



PACIFIC CREST FINANCIAL ADVISORS, LLC

PRELIMINARY FINANCIAL PLANNING QUESTIONNAIRE

We are pleased to offer you the opportunity to meet with us on a no-obligation basis. In order that we may understand your financial situation more fully, please bring the following with you to your complimentary meeting:

1. Your most recent Federal tax return.
2. Recent statements for your investment accounts:
 - Brokerage statements.
 - Statements for your retirement plans (example, 401(k)s, 403(b)s), including the menu of investment options available in each.
 - IRA statements.
 - Stock option details.
3. Any questions you may have.
4. This completed form.
5. Your spouse or significant other if your finances are commingled.

There are two objectives for this meeting:

1. **We need to learn about you** – in order to determine how we might best serve you. We want to know about your goals, your values, your concerns, your financial circumstances and what you want out of an advisory relationship.
2. **You need to know about us** – so you can decide if we are the right financial advisory firm for you. We want to make sure that you understand what we do, how we work, and what the benefits to you would be of choosing us as your financial advisor. We will try to answer any questions you have about working with us, the costs involved, and what your experience would be like in working with a professional advisor.

Since this initial visit will be used by both of us to learn about the other and no substantial financial advice will be offered, there will be no charge for this planning meeting. To facilitate our conversation and make our time together as productive as possible, please take a few minutes to provide us with the following information.

The following information is strictly confidential
and will not be disclosed to anyone without your consent.

Date: _____

Personal Information

General Information

	Self	Co-Client
Name (First, MI, Last)		
Preferred Name		
Date of Birth		
Social Security Number		
US Citizen (Y/N)		
Health Status		
Street Address		
City, State, Zip		
Home Phone	E-mail Address:	
Cellular Phone	Fax Number:	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Previous Marriage	

Employment & Income Information

	Self	Co-Client
Employer		
Occupation		
Work Phone		
Annual Gross Wages		
Bonus		
Social Security		
Pensions		
Other Income (specify nature of income)		
Is your income consistent & reliable?	Yes / No	Yes / No
Covered by a company pension plan?	Yes / No	Yes / No
Annual Retirement Contributions to Employer Plans	\$ _____ or _____% Salary Deferral \$ _____ or _____% Company Match	\$ _____ or _____% Salary Deferral \$ _____ or _____% Company Match
Annual IRA Contributions	\$ _____ IRA \$ _____ Roth IRA	\$ _____ IRA \$ _____ Roth IRA

- Do you follow a budget? Yes_____ No_____
- Do you use some system to track your expenses? _____Manual _____Computer Program
- Do you know what your annual or monthly living expenses are (excluding taxes)? Yes_____ No _____

Insurance Information

	Self	Co-Client
How much life insurance do you have?		
What kind – (term, whole life, variable life)?		
Do you have health insurance?		
Do you have disability insurance?		
What level of excess liability do you carry (umbrella liability ins.)?		

Estimated Assets & Debts

Assets – Please estimate the value of the following:

Checking Accounts	\$ _____	Retirement Accounts	\$ _____ (includes IRAs, Roth IRAs, 401(k)s, 403(b)s, 457 plans, etc.)
Savings Accounts	\$ _____	Your Home	\$ _____ (estimated fair market value)
CDs, Savings Bonds	\$ _____	Other Real Estate	\$ _____
Taxable brokerage Accounts (accounts holding stocks, bonds, mutual funds, money market accounts, etc.)	\$ _____	Personal Assets (Jewelry, etc.)	\$ _____
Boats/Autos/RVs	\$ _____		

Liabilities – Please estimate the current balance of the following:

Primary Mortgage	\$ _____	Education Loans	\$ _____
Other Mortgages	\$ _____	Auto Loans	\$ _____
Home Equity Loan	\$ _____	Other Debts	\$ _____
Credit Card Balances	\$ _____		

Children and Other Dependents

	1.	2.	3.	4.	5.
Name					
Date of Birth					
Sex & Relationship					
Special Needs					
Living with You					
Marital Status					
College Planned					
Grandchildren					

Advisor Information

List all professional advisors including your present financial advisor, if any.

Advisor	Name / Company	Street Address / City, State, Zip	Telephone
Accountant			
Attorney			
Life Insurance Agent			
Casualty Insurance Agent			
Stockbroker			
Financial Advisor			

- Are you pleased with their services? If no, which advisors are you referring to and why?

- What motivated you to seek out a financial advisor?

- Why is that important to you?

- What are your three most important financial goals at this time?

1.

2.

3.

Retirement

If Pre-Retirement

- When do you plan on retiring? _____
- How are you saving for retirement?

- Are you comfortable that you are on track to build a sufficient financial-freedom nest egg?

- What does "retirement" mean for you?

- Are you concerned that you might outlive your retirement money? Yes _____ No _____

If Post-Retirement

- Are you satisfied that your money will last you for the rest of your life? Yes _____ No _____
- Have you projected the effect on your net worth of the desired retirement distributions over your life expectancy?
Yes _____ No _____

Education Planning

- Will your children be attending college? Yes _____ No _____
- Have you determined how much it will cost to send them to college? Yes _____ No _____
- Have you established college savings funds for your children? Yes _____ No _____
- Will you have enough saved to cover college costs? Yes _____ No _____
- If you haven't, how will you pay for it? _____

Estate Planning

- Do you have a Will, Durable Power of Attorney, Health Care Power, Etc. Yes _____ No _____
- When did you last review your estate plan and wills? _____
- If you were to die tomorrow, do you know how your estate would be distributed? Yes _____ No _____
- If you were to die tomorrow, do you know if your family would have enough resources to maintain their present lifestyle? Please elaborate.

Investment Planning

- Do you know what rate of return is required on your money for you to retire on your schedule?

- How do you determine where to invest your money?

- Are you comfortable that your investments are sufficiently diversified so that when one decreases in value there is a possibility that another will help stabilize the portfolio? If not, please elaborate.

- Do your investment selections match your risk tolerance? What did you do the last time the stock market went down by 5% or more?

- Are you pleased with your past investment performance? Why or why not?

Planning Needed?

- Are you missing anything in your life right now that is important to you? What's not happening that you want to happen?

- Where do you want be and what do you want to be doing in 5 years?

In 10 years?

- If we could help you put together a financial plan of action detailing how you might reach your retirement savings goal, finance college education, provide for your family in the event of an untimely death, and help you evaluate your investment plan, how would you benefit?

- If we were working together one year from now, what would have had to happen for you to be pleased with our relationship?

Personal Insights

- If you had all the money in the world, what would you do differently from what you're doing now?

- You had a car accident and you are totally disabled. How would this change your income and lifestyle?

- You just returned from the doctor's office, and found that you have five to seven years to live. The only good news is that you'll be healthy for all of those five to seven years. How would you live those five to seven years?

- You just came back from the doctor's office, but this time you have been told that you have just one day to live. Look back. What regrets do you have?

- If there are other issues you are concerned about or information you wish to share, please use the space below.
