

Collaborative Wealth Advisors, LLC **Confidential Questionnaire**

Welcome to Collaborative Wealth Advisors, LLC. The information you provide here forms the foundation for our understanding of your financial life. Please complete this Questionnaire AND assemble the documents requested below.

Your Contact Info	Client A			Client B		
Client Name						
Home Address						
Mailing Address (if different)						
Home Phone						
Work Phone						
Email Address						
Employer						
Occupation						
Family Data	Full Legal Name	Birth Date	Social Sec. #	Driver's Lic. #	Expiration Date	
Client						
Spouse						
Child (1)						
Child (2)						
Child (3)						
Other Dependents						
Advisor Relationships	Name		Phone	Address		
Accountant						
Attorney						
Broker or Brokerage Firm						
Insurance Agent						
Other Professional Advisors						
Critical Documents We Need You to Provide						
<input type="checkbox"/> Federal, state & business tax returns	<input type="checkbox"/> Declaration of homestead					
<input type="checkbox"/> Bank/investment account statements (incl. education a/c)	<input type="checkbox"/> Will, Trust, and/or Durable Power of Attorney					
<input type="checkbox"/> Current pay stub for each client/spouse	<input type="checkbox"/> Disability, life, long-term care ins. policies					
<input type="checkbox"/> Mortgage & loan statements	<input type="checkbox"/> Social Security Est. Benefit Summary					
<input type="checkbox"/> Retirement plan statements	<input type="checkbox"/> Property tax statements					
<input type="checkbox"/> Employee benefit program literature	<input type="checkbox"/> Divorce decree, pre-nuptial agreement					
<input type="checkbox"/> Business partnership agreements	<input type="checkbox"/> Past financial plans					

Life Goals

At Collaborative Wealth Advisors, we work to align each client's financial life with what's truly important to them. We help direct client's time, attention and money to what really matters to them. So, tell us what you "want out of life" by completing the following:

1. My most pressing financial concern right now is ...

2. In the next 12 months, I hope to ...

3. Before I die, I'd like to ...

4. If possible, I'd like to leave an estate worth at least \$ _____, but would be willing to leave as little as \$ _____, if necessary to meet other more important goals.

5. I would ideally like to retire on a retirement spending budget of \$ _____ **per year**, BUT in no case less than \$ _____ **per year**. (If you prefer, we could estimate your retirement needs based on your current income and your estimates of what would be needed to maintain your lifestyle.)

6. I expect there to be substantial changes in either my income, lifestyle, or expenses in the next few years, as follows:

7. The best thing a financial planner could do for me is ...

8. Other important thoughts I would like to convey ...

Financial Goals		
Retirement Planning	Estate Planning	Insurance Planning
<input type="checkbox"/> Retirement age: Ideal _____ Acceptable _____	<input type="checkbox"/> Avoid probate	<input type="checkbox"/> Income replacement
<input type="checkbox"/> Monthly after-tax income required \$ _____ (in today's dollars)	<input type="checkbox"/> Minimize death taxes	<input type="checkbox"/> Estate planning
<input type="checkbox"/> Travel	<input type="checkbox"/> Control elder care costs	<input type="checkbox"/> Asset accumulation
<input type="checkbox"/> Move residence	<input type="checkbox"/> Legacy to heirs	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Charitable bequests	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Education Goals					
Student Name	Preferred School	Amount Needed/Year	Years Until Needed	Fund at Death of Client A	Client B
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N

Accumulation Goals (Beyond those listed above)					
E.g. buy 1st home/vacation house, travel, purchase boat/yacht, in order of importance.					
Accumulation Goal	Amount Needed	Yrs Until Needed	Amount Needed/Year	Fund at Death of Client A	Client B
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N

Gross Income, Tax, and Savings Info.				
	Client A Monthly	Annual	Client B Monthly	Annual
Gross Income				
Salary (gross)				
Commissions				
Net Self-Employment Income				
Interest & Dividends				
Pensions & Annuities				
Social Security				
Alimony				
Child Support				
Rental Property (net)				
Other (specify)				
Income Taxes				
Federal				
State & Local				
FICA/Medicare				
Self-employment				
Savings Contributions				
Retirement contributions				
Non-retirement savings				

Cash Outflow/Expenses

	Monthly	Annual	Description
HOUSING			
Mortgage/Rent (net of taxes)			Principal, interest & PMI, if applic.
Real Estate Taxes			
Homeowner's Insurance			
Utilities, Phone, Cable, Internet			
Home Improvement & Maintenance			
Other Housing-Related			
TOTAL HOUSING			
TRANSPORTATION			
Monthly Vehicle Payment(s)			
Auto Excise Tax			
Car Maintenance, Gas, Parking, Tolls			
Public Transport (train, bus, taxi)			
Auto Insurance Premium			
TOTAL TRANSPORTATION			
OTHER PERSONAL			
Food and Beverage			
Clothing			
Furnishings			
Child Care/Private Tuition			
Personal Care & Fitness			Health, hair & beauty products, health club dues.
Health/Dental Insurance Premiums			
Medical/Dental/Prescriptions (out-of-pocket)			
Education/Self-improvement			Periodicals, association dues, unreimbursed courses.
Debt/Installment Payments			Credit cards, school loans, personal loans.
Entertainment			Dining out, concerts, theater, club dues.
Vacations and Holidays			
Gifts to family, friends, coworkers			
Charitable Contributions			
Reinvested Interest & Dividends			
Misc. Cash not otherwise accounted			Work lunch expense, allowance.
Other (itemize)			Alimony, child support, AAA, employment related expenses.
Other			
Other			
TOTAL PERSONAL			

Insurance
(Please attach copies of all policies listed.)

Life Insurance Co.	Insured	Owner	Beneficiary	Annual Premium	Face Amt.	Cash Value (if permanent)	
Disability Insurance Co.	Insured	Group or Personal	Mthly Benefit	Annual Premium	Elimination Period (Days)	Benefit Period	COLA? * Y/N
Long-Term Care Insurance	Insured	Group or Personal	Daily Benefit	Annual Premium	Elimination Period (Days)	Benefit Period	COLA? * Y/N

* Cost-of-living adjustment

Please answer a couple of questions about your perspective on investments and risk:

1. If the investment markets were to decline in value, what would you do?
 - Not sell, and stay with our long term plan
 - Sell most of our risky investments and buy more conservative ones
 - Sell a majority of our portfolio and buy more conservative investments
 - Sell our entire portfolio and remain in cash until the market recovers

2. Based on your tolerance for fluctuations in the market, as well as your overall investment goals, how comfortable are you with risk in your portfolio?
 - Risk is not a concern
 - Comfortable with higher risk investments
 - Somewhat comfortable with risk
 - Prefer moderate risk
 - Comfortable with mostly lower risk investments
 - Prefer low risk investments

Thank you for completing this Confidential Questionnaire. Your financial profile is the first step toward developing the roadmap to your financial success!

The undersigned acknowledges that the information provided in this Questionnaire is true and accurate to the best of his/her knowledge.

Client A Signature: _____ Date: _____

Client B Signature: _____ Date: _____