

# Indicator Advisory Corporation Services Confidential Questionnaire

## Confidential Inventory Checklist

For the Account of: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Family Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Home): (\_\_\_\_)\_\_\_\_-\_\_\_\_ (Business): (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_  
 SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Spouse's SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
 Marital Status: \_\_\_\_\_ Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-Mail: \_\_\_\_\_ Spouse's E-Mail: \_\_\_\_\_  
 Your Driver's License #: \_\_\_\_\_ Spouse's Driver's License #: \_\_\_\_\_  
 State of Issue: \_\_\_\_\_ State of Issue: \_\_\_\_\_

### **Children:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a will? \_\_\_\_\_ Last Update: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Does your spouse have a will? \_\_\_\_\_ Last Update: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Do you have a living trust? \_\_\_\_\_ Last Update: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you desire a Disability or Long-Term Care Policy? \_\_\_\_\_ Please Sign: \_\_\_\_\_

What is your marginal federal tax rate? \_\_\_\_\_ State?: \_\_\_\_\_

Amount Saved Last Year: \$ \_\_\_\_\_

### **My Financial Resources:**

<u>I. Fixed Dollars</u>	<u>Liabilities</u>
Retirement Plan(s) \$ _____	Credit Cards \$ _____
Checking Account \$ _____	Auto Loans \$ _____
Savings at Banks/CD's \$ _____	Business Loan \$ _____
Savings & Loan/CD's \$ _____	Personal Loan \$ _____
Bonds \$ _____	Other \$ _____
Mortgages Due You \$ _____	
Credit Union \$ _____	
Cash Value of Insurance Policies \$ _____	
Other \$ _____	
Total Fixed Dollars \$ _____	Total Liabilities \$ _____

II. Invested Dollars (Stocks, Bonds and Mutual Funds)

Name of Company	Cost	Market Value	Date Acquired
_____	\$ _____	\$ _____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

List any Dependents: \_\_\_\_\_

Current Salary (Include Bonus, Commissions, etc.) \$ \_\_\_\_\_  
 Other (Dividends, Rental, etc.) \$ \_\_\_\_\_  
 Estimated Value of Home \$ \_\_\_\_\_  
 Mortgage \$ \_\_\_\_\_  
 Equity in Home (Market Value Less Mortgage) \$ \_\_\_\_\_  
 Equity in Other Real Estate \$ \_\_\_\_\_  
 Total Equity in Real Estate \$ \_\_\_\_\_

**Other Investments:**

Name of Company	Cost	Market Value	Date Acquired
_____	\$ _____	\$ _____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

**Present Life Insurance:**

Name of Company	Cost	Market Value	Date Acquired
_____	\$ _____	\$ _____	____/____/____
_____	_____	_____	____/____/____
Total Market Value: \$ _____			

**What do you want to accomplish with your money?**

\_\_\_\_\_

**What is your greatest concern about money?**

\_\_\_\_\_

**If Retirement is your objective:**

How many years before retirement? \_\_\_\_\_

Your desired monthly income at retirement (use today's dollars) \$ \_\_\_\_\_

**Sources of Monthly retirement Income:**

Social Security: \$ \_\_\_\_\_ Present Monthly Income: \$ \_\_\_\_\_  
 Pensions: \$ \_\_\_\_\_ Amount I Could Save Per Month: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ Your Tax Bracket: \$ \_\_\_\_\_

**Personal Preferences – How Do You Relax?**

- Reading     Theater     Art Museum     Zoo     Travel  
 Sports     Opera     Dining Out     Movies     Other \_\_\_\_\_

**Tax Preparer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Estate Planner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Please bring any of your will and trust documents with you if this is one of the areas that require review.)

**Your attitude and beliefs concerning wealth building:**

Please briefly describe your feelings concerning investments. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe your feelings concerning money and its application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were your current investment assets selected? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your previous financial services providers and your level of satisfaction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names of any financial service provider you found most helpful. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate which of the following statements describe your attitudes or beliefs on a scale of 1 to 5 (1 being most true and 5 being least true)**

- \_\_\_ I would rather work longer than reduce my standard of living in retirement.
- \_\_\_ I prefer a predictable, steady return on my investments, even if the return is low.
- \_\_\_ I feel that I/we can reduce our current living expenses to save more for the future if needed.
- \_\_\_ I usually pick the tried and true, the slow, safe and sure investments.
- \_\_\_ I like predictability and routine in my daily life.
- \_\_\_ I make investment decisions comfortably and quickly.

- I am a risk taker.
- My immediate concern is for income rather than growth opportunities.
- I am optimistic about my financial future.
- I do not like surprises.
- I feel comfortable with aggressive growth investments.
- I do not stew over bad investment decisions I have made.
- I am comfortable with investments that offer slow long-term appreciation and growth.
- I prefer the ease of mutual funds over individual securities.
- I am more concerned about protecting my assets than about growth.

**Using the same scale, please rank your past working relationships with the following advisors:**

- Financial Planner
- Broker
- Tax Preparer
- Attorney
- Insurance Agent

**Risk Management (Insurance Coverage)**

	<b><u>Client One</u></b>			<b><u>Client Two</u></b>		
	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Home Owners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Have you ever been refused insurance coverage?**  Yes  No

**Assets:**

(If you have this information in a form of your own design please omit this section but do bring the necessary documentation to our meeting.)

**Bank Accounts:**

<u>Bank Name</u>	Checking (C) Savings (S) <u>Money Market (MM)</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CD's:**

<u>Where Held</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Approximate Value</u>
_____	_____ %	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

**Please attach a copy of your current brokerage, mutual fund, insurance and retirement program statements.**

**Other Assets Not Listed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liabilities:**

<u>Credit Card</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Assuming the balance is not paid every month

**Debts (Business, Auto, Residence or Educational):**

<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list below the nature of the advice you seek.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When was the last time you reviewed your personal credit report? \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Please Note:**

**The following items should accompany your visit if you feel they have a bearing on the services you require of us:**

Insurance Policy	Brokerage Account Statements
Legal Documents	Prior Year Tax Return
Employee Benefits Booklet	Trust Account Statements & Agreements
Mutual Fund Account Statements	Loan Documents
Paycheck Stubs	Retirement Plan Account Statements

**Please complete this information over the next two weeks because we will be teleconferencing and requesting that you either fax, e-mail or mail a copy to us.**

**Indicator Advisory Corporation**

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