



Colman | Knight

Integral Wealth Advisory Services

FINANCIAL QUESTIONNAIRE

Confidential

Your answers to the following questions will provide the information necessary for us to understand more about you, your desires and your financial situation. If you have any questions about this material, please contact us.

When you've completed the questionnaire to the best of your ability, please forward it, along with the copies of the financial documents listed below, to Colman Knight Advisory Group, LLC.

DOCUMENT CHECKLIST

Please forward the most recent information from each category below that applies to your financial situation.

- Brokerage statements
- Mutual fund statements
- IRA statements
- Retirement plan statements
- Employee retirement benefits information and latest statement
- Limited partnership prospectuses and financial projections
- Last two years of financial statements of closely held businesses
- Copies of business buy sell agreements and other agreements/contracts
- Latest paystub(s)
- Copies of the last two years tax returns (Federal & State)
- Lease agreements
- Promissory Notes
- Insurance documents (life, disability, health, automobile, homeowners, liability, long-term care)
- Trust agreements
- Divorce decrees
- Wills and all codicils

Date:

YOU	YOUR SPOUSE/PARTNER
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Name:

Birthdate:

Residential
Address:

Residential
Phone: ()

Mobile
Phone: ()

Occupation:

Email address:

Employer:

Business
Address:

Business
Phone: ()

Work email address:

During your marriage, have you ever lived in one of the following states? If yes, please check the state(s).

ARIZONA
 CALIFORNIA
 IDAHO

LOUISIANA
 NEVADA
 NEW MEXICO

TEXAS
 WASHINGTON
 WISCONSIN

MAJOR GOALS/OBJECTIVES

Please number your major financial goals and objectives, in order of importance.

- | | |
|--|---|
| <input type="checkbox"/> Accumulate assets to provide for a comfortable retirement | <input type="checkbox"/> Ensure property and casualty insurance protection is appropriate |
| <input type="checkbox"/> Provide education funds for my children/grandchildren | <input type="checkbox"/> Reduce taxes on my estate with an effective estate plan |
| <input type="checkbox"/> Minimize personal income taxes | <input type="checkbox"/> Charitable giving/philanthropy |
| <input type="checkbox"/> Develop an appropriate investment strategy | <input type="checkbox"/> Stewardship/legacy planning |
| <input type="checkbox"/> Provide adequate income upon death or disability | <input type="checkbox"/> Cash flow and spending plan |
| <input type="checkbox"/> Coordinate business and personal finances | <input type="checkbox"/> Other _____ |

CHILDREN/GRANDCHILDREN

NAME	DATE OF BIRTH	SELF SUPPORTING (SS) OR DEPENDENT (D)	CURRENT YEAR OF GRADE SCHOOL OR COLLEGE	ESTIMATED ANNUAL COSTS		
				PRIVATE SCHOOL	COLLEGE UNDERGRAD	COLLEGE POSTGRAD
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

If additional space is needed, please use "NOTES" page in the back of this questionnaire.

Please provide the details of existing assets in your children's or grandchildren's names which are earmarked for education.

NAME	SOURCE	\$ VALUE
		\$
		\$
		\$
		\$

RETIREMENT

Your planned age of retirement? _____ Your spouse's? _____

In comparison to your current lifestyle, when you retire do you plan to:

___ spend more money annually ___ spend about the same annually ___ spend less money annually

Given your answer, please estimate your annual income need upon retirement (using today's dollar). \$ _____

Do you expect to receive any income from part-time or consulting work when you and/or your spouse retire? _____

If so, approximately how much annually? \$ _____ Your spouse's \$ _____

Will you relocate? _____ If so, where? _____

Should you assume the same value house? _____ If not, please estimate house value. \$ _____

ASSETS

As indicated on page one, please provide the most recent statements for the following categories. If for any reason you cannot provide a current statement, please estimate the dollar value of each category that applies to your situation.

OWNERSHIP						
ASSETS	YOU	SPOUSE	JOINT	ORIGINAL COST	COST OF IMPROVEMENTS	CURRENT MARKET VALUE
Primary Residence				\$	\$	\$
Second Home				\$	\$	\$
ASSETS	YOU	YOUR SPOUSE	JOINT			
Home Furnishings				\$	\$	\$
Automobiles				\$	\$	\$
Clothing/Furs				\$	\$	\$
Boat, Plane, Trailer, Etc.				\$	\$	\$
Cash/Savings				\$	\$	\$
Money Market Funds				\$	\$	\$
Certificates of Deposit				\$	\$	\$
Treasury Bills, Notes, Bonds				\$	\$	\$
Municipal Bonds				\$	\$	\$
Corporate Bonds				\$	\$	\$
Bond Mutual Funds				\$	\$	\$
Annuities				\$	\$	\$
Stock Mutual Funds				\$	\$	\$
Individual Stocks				\$	\$	\$

ASSETS	YOU	YOUR SPOUSE	JOINT
Real Estate Current Market Value (Non-Residential)	\$	\$	\$
Limited Partnerships (Capital contributions To date or market value)	\$	\$	\$
Oil & Gas	\$	\$	\$
Real Estate	\$	\$	\$
Equipment Leasing	\$	\$	\$
Corporate Retirement Plans 401(k)	\$	\$	\$
Qualified Pension Plans (E.g. Profit Sharing)	\$	\$	\$
Non-qualified Pension Plans	\$	\$	\$
Deferred Compensation Plans	\$	\$	\$
Pension Plans for Non-Profit Organizations	\$	\$	\$
Personal Retirement Plans: IRAs	\$	\$	\$
Keogh	\$	\$	\$
Commodities	\$	\$	\$
Precious Metals	\$	\$	\$
Antiques	\$	\$	\$
Other	\$	\$	\$
Business Interests: Corporations/LLC's	\$	\$	\$
Sub S Corporations	\$	\$	\$
Sole Proprietorships	\$	\$	\$
Business Name(s):			
Liquidation Value:			
% Owned By You:			

LIABILITIES

LIABILITIES	ORIG. AMT. BORROWED	TYPE OF LOAN (FIXED, VARIABLE)	INTEREST RATE	LENGTH OF LOAN	DATE 1 ST PAYMENT	MONTHLY PAYMENT AMOUNT
Personal Residence Other Real Estate TYPE	\$		%			\$
Home Equity Loans	\$		%			\$
Personal Loans TYPE	\$		%			\$
Automobiles TYPE	\$		%			\$
Investment/Debt Obligations (e.g. limited partnership)			\$		Annual Commitment	

YOUR CASH FLOW FOR THE CALENDAR YEAR 20____

ANNUAL INCOME	YOU	YOUR SPOUSE	ANNUAL INCOME	YOU	YOUR SPOUSE
Salary	\$	\$	Annuity Income	\$	\$
Bonus	\$	\$	Social Security	\$	\$
Dividends	\$	\$	Pension Income	\$	\$
Interest Income	\$	\$	Income From Other Sources	\$	\$

Do you anticipate any substantial income other than that listed above (i.e. inheritance, legal settlements, distribution from a qualified plan)? If so, please provide the estimated date, source and anticipated amount.

ESTIMATED ANNUAL LIFESTYLE EXPENSES \$ _____

NOTE: Use this chart to specify your lifestyle expenses. Please estimate monthly or annual expenditure, whichever is easier.

LIFESTYLE EXPENSES	ESTIMATED MONTHLY	ESTIMATED ANNUALLY
Food/Groceries	\$	\$
Clothing	\$	\$
Education for you and/or your spouse	\$	\$
Entertainment	\$	\$
Vacations/Trip/Camp	\$	\$
Gifts/Birthdays	\$	\$
Transportation/Auto Maintenance	\$	\$
Medical Expenses	\$	\$
Medical Expenses (paid by you)	\$	\$
Homeowners Insurance	\$	\$
Liability Insurance	\$	\$
Life Insurance (paid by you)	\$	\$
Home Maintenance	\$	\$
Utilities (heat, electric, water & sewer)	\$	\$
Telephone, cellular phones, cable, internet	\$	\$
Miscellaneous Household Purchase	\$	\$
Day Care	\$	\$
Domestic Help	\$	\$
Miscellaneous Living Expenses	\$	\$

Note: Deductible expenses are obtained from your most recent tax return.

FUTURE EXPENDITURES

Do you anticipate any extraordinary expenditures in the future (e.g. purchase of a boat or plane; home additions or improvements, vacation home, gifts, etc?) If so, please estimate the nature and amount of expenditures.

EXPENDITURE	ESTIMATED COST	APPROXIMATE DATE OF PURCHASE

Thank you for taking the time to complete this questionnaire. Your efforts will help us better serve you.

