

Personal Information

Today's Date: ____/____/____

Name: _____

Birth Date: _____

Spouse's Name: _____

Birth Date: _____

Address: _____

Phone: Home: (____) _____

Work: (____) _____

Check One: Married
 Single
 Divorced
 Other

Check all that apply: You Spouse
 Employed
 Self-Employed
 Retired

Your Occupation: _____

Spouse's Occupation: _____

Number of Children: ____ Ages: _____

Number of other dependents living with you:
 ____ Ages: _____

Is anyone disabled: Yes ____ No ____

If yes, please explain: _____

Asset Information

Please estimate the value of the following:

- ◇ Your home
- ◇ Other Real Estate
- ◇ Checking, Savings/CDs, Money Market Funds
- ◇ Stocks & Bonds, Mutual Funds
- ◇ Retirement Accounts (IRAs, 401Ks, SEPs, Keoghs)
- ◇ Company Savings & Profit Sharing Plans
- ◇ Other Assets

	less than 25k	\$25 k to \$50k	\$50k to \$100k	\$100k to \$250k	\$250k to \$500k	more than \$500k
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liability Information

Please estimate the balances of the following:

- ◇ Outstanding installment Loans, Credit Card Balances
- ◇ Mortgage(s) on your home
- ◇ Mortgage(s) on other Real Estate
- ◇ Other Liabilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income & Expenditure Information

- ◇ Annual Household Income
- ◇ Is Income fairly uniform & predictable?
 Yes No
- ◇ Annual Living Expenditures (Including Federal, State & Local Taxes)
- ◇ Annual Savings (including company savings plans, personal savings & contributions to retirement plans)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Tax Information

- ◇ Are all Federal, State & Local tax returns up to date and filed on time?
 Yes No
- ◇ Are any of your income tax filings on extension?
 Yes No

Estate Planning Information

- Check the Appropriate box:
- ◇ Do you and your spouse (if applicable) each have a will?
 - ◇ Do your will(s) have trust arrangements?
 - ◇ Do you and your spouse (if applicable) have a living trust?
 - ◇ Do you and your spouse (if applicable) have health proxies?
 - ◇ Do you and your spouse (if applicable) have a durable power?

Insurance Information

Which policies do you have? (Check all that apply)

Homeowners Disability Life Insurance

Total death benefit of life insurance:

You _____ Spouse _____

How many automobiles do you own? _____

Yes	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Financial Planning Goals & Investment Objectives

◊ How important are the following Financial Planning Objectives?

Please rank in the order of importance.
(1= most important, 3 = least)

- ___ Retire comfortably
- ___ Provide for children's education
- ___ Save on income taxes
- ___ Provide for survivors in the event of my death
- ___ Structure my estate to minimize estate taxes
- ___ Other (please explain) _____

◊ If retirement is one of your goals, at what age would you like to retire?

◊ Your spouse? (if applicable)

◊ How important are the following investment objectives?

Please rank in the order of importance (1=most important, 3=least)

- ___ Increase current income
- ___ Spread risk among investments (i.e. diversity)
- ___ Have cash available for emergencies or investment opportunities (i.e. liquidity)
- ___ Accumulate funds that will keep pace with inflation or do better than inflation
- ___ Use borrowed funds to increase return from my investments (i.e. leverage)
- ___ Minimize the time I have to spend managing my investments

What Is Your Attitude Towards Risk?

◊ Check the one that best describes your attitude:

- ___ Strongly dislike risk, prefer very safe investments (i.e. insured savings, government securities, etc.)
- ___ Prefer little risk. I want to know how much my investment will pay (i.e. highly-rated bonds)
- ___ Willing to assume some risk (i.e. stocks, mutual funds, etc.)
- ___ Prefer greater risk (i.e. speculative Stocks and other investments where The return is uncertain, but may be substantial)

Miscellaneous Information

◊ Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or any other financial advisor or consultant?

- Yes No

If yes, please explain:

◊ Do you expect any inheritances, legal settlements or gifts that may affect your financial plan?

- Yes No

If yes explain:

FINANCIAL QUESTIONNAIRE



GARY ALPERT
&
ASSOCIATES

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

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