

Financial Planning Fact Finder

Instructions:

The integrity and accuracy in the results of a financial plan are directly related to the information we receive from our clients. Please provide the information as requested in each of the four sections of the following document.

- [Section I:](#) Checklist - Documents required to complete the financial plan
[Section II:](#) Personal Information Questionnaire - Personal information not found on documents from checklist
[Section III:](#) Investment Profile Questionnaire - Information regarding risk tolerance and time horizon
[Section IV:](#) Additional Information - Additional information, considerations and comments

For questions or comments regarding the compilation of this information, please feel free to contact the financial planning team at 678-726-1000 or lalberty@theaigroup.com

I. Checklist

Please also enclose the documents that pertain to your situation as indicated on the checklist. Feel free to have your team of professionals forward your information via email to lalberty@theaigroup.com.

This is a general list and therefore all documents listed may not be applicable to your specific situation.

Personal Legal Documents:

Powers of Attorney
Medical Directive
Living Will
Current wills
Trust documents
Additional estate related documents:
 FLP documentation
 Trusts-living
 Trusts-testamentary

Tax Returns:

Current Year
Prior Year

Personal Property and Casualty Statements:

Car Insurance
Homeowners
Umbrella Policy

Personal Statements:

Financial Statement
Checking Accounts
Savings Account
Brokerage Accounts
Stock Options
Executive Compensation
Mortgage
Credit Card
Life Insurance
Disability
Long Term Care
Social Security

Business Owner Related Documents:

Buy Sell Agreement
Financial Statement
Employee Benefits information
Insurance:
 Life insurance – buy/sell funding
 Disability income replacement – buy/sell funding
 Commercial Property and casualty
 Commercial Liability

II. Personal Financial Questionnaire

Personal Information

1. Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #: Fax #: Pager #:

Email Address:

Address

Street: City: State: Zip Code:

Country:

2. Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #: Fax #: Pager #:

Email Address:

Address

Street: City: State: Zip Code:

Country:

Dependents

1. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address

Street: City: State: Zip Code:

Country:

2. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address

Street: City: State: Zip Code:

Country:

II. Personal Financial Questionnaire - continued

Employer Info

1. Family Member

Family Member: _____ Employer Name: _____ Title: _____
Occupation: _____

Address

Street: _____ City: _____ State: _____ Zip Code: _____
Country: _____

2. Family Member

Family Member: _____ Employer Name: _____ Title: _____
Occupation: _____

Address

Street: _____ City: _____ State: _____ Zip Code: _____
Country: _____

Extended Family Members

1. Extended Family Member

First Name: _____ Last Name: _____ Date of Birth: _____ Age: _____ Gender: _____ Relationship: _____
Deceased: _____ Citizenship: _____ Street: _____ City: _____ State: _____
Zip Code: _____ Country: _____

2. Extended Family Member

First Name: _____ Last Name: _____ Date of Birth: _____ Age: _____ Gender: _____ Relationship: _____
Deceased: _____ Citizenship: _____ Street: _____ City: _____ State: _____
Zip Code: _____ Country: _____

II. Personal Financial Questionnaire - continued

Professional Advisors

1. Professional Advisor

Professional Advisor Type:	First Name:	Last Name:		
Email Address:	Home Phone #:		Business Phone #:	
Cell Phone #:	Fax #:	Pager #:	Street:	City:
State:	Zip Code:	Country:		

2. Professional Advisor

Professional Advisor Type:	First Name:	Last Name:		
Email Address:	Home Phone #:		Business Phone #:	
Cell Phone #:	Fax #:	Pager #:	Street:	City:
State:	Zip Code:	Country:		

3. Professional Advisor

Professional Advisor Type:	First Name:	Last Name:		
Email Address:	Home Phone #:		Business Phone #:	
Cell Phone #:	Fax #:	Pager #:	Street:	City:
State:	Zip Code:	Country:		

4. Professional Advisor

Professional Advisor Type:	First Name:	Last Name:		
Email Address:	Home Phone #:		Business Phone #:	
Cell Phone #:	Fax #:	Pager #:	Street:	City:
State:	Zip Code:	Country:		

II. Personal Financial Questionnaire - continued

Real Estate Agents

1. Real Estate Asset

Name:	Owner:	Purchase Date:	Purchase Amount:	Community Property:
Market Value:	Valuation Date:	Net Rental Income:	Income Frequency:	Growth Rate:
Standard Deviation:	Sale Date:	Selling Costs:		

2. Real Estate Asset

Name:	Owner:	Purchase Date:	Purchase Amount:	Community Property:
Market Value:	Valuation Date:	Net Rental Income:	Income Frequency:	Growth Rate:
Standard Deviation:	Sale Date:	Selling Costs:		

Business Entity Asset

1. Business Entity Asset

Name:	Type:	Owner:	Purchase Date:	Purchase Amount:
Number of Units at Purchase:	Market Value:	Start of Year Cost Basis:	Number of Units at Start of Year:	AMT Basis:
Annual Dividend Per Unit:	Frequency:	Income:	Expenses:	Distributions:
AMT Adjustments:	Frequency:	Total Inflation:		

2. Business Entity Asset

Name:	Type:	Owner:	Purchase Date:	Purchase Amount:
Number of Units at Purchase:	Market Value:	Start of Year Cost Basis:	Number of Units at Start of Year:	AMT Basis:
Annual Dividend Per Unit:	Frequency:	Income:	Expenses:	Distributions:
AMT Adjustments:	Frequency:	Total Inflation:		

III. Investment Profile Questionnaire

Different investors have different risk tolerances. Much of the difference stems from time horizon. That is, someone with a short investment time horizon is less able to withstand losses. The remainder of the difference is attributable to the individual's appetite for risk. Volatility can be nerve-wracking for many people and they are more comfortable when they can avoid it. However, there is a definite relationship between risk and return. Investors need to recognize this risk/return trade-off. The following risk tolerance questionnaire has been designed to measure an individual's ability (time horizon) and willingness (risk tolerance) to accept uncertainties in their investment's performance. The total score recommends which of the five risk profiles is most appropriate for the investor.

Time Horizon

1. When do you expect to begin withdrawing money from your investment account?
 - Less than 1 year
 - 1 to 2 years
 - 3 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 years or more
2. Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?
 - I plan to take a lump sum distribution
 - 1 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 years or more

Risk Tolerance

3. Inflation, the rise in prices over time, can erode your investment return. Long-term investors should be aware that, if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually **decline**. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk. Which of the following portfolios is most consistent with your investment philosophy?
 - Portfolio 1** will most likely exceed long-term inflation by a significant margin and has a high degree of risk.
 - Portfolio 2** will most likely exceed long-term inflation by a moderate margin and has a high to moderate degree of risk.
 - Portfolio 3** will most likely exceed long-term inflation by a small margin and has a moderate degree of risk.
 - Portfolio 4** will most likely match long-term inflation and has a low degree of risk.

III. Investment Profile Questionnaire - continued

Risk Tolerance - continued

4. Portfolios with the highest average returns also tend to have the highest chance of short-term losses. The table below provides the average dollar return of four hypothetical investments of \$100,000 and the possibility of losing money (ending value of less than \$100,000) over a **one-year holding period**. Please select the portfolio with which you are most comfortable.

Probabilities After 1 Year		
	Possible Average Value at the End of One Year	Chance of Losing Money at the End of One Year
Portfolio A	\$105,000	24%
Portfolio B	\$107,000	27%
Portfolio C	\$108,000	29%
Portfolio D	\$110,000	31%

5. Investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have experienced greater fluctuations in the value of their portfolio and more frequent short-term losses than investors in more conservative investments have. Considering the above, which statement best describes your investment goals?

Protect the value of my account. In order to minimize the chance for loss, I am willing to accept the lower long-term returns provided by conservative investments.

Keep risk to a minimum while trying to achieve slightly higher returns than the returns provided by investments that are more conservative.

Balance moderate levels of risk with moderate levels of returns.

Maximize long-term investment returns. I am willing to accept large and sometimes dramatic fluctuations in the value of my investments.

6. Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% (i.e. \$1,000 initial investment would now be worth \$800) over a short period, consistent with the overall market. Assuming you still have 10 years until you begin withdrawals, how would you react?

I would **not** change my portfolio.

I would **wait at least one year** before changing to options that are more conservative.

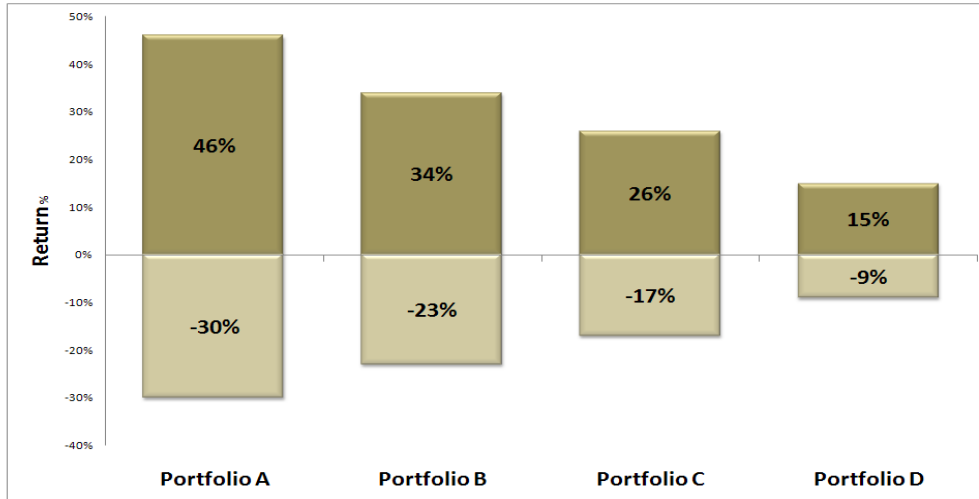
I would **wait at least three months** before changing to options that are more conservative.

I would **immediately** change to options that are more conservative.

III. Investment Profile Questionnaire - continued

Risk Tolerance - continued

7. The following graph shows the hypothetical results of four sample portfolios over a one-year holding period. The best potential and worst potential gains and losses are presented. Note that the portfolio with the best potential gain also has the largest potential loss. Which of these portfolios would you prefer to hold?



- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D

8. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns.
- Agree
 - Disagree
 - Strongly disagree

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IV. Additional Information

Please feel free to provide any guidance applicable to your financial goals such as retirement age, income goals, important wealth distribution preferences, etc.

Additional space is provided on the next page.

IV. Additional Information - continued

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form & send
via email
(preferred method)



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