

WOODWARD FINANCIAL ADVISORS, INC

CONFIDENTIAL QUESTIONNAIRE

NAME(S)

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE

DATE

DOCUMENT LIST

Please provide copies of the following documents:

1. Current federal and state tax returns and W-2s.
2. Current pay stub, all employers.
3. Bank and credit union statements for savings accounts, mortgages and loans.
4. Mutual fund statements and/or brokerage account statements.
5. Retirement plan statements (pension, deferred compensation, profit sharing, 401(k) and 403(b), Keogh, IRAs and tax-sheltered annuities).
6. Social Security Benefit Statements.
7. Stock option grant schedule.
8. Insurance Policies: Life, Homeowners, Disability, Auto, Long Term Care.
9. Wills, Trusts and related estate planning documents.
10. Prenuptial agreements, separation or divorce agreement.

PERSONAL INFORMATION

CLIENT 1

Name		Birthdate/Age
Email		U.S. Citizen?
Occupation	Employer	Office Phone

CLIENT 2

Name		Birthdate/Age
Email		U.S. Citizen?
Occupation	Employer	Office Phone

Children

Name	Sex	Birthdate	Marital Status	# of Children
Name 1				
Name 2				
Name 3				

Is anyone else dependent on you for support? (Parents, siblings, etc.) _____

Has either spouse been married previously? _____ Date of this marriage? _____

Has either of you ever filed for bankruptcy? _____

Has either of you ever filed a lawsuit or been sued? _____

Do you have these documents?

Client 1

Client 2

- | | | | |
|--|------------|--|------------|
| <input type="checkbox"/> Will | Date _____ | <input type="checkbox"/> Will | Date _____ |
| <input type="checkbox"/> Durable Power of Attorney | | <input type="checkbox"/> Durable Power of Attorney | |
| <input type="checkbox"/> Health Care Power of Attorney | | <input type="checkbox"/> Health Care Power of Attorney | |
| <input type="checkbox"/> Advance Directive (Living Will) | | <input type="checkbox"/> Advance Directive (Living Will) | |

Financial Goals and Priorities

1. What significant personal or financial changes do you expect to make in the next six months - three years?
2. Are you satisfied with your financial progress so far?
3. What are your three most critical financial goals?
4. What other financial issues would you like to address?

Common Goals and Issues

- Establish spending and saving priorities; manage debt wisely.
- Plan for life's larger events: college expenses, marriage, family, career, retirement, and aging.
- Reduce taxes.
- Learn and understand more about investments.
- Simplify my financial life.
- Obtain a personal "roadmap" for financial decisions to relieve uncertainty or anxiety.
- Establish sound financial practices to set the stage for financial success.
- Achieve financial harmony within my family.
- Understand how to best utilize financial resources.
- Establish adequate insurance protection for family, property, and financial liability.
- Obtain objective advice to avoid common financial pitfalls.

Data Sheet

Major Assets

Checking	_____
Savings, Money Market, CDs	_____
Taxable Accounts (Stocks, Bonds, Mutual funds)	_____
Retirement Plans (401k, 403b, IRAs)	_____
Annuities	_____
Life Insurance Cash Values	_____
Home (approximate market value)	_____
Other Assets	_____
Any pension benefit?	_____
Are any of these asset earmarked for specific use?	_____

Debts/Liabilities

	<u>Balance</u>	<u>Int.Rate</u>
Home Mortgage	_____	_____
Home Equity Loans	_____	_____
Credit Card Balance	_____	_____
Personal Loans, Auto Loans	_____	_____
Student Loans	_____	_____
Life Insurance Policy Loans	_____	_____
Other Debt	_____	_____
Auto Lease	_____	_____
Child Support	_____	
Alimony Payment	_____	

Approximate Annual Income

Salaries	_____	_____
Self-employment Income	_____	_____
Pension Income	_____	_____
IRA Withdrawals	_____	_____
Interest & Dividends	_____	_____
Capital Gains	_____	_____
Business Income	_____	_____
Other Income	_____	_____

Annual Savings

Contributions to Employer Retirement Plans	_____	_____
Employer Contribution to Retirement Plans	_____	_____
Contribution to IRAs	_____	_____
Additional Savings	_____	_____

Estimated Annual Living Expenses (excluding taxes) _____

Last Year's Tax Data	<u>Federal</u>	<u>State</u>
Adjusted Gross Income	_____	_____
Taxable Income	_____	_____
Income Tax	_____	_____