

Financial Questionnaire

1. **Purpose:** This questionnaire will help determine how we can tailor our counsel to your individual financial situation. If you have information that you can provide in another format (statements, Quicken reports, etc.), please send copies of those documents. You do not need to fill in the blanks for any information that you will be sending to us.
2. **Documents Required:** In addition to completing the relevant sections of the questionnaire, please send copies of the following documents:
 - Your most recent Federal and State Tax Returns
 - Two most recent paycheck stubs
 - Investment account statements (brokerage, IRA, 401(k), 403(b), education funds, etc.)
 - Other - if available:
 - Budget or spending plan
 - Social Security Statements
 - Recent statement(s) regarding any loans (including mortgage)
 - Life Insurance policy summaries
 - Employee benefit and pension information
3. **Big Picture:** If you do not have all of this information at your fingertips, please send us what you have as soon as possible. If we need any missing information to complete our work, we will let you know.
4. **Send It To Us:** You can mail the documents to us along with your completed questionnaire, or feel free to e-mail the questionnaire and then fax or mail the documents separately. E-mail sent through the Internet is not secure. RB&Co. therefore recommends that you do not send any confidential or sensitive information to us via electronic mail, including social security numbers, account numbers, or personal identification numbers. Any original documents sent will be copied and returned to you. Please send the information to us and/or contact us using the information on the following page. **YOUR INFORMATION SHOULD BE SENT TO THE ATLANTA ADDRESS UNLESS YOU LIVE IN ONE OF THE OTHER COMMUNITIES LISTED.** If you send the information other than by fax or e-mail, because of the sensitive nature of this information, you may want to use a mailing option that can be tracked (e.g. FedEx or UPS)

EVERYDAY STEWARD CONTACT INFORMATION

Please send your information to the [Atlanta address](#) unless you live in one of the other communities listed here:

Everyday Steward - Atlanta, GA
300 Colonial Center Parkway
Suite 350
Roswell, GA 30076

Phone: (800) 987-2987
Fax: (770) 456-5095
Email: info@everydaysteward.com

Everyday Steward - Holland, MI
210 Central Avenue
Suite 210
Holland, MI 49423

Phone: (616) 392-3108
Fax: (616) 392-2629
Email: holland@everydaysteward.com

Everyday Steward - Indianapolis, IN
9229 Delegates Row
Suite 450
Indianapolis, IN 46240

Phone: (317) 810-5012
Fax: (866) 418-4631
Email: indy@everydaysteward.com

Everyday Steward - Charlotte, NC
10706 Sikes Place
Suite 175
Charlotte, NC 28277

Phone: (704) 409-1907
Fax: (704) 759-9061
Email: charlotte@everydaysteward.com

Everyday Steward - Houston, TX
952 Echo Lane
Suite 190
Houston, TX 77024

Phone: (713) 465-2900
Fax: (713) 465-2905
Email: houston@everydaysteward.com

Date Questionnaire Completed: _____

How did you hear about us? World Magazine Article Book Website Friend
 Existing Client: _____ Other: _____

PERSONAL INFORMATION

	Client	Spouse (if applicable)
Name		
Date of Birth		
Home Address		
City, State, Zip		
Home Phone		
Mobile Phone		
Preferred Email		
Occupation		
Employer		
Work Phone		

We will likely need to contact you for additional information as we conduct our analysis.

Whom should we contact for this purpose? _____

Preferred contact method: e-mail Home phone Work phone Cell phone

	Name	Sex	DOB	Grade *	Dependent
Children and other Dependents		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y / N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y / N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y / N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y / N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y / N <input type="checkbox"/>

* List grade student will be in during the fall of the current calendar year.

Do you anticipate additional children or dependents? If so, please estimate how many and when?

Do you, your children, or other dependents have any special medical or other situation that would impact your finances? If so please explain:

PERSONAL INFORMATION - CONTINUED

Which would best describe your past approach to your investments?

- Do-It-Yourselfer** – Finds great satisfaction and comfort in being involved in the day-to-day management of all of your financial affairs and decisions.
- Collaborator** – Either 1) wants to do the majority of the financial analysis yourself, and then have an advisor confirm your own research, or 2) wants an advisor to do the majority of the financial analysis and you personally confirm the advisor's research.
- Delegator** – Searches for an expert worthy of trust because you feel that you do not have the time, desire and/or aptitude to manage investments yourself.

Which would best describe your desired future approach?

- Do-It-Yourselfer**
- Collaborator**
- Delegator**

Do you presently have someone that provides financial advice or guidance to you (i.e. broker, insurance agent, CPA, etc.)?

Which of the following statements best describes you?

- I/we have a closely monitored budget or spending plan.
- I/we generally know where my/our money goes.
- I/we do not have a budget or spending plan.

GOALS / OBJECTIVES / GENERAL INFORMATION

What service would you like Ronald Blue & Co. to address?

- Professional Portfolio Investment Management
- Financial Planning with a focus on the following areas:
 - Setting financial and other goals
 - Net worth review
 - Income tax review
 - Cash flow review
 - Analyzing general financial situation - allocation of assets and liabilities
 - Investment allocation
- Financial Independence (retirement) planning
- Education planning
- Insurance Analysis
- Estate planning review
- Charitable giving consulting
- Other:

What are your most important **short-term** (immediate) financial goals?

What are your most important **long-term** (life) financial goals? Include your concept of retirement and the age at which you want it to start.

Other than vehicles, what major purchases do you anticipate within the next 5 years? Please indicate timing and amount.

Vehicles

Make/Model	Year	Primary Driver	Year to replace	Cost to replace	# years to keep new vehicle

Education Funding

If you plan to pay for education expenses, please complete the following for each child:

Child Name	Expected annual costs for K-12 education	Undergraduate		Graduate	
		Public	Private	Public	Private
		<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"/>

Please provide an estimate of the cost of each of the above (current year cost) if known. If college costs are unknown, we can use national averages.

RISK ASSESSMENT

In general, what would you consider the most important goal for your long term investments?

- Growth - I don't mind occasional portfolio value ups and downs - even 15% or more - since I expect the long-term trend to be upwards.
- Both Growth and Income potential - I want less volatility than a growth oriented portfolio, but I am willing to take some risk.
- Income - Safety of my investment principal is my most important objective. As much as possible, I want to avoid account losses.

On a scale of 1 to 10, how would you rate yourself as an investor, with 1 being most conservative and 10 being most aggressive?

Minimize losses and fluctuation.			Will accept some fluctuation for growth.				Maximum accumulation regardless of risk.		
1	2	3	4	5	6	7	8	9	10
<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"/>

For your long-term investments, which of these hypothetical \$100,000 investment scenarios would you be most comfortable with for any one year period of time?

	Average	Possible 1 Year Returns		Value After 1 Year	
	Annual Return	Best Increase	Worst Decline	Best Increase	Worst Decline
<input type="checkbox"/>	9.0%	61%	-43%	\$161,000	\$57,000
<input type="checkbox"/>	8.5%	53%	-34%	\$153,000	\$66,000
<input type="checkbox"/>	8.0%	45%	-23%	\$145,000	\$77,000
<input type="checkbox"/>	6.0%	33%	-11%	\$133,000	\$89,000
<input type="checkbox"/>	5.0%	14%	-6%	\$114,000	\$94,000
<input type="checkbox"/>	4.0%	4%	4%	\$104,000	\$104,000

The range of future positive and negative returns will likely differ from those illustrated in any single investor's portfolio.

If the stock market were to decline in value by 20% in one day (1987), or 30% in a single quarter, you would:

- Quickly invest more money
- Pay no attention to the effect on your investments
- Watch things closely but take no immediate action
- Call your advisor to suggest getting out of the market
- Sell everything immediately
- Other:

What is your expected long-term rate of investment return?

CASH FLOW

Income	Client	Spouse
Base Salary		
Expected % rate in increase		
Commission / Bonus		
# of Paychecks per year		
Self Employment Income		
Pension / Annuities		
Social Security Income		
Other Income		

Giving	Current % of gross income or \$ amount:	Goal % or \$ amount:
Church / Other Charitable		

Living Expenses

The expense totals listed here should include categories like rent payments, food, entertainment, utilities, education, insurance, etc. **Do not include DEBT (mortgage, home equity lines of credit, non-mortgage debt), TAXES (income, property, etc.), SAVINGS (retirement, major purchases, education), or GIVING.**

Annual Amount

Please provide your own documentation (Quicken reports, etc.), if available. If needed, we can provide forms to help calculate your expenses.

Monthly or Annual Amounts Deposited into Savings/Investment Accounts

	Specific Account Name	Account Type	Amount	Annually	Monthly
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Education Savings				<input type="checkbox"/>	<input type="checkbox"/>
Other				<input type="checkbox"/>	<input type="checkbox"/>

Does your employer provide a match for your retirement savings? If yes, how much?

Will you have an employer funded pension at retirement? If so, what is your projected benefit?
If available, please provide your benefit statements.

All information is strictly confidential.

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ASSETS/LIABILITIES

Checking, Savings, Investments, and Retirement - Balances *(if statements not provided)*

Type of Account	Company	Account Balance	Intended use of funds: (if applicable)
Checking			
Savings / Money Market			

Real Estate / Mortgage

	Primary Residence	Other Property / 2 nd mortgage	Other Property / 2 nd mortgage
Description			
Current Value			
Purchase Date			
Original Purchase Amount			
Original Loan Amount			
Term of Loan (in years)			
Current Loan Balance			
Interest Rate			
Mo. Pmt (principal & interest)			
Mo. Real Estate Tax Amt.			
Mo. Insurance Amt.			
Extra Monthly Principal			
Total Monthly Payment			

Non-Mortgage Debt (Ex: Credit Cards, Auto Loans, Home Equity, etc.)

Description				
Purchase Date				
Amount Financed				
Loan Term (in years)				
Interest Rate				
Current Loan Balance				
Required Mo. Payment				
Extra Monthly Principal				
Total Monthly Payment				

Other Assets - *not noted above* If you own a business, please provide general information regarding the structure (e.g. S Corp, LLC), value, etc.

Asset Description	Estimated Value

All information is strictly confidential.

INSURANCE

Life Insurance - including employer provided insurance *(or include policy summary)*

Insurance Company	Insured	Beneficiary	Cash Value / Loans (if permanent)	Issue Date / Length of Policy (if term)	Death Benefit	Annual Premium

Disability Insurance *(or include policy summary)*

Insured	Premium Payment		Monthly Benefit	Waiting Period	Benefit to age:	Annual Premium
	Personal	Employer				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Long Term Care Insurance *(or include policy summary)*

Insured	Premium Payment		Daily Benefit	Inflation Rider	Benefit Years	Annual Premium
	Personal	Employer				
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y / N <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y / N <input type="checkbox"/>		

Other Insurance

Do you have a personal umbrella liability policy? If so, please indicate coverage amount.

Please list any other insurance coverage that you would like us to be aware of.

ESTATE

	Do you have?	When drafted?	What state?
Will(s)	<input type="checkbox"/> Y / N <input type="checkbox"/>		
Living Trust(s)	<input type="checkbox"/> Y / N <input type="checkbox"/>		
Durable Power(s) of Attorney	<input type="checkbox"/> Y / N <input type="checkbox"/>		
Healthcare Proxies / Living Will(s)	<input type="checkbox"/> Y / N <input type="checkbox"/>		

All information is strictly confidential.