on.

Date:

Initials of person completing this page

ATTITUDINAL QUESTIONNAIRE

NOTE: Each person involved is to fill out a separate Attitudinal Questionnaire.

OVERALL FINANCIAL AND INVESTMENT CONCERNS: (for the money on which advice is sought)

Major goals and concerns: (indicate by rating numerically in order of importance: 1 = highest, 9 = lowest)

- Income now -----
- Income at retirement -----
- Income tax deferral/reduction -----
- Capital growth -----
- Safety of principal -----
- Education of children -----
- Liquidity -----
- Freedom from management -----
- Other -----

What would you consider to be your primary financial objective or concern?

Is there anything else we should know? -----

Date:

Name of person completing this page:

Investment attitude:

How would you ideally like to have your investment assets positioned to coincide with your current investment temperament? (Show % you would like in each classification.)

-----% Very conservatively (conserving present capital is more important than making it grow)

-----% Conservatively (high quality investments that provide an opportunity for appreciation with relative safety)

-----% Subject to moderate risk (growth is important)

-----% Subject to high risk (aggressive growth is important)

=====

100%

Do you have any preferences or objections to any particular investment areas?

Please explain -----

Which of the following best describes your attitude towards your income needs?

----- My present income is adequate for my needs

----- I need more current income

----- I can forego current income to be better able to provide for future retirement income

Average annual percent per year:

What do you foresee as an average rate of inflation for the future? ----- %

What do you consider a reasonable growth rate for your investments? ----- %

Date:

Initials of person completing this page:

Investment attitude:

Indicate your preference for each of the following forms of saving and investing, circle 1 to indicate dislike, 2 for neutral, 3 for substantial preference, or U for unfamiliar:

Column 1 indicates dislike
 Column 2 indicates neutral
 Column 3 indicates preference
 Column U indicates unfamiliar

Insurance, Life	1	2	3	U
Annuities	1	2	3	U
Bonds, Corporate.	1	2	3	U
Municipal.	1	2	3	U
U.S. Government	1	2	3	U
Cash in safe deposit box	1	2	3	U
Savings account, Bank/S&L/Credit Union	1	2	3	U
Certificates of Deposit	1	2	3	U
Government securities	1	2	3	U
Money market funds	1	2	3	U
Mutual funds, General	1	2	3	U
Speculative	1	2	3	U
Stock funds	1	2	3	U
Bond funds	1	2	3	U
International	1	2	3	U
Stock market	1	2	3	U
Real estate, General.	1	2	3	U
Limited Partnerships	1	2	3	U
Investment trusts.	1	2	3	U
Second mortgages	1	2	3	U
Sole owner	1	2	3	U
Oil/gas, Exploration, Ltd. Partnership	1	2	3	U
Development, Ltd. Partnership	1	2	3	U
Collectibles, Art, etc.	1	2	3	U
Diamonds, gems	1	2	3	U
Gold, metals	1	2	3	U
Commodities	1	2	3	U
Other _____	1	2	3	U

Date:

Initials of person completing this page:

Risk propensity:

What is your attitude about and inclination toward investment risk on a scale of 1 to 10, with 10 being high risk?

Ultra conserv- ative		Conservative		Middle of road		Aggressive		Very aggres- sive	
1	2	3	4	5	6	7	8	9	10

You _____ Your guess about spouse _____

Regarding your portfolio, which possibility is more disturbing to you:

- _____ the possibility of incurring a significant loss? or
- _____ the possibility of missing an opportunity for a significant gain?

Would you classify yourself as a "financial risk taker"?

You _____ Your spouse _____

Or a "financial risk avoider"?

You _____ Your spouse _____

Date:

Initials of person completing this page:

Goals:

Prioritize your near-term financial goals **for the money on which we are providing advice:** (list major expenditure items and amounts planned or desired in the next five years; indicate the order of importance of each item, #1 being the most important; show the year in which you expect the expenditure to occur.)

Priority	Expenditure/goal	Amount	Year
-----	<u>Automobile</u> -----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

What are your long-range (beyond 5 years) financial goals? (Please list and prioritize as explained above for near-term goals)

Priority	Expenditure/goal	Amount	Year
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Date:

Initials of person completing this page:

1. What does the term "investment advisor" mean to you? _____

2. Have you ever worked with an investment advisor? _____

How did you feel about it? _____

3. What do you want most from this engagement? _____

4. Do you currently have any financial concerns? _____ If so, explain _____

5. Does your spouse know the details of your financial affairs and participate in the decisions? _____

Date:

Initials of person completing this page:

6. Would you like to consider making or increasing charitable donations now? YES or NO

Or in your will and/or trust? YES or NO

7. Have any of your assets been earmarked for future use? -----

8. Do you have an emergency fund? -----

9. If not, where would you expect to obtain money if an emergency arose? -----

10. In your opinion, are your investments adequately diversified? -----

11. Who manages your investments now? -----

Are you satisfied with their performance? -----

Date:

Initials of person completing this page:

12. Are there any assets you would not consider changing? _____

13. Is there anything else we should know that could in any manner affect your
investments or diversification? _____

14. What is it that you are expecting from us? _____

15. How will you determine whether you have received the results you are looking for? _____

16. Please describe any significant investment-related events that you have experienced
(large losses, gains, problems with advisors, etc.)

Date:

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