

TRIAD  **WEALTH SYSTEMS**

Confidential Financial Questionnaire

CLIENT _____ DATE _____

Strategies for Personal Wealth

TRIAD WEALTH SYSTEMS

Questionnaire

Please read before you begin...

Completing this Questionnaire is the first step in the TRIAD Wealth Systems process. Your cooperation in fully completing the Questionnaire is appreciated, and the confidentiality of your information will be respected.

Instructions for this Questionnaire:

Please fill in the information requested, being as complete and accurate in your answers as possible. Throughout the Questionnaire, certain spaces have been set aside for use by your representative. Please do not write in these areas. If you need additional space for your responses, please use the blank pages at the end of the booklet. Please call if any item needs clarification, or if you have any questions.

Documents to bring to the next interview:

Your representative will be able to work more effectively when you provide documents along with this completed Questionnaire. You can be assured that your documents will be professionally safeguarded under strict, confidential control during the analysis period. If you prefer, copies of your financial papers are acceptable.

Please check the box as you gather each document:

- | | |
|--|--|
| <input type="checkbox"/> Personal income tax returns | <input type="checkbox"/> Any other types of insurance policies |
| <input type="checkbox"/> Paycheck stub(s) for you and your spouse showing deductions from gross income | <input type="checkbox"/> Most recent Social Security Statements |
| <input type="checkbox"/> Wills and Trust documents | <input type="checkbox"/> Most recent Mortgage Statements |
| <input type="checkbox"/> All Personal Insurance Policies | <input type="checkbox"/> Company-provided group benefits for you and your spouse—please include a printout of specific coverages available |
| <input type="checkbox"/> Automobile Policies
(include declarations of coverage) | <input type="checkbox"/> Current account statements |
| <input type="checkbox"/> Homeowner's Policy
(include declarations of coverage) | For Business Owners Only: |
| <input type="checkbox"/> Life Insurance Policies
(for all members of your family) | <input type="checkbox"/> Business life insurance policies |
| <input type="checkbox"/> Disability Income Policies | <input type="checkbox"/> Business income tax returns |
| <input type="checkbox"/> Hospitalization and Major Medical Policies | <input type="checkbox"/> Business financial statements |
| | <input type="checkbox"/> Buy-Sell Agreements |
| | <input type="checkbox"/> Business agreements |

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Background Information

Family Data	Date of Birth	Birth Place	Social Security Number
Your Full Name			
Spouse's Full Name			
Child			
Child			
Child			
Child			

Residence

Street Address		City	State	Zip
Telephone	Fax	E-Mail Address		

Employment Data

Your Occupation	Employer			How Long
Work Address	City	State	Zip	Phone #
Spouse's Occupation	Employer			How Long
Work Address	City	State	Zip	Phone #
Your Work Email			Spouse's Work Email	

Income

	Base Salary	Estimated Bonus	Estimated Commissions	Estimated Stock Options
Your Primary Income				
Spouse's Primary Income				

Other Income

	Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Rentals				
Royalties				
Fees or Commissions				
Trust Income				

Secondary Business Income \$

Business Type: Sole Proprietor Partnership Corporation

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Insurance Information

Vehicle Insurance	Vehicle One	Vehicle Two	Vehicle Three	Vehicle Four
Make & Model Description				
Primary Driver				
Value of Vehicle	\$	\$	\$	\$
Comprehensive/Collision Liability Amount	/	/	/	/
Comprehensive/Collision Deductible Amount	/	/	/	/
Uninsured/Underinsured Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endorsements	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service
Insurance Company				
Annual Premium (Policies are issued for 6 months)	\$	\$	\$	\$

Property Insurance	Primary Residence	Second Home	Other Property
Dwelling Extension			
Contents			
Liability Limits			
Endorsements	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup
Proof of value (receipts/photos or video)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company			
Annual Premium	\$	\$	\$

Excess Coverage	Insurance Company	Liability Limit	Policy Deductible	Annual Premium
Flood		\$	\$	\$
Personal Articles		\$	\$	\$
Collectibles		\$	\$	\$

Liability Insurance	Insurance Company	Liability Limit	Policy Deductible	Annual Premium
Personal Liability Umbrella Policy		\$	\$	\$

Insurance Information

Medical Insurance

Insurance Company	Annual Premium \$	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> HMO/PPO <input type="checkbox"/> Indemnity
Annual Plan Limits \$ <input type="checkbox"/> None	Lifetime Plan Limits \$ <input type="checkbox"/> None	Annual Deductible \$ <input type="checkbox"/> None	<input type="checkbox"/> Co-pay <input type="checkbox"/> Coinsurance _____% <input type="checkbox"/> None
Additional Coverage <i>Check applicable coverages and indicate if they are included in your medical policy. If not, fill in the annual premium amount for the additional coverage.</i>	<input type="checkbox"/> Prescription Included <input type="checkbox"/> Additional Premium \$	<input type="checkbox"/> Vision Included <input type="checkbox"/> Additional Premium \$	<input type="checkbox"/> Mental Health Included <input type="checkbox"/> Additional Premium \$
	<input type="checkbox"/> Catastrophic Included <input type="checkbox"/> Additional Premium \$	<input type="checkbox"/> International Travel Included <input type="checkbox"/> Additional Premium \$	<input type="checkbox"/> Other _____ Included <input type="checkbox"/> Additional Premium \$

Dental Insurance

Insurance Company	Annual Premium \$	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> HMO/PPO <input type="checkbox"/> Indemnity
Annual Plan Limits \$ <input type="checkbox"/> None	Lifetime Plan Limits \$ <input type="checkbox"/> None	Annual Deductible \$ <input type="checkbox"/> None	<input type="checkbox"/> Co-pay <input type="checkbox"/> Coinsurance _____% <input type="checkbox"/> None

Long Term Care Coverage

Insurance Company	Benefit Period	Wait Period	Benefit Amount	Annual Premium
			\$	\$

Disability Income Insurance

Insurance Company	Monthly Benefit Amount	Annual Premium
You	\$	\$
Your Spouse	\$	\$

Life Insurance

Insurance Company	Coverage Amount	Annual Dividend	Policy Loan	Annual Premium
Insured Name	\$	\$	\$	\$
Insured Name	\$	\$	\$	\$
Insured Name	\$	\$	\$	\$
Insured Name	\$	\$	\$	\$
Insured Name	\$	\$	\$	\$
Insured Name	\$	\$	\$	\$
Insured Name	\$	\$	\$	\$

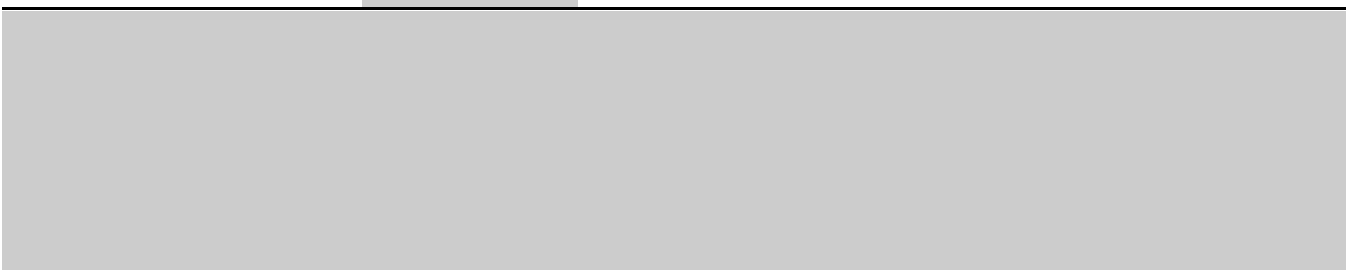
Smoker: Y N
 Medical Hist:

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Savings Type Assets

List each account separately, by ownership and amount

Item	New Money/ROR	Jointly Held	Yourself	Spouse	Children
Savings Account		\$	\$	\$	\$
Savings Account		\$	\$	\$	\$
Savings Account		\$	\$	\$	\$
Credit Union		\$	\$	\$	\$
Savings Bonds (Type)		\$	\$	\$	\$
Certificate of Deposit		\$	\$	\$	\$
Certificate of Deposit		\$	\$	\$	\$
Money Market Fund		\$	\$	\$	\$
Money Market Fund		\$	\$	\$	\$
Single Premium Deferred Annuity		\$	\$	\$	\$
Traditional IRA		\$	\$	\$	\$
Roth IRA		\$	\$	\$	\$
Roth 401(k)		\$	\$	\$	\$
529 Plan		\$	\$	\$	\$
Keogh Plan		\$	\$	\$	\$
Vested Pension		\$	\$	\$	\$
Vested Profit Sharing		\$	\$	\$	\$
Savings Plan at Work— 401(k), TDA, SEP's, etc.		\$	\$	\$	\$
Checking Account		\$	\$	\$	\$
Checking Account		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$



Investment Type Assets

Stocks, Bonds, Mutual Funds, etc.

Item	New Money/ROR	Current Market Value			
		Jointly Held	Yourself	Spouse	Children
Government Securities					
T. Bills, Notes, Bonds		\$	\$	\$	\$
GNMA, CMO, etc.		\$	\$	\$	\$
Corporate Bonds		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Municipal Bonds		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Stocks		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Mutual Funds		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Partnerships		\$	\$	\$	\$
		\$	\$	\$	\$
Other		\$	\$	\$	\$
		\$	\$	\$	\$

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Real Estate

Property

	Year	Purchase Price	Improvements or Capital Expenditures	Current Estimated Market Value
Your Residence		\$	\$	\$
Other Home		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$

Mortgages/Equity Lines of Credit

	Monthly Payment Principal & Interest Only	Interest Rate	Months Remaining	Unpaid Balance
Your Residence	\$			\$
Your Residence	\$			\$
Other Home	\$			\$
Other Home	\$			\$
Other	\$			\$
Other	\$			\$
Other	\$			\$
Other	\$			\$

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Loans, Debt & Personal Property

Loans & Debt

Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.

Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance	Insured?
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N

Miscellaneous Personal Property

Item	Current Market Value (Estimated)
General Household Furnishings & Appliances	\$
Artwork, Antiques, etc.	\$
Your Jewelry	\$
Spouse's Jewelry	\$
Automobile #1	\$
Automobile #2	\$
Automobile #3	\$
Automobile #4	\$
Boat, Trailer, etc.	\$
Collections	\$
Other	\$

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Representative's Notes

	A	OCC	MS	CH	I	RES	EST
F	_____	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____	_____
B	_____	_____	_____	_____	_____	_____	_____
S	_____	_____	_____	_____	_____	_____	_____
FIL	_____	_____	_____	_____	_____	_____	_____
MIL	_____	_____	_____	_____	_____	_____	_____
BIL	_____	_____	_____	_____	_____	_____	_____
SIL	_____	_____	_____	_____	_____	_____	_____
Marginal income tax bracket					_____ %		
Inflation			_____		_____ %		
COM			_____		_____ %		
<input type="checkbox"/> Net Investment			_____				
<input type="checkbox"/> Net Savings							
<input type="checkbox"/> Gross Savings (net investments)							
<input type="checkbox"/> College Education							
<input type="checkbox"/> Retirement							
<input type="checkbox"/> Wealth Building							
<input type="checkbox"/> Estate Planning							
<input type="checkbox"/> Short Term: (explain)							
<input type="checkbox"/> Long Term: (explain)							
<input type="checkbox"/> Other: (explain)							

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