

Client Information Verification

If this is your first time with us, please complete all requested information. If you don't know answers to some of the questions, best guesses are acceptable. For existing clients, please help us verify and maintain your information. We are required by law to keep your information current. Please take a few moments to review and make any necessary changes on this form. Thanks for your help!

INFORMATION ABOUT YOU

FULL NAME		OCCUPATION	
DATE OF BIRTH		SELF-EMPLOYED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BIRTHPLACE		EMPLOYER	
ANNIVERSARY DATE		WORK ADDRESS	
SOCIAL SECURITY #		WORK CITY, ST, ZIP	
DL #, STATE, EXPIRATION		WORK PHONE	
HOME ADDRESS		WK E-MAIL ADDRESS	
CITY, ST, ZIP		WORK START DATE	
HOME PHONE		REITRED DATE	
MOBILE PHONE		PREFERRED PHONE	<input type="checkbox"/> Hm <input type="checkbox"/> Mb <input type="checkbox"/> Wk <input type="checkbox"/> Other
OTHER PHONE/PGR.		PREFERRED E-MAIL	<input type="checkbox"/> Hm <input type="checkbox"/> Mb <input type="checkbox"/> Wk <input type="checkbox"/> Other
FAX NO.		AT WHAT AGE WOULD YOU LIKE TO RETIRE OR BE FINANCIALLY FREE?	
E-MAIL ADDRESS		OTHER INFORMATION	

CHILDREN	NAME	BIRTH DATE	BIRTHPLACE	SOCIAL SECURITY #
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				

GRANDCHILDREN	NAME	BIRTH DATE	BIRTHPLACE	SOCIAL SECURITY #
GRANDCHILD 1				
GRANDCHILD 2				
GRANDCHILD 3				
GRANDCHILD 4				
GRANDCHILD 5				
GRANDCHILD 6				
GRANDCHILD 7				
GRANDCHILD 8				

PROFESSIONAL CONTACTS:		PLEASE ANSWER THE BELOW QUESTIONS. THANKS!
ATTORNEY:		In your opinion, how is your overall financial health ? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
CPA		In your opinion, how is your financial knowledge ? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
DOCTOR		Do we have current copies of your, <input type="checkbox"/> Driver's License <input type="checkbox"/> Tax Return <input type="checkbox"/> Will
INSURANCE AGENT		Do you currently have a financial advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?
OTHER		Are you pleased with your current financial planning <input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTOR PROFILE (Required for all investment and insurance accounts):			
PRIOR INVESTMENT EXPERIENCE (NONE, LIMITED, GOOD, EXTENSIVE)	GROSS INCOME:	NET WORTH	TAX BRACKET
General Investment Experience <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> < \$25,000	<input type="checkbox"/> < \$50,000	<input type="checkbox"/> <=15%
Stocks <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$25,000 – 50,000	<input type="checkbox"/> \$50,000 – 100,000	<input type="checkbox"/> 25% - 27.5
Bonds <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$50,001 – 75,000	<input type="checkbox"/> \$100,001 – 200,000	<input type="checkbox"/> >=27.5%
Mutual Funds <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$75,001 – 100,000	<input type="checkbox"/> \$200,001 – 500,00	
Options <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$100,001 – 200,000	<input type="checkbox"/> \$500,001–1,000,000	
Variable Contracts <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$200,001 – 300,000	<input type="checkbox"/> \$1,000,001-2,500,000	
Limited Partnerships <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> > \$300,000	<input type="checkbox"/> \$2,500,001-5,000,000	
401(k) <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	Approx: <input type="checkbox"/> > \$500,000,000		

This next section may seem a bit personal, but we're simply trying to understand who you are and what makes you tick. We believe that by getting to know and to understand you, we can better help you prepare for the future that you need, dream about, or want to live. After all, these are the types of things that really matter and the reasons that people seek financial independence. Thanks!

PERSONAL INTERESTS:			
<input type="checkbox"/> Art	<input type="checkbox"/> Cooking	<input type="checkbox"/> Movies, favorite:	<input type="checkbox"/> Photography
<input type="checkbox"/> Antiques	<input type="checkbox"/> Computers	<input type="checkbox"/> Museums, favorite:	<input type="checkbox"/> Travel, favorite destination:
<input type="checkbox"/> Dance	<input type="checkbox"/> Family	<input type="checkbox"/> Music	
<input type="checkbox"/> Biking	<input type="checkbox"/> Fishing	Type:	<input type="checkbox"/> Wine Tasting, favorite:
<input type="checkbox"/> Bingo	<input type="checkbox"/> Flying	Play instrument: If so, what kind:	
<input type="checkbox"/> Bowling	<input type="checkbox"/> Environment		Favorites (please list)
<input type="checkbox"/> Cars	<input type="checkbox"/> Golf	<input type="checkbox"/> Pets	Color:
<input type="checkbox"/> Charity, which ones?	<input type="checkbox"/> Gardening	Type:	Coffee:
	<input type="checkbox"/> Hiking/Nature		Soda:
<input type="checkbox"/> Church	<input type="checkbox"/> Hobbies		Snack
<input type="checkbox"/> College/University, Alumni of?	<input type="checkbox"/> Hunting	<input type="checkbox"/> Reading, favorite book(s)/author:	Team:
	<input type="checkbox"/> Motorcycles		Other:

WHICH OF THE FOLLOWING METHOD 10 ELEMENTS ARE YOU INTERESTED IN?

- Tax Planning
 Insurance Planning
 Retirement Planning
 Business Planning
 Income Protection
 Estate Planning
 Investment Planning
 Education Planning
 Special Situations
 Debt Management

WHAT IMMEDIATE CONCERN OR QUESTION DO YOU HAVE IN REGARDS TO YOUR CURRENT SITUATION?

WHAT VALUE ARE YOU SEEKING FROM A FINANCIAL ADVISOR? WHAT IS YOUR DESIRED OUTCOME?

OBJECTIVES: Please identify some of your goals and objectives.	Notes:	Level of Importance		
		High	Med.	Low
Maximizing retirement income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consolidating IRAs and 401(k) accounts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiring early		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing income taxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximizing current/future income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simplifying the monitoring of investments / consolidating accounts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing investments returns / reducing portfolio risk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for education (yourself, children, grandchildren, dependents)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting a favorite charity or educational institution		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for long-term care on your terms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring wealth (estate planning)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing support for a relative or dependent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrading and consolidating insurance protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which of these objectives is most important today?				
Please share any other goals and objectives.				

THE RISK ASSESSMENT QUESTIONNAIRE helps to determine the best asset mix for an investment based on your answers given to the questions below. Please check one box per question.

Time Horizon

Your current situation and future income needs.

- 1. What is your current age?**
- Less than 45
 - 45 to 55
 - 56 to 65
 - 66 to 75
 - Older than 75
- 2. When do you expect to start drawing income?**
- Not for at least 20 years
 - In 10 to 20 years
 - In 5 to 10 years
 - Not now, but within 5 years
 - Immediately

Long-Term Goals and Expectations

Your views of how an investment should perform over the long term.

- 3. What is your goal for this investment?**
- To grow aggressively
 - To grow significantly
 - To grow moderately
 - To grow with caution
 - To avoid losing money
- 4. Assuming normal market conditions, what would you expect from this investment over time?**
- To generally keep pace with the stock market
 - To slightly trail the stock market, but make a good profit
 - To trail the stock market, but make a moderate profit
 - To have some stability, but make modest profits
 - To have a high degree of stability, but make small profits
- 5. Suppose the stock market performs unusually poorly over the next decade, what would you expect from this investment?**
- To lose money
 - To make very little or nothing
 - To eke out a little gain
 - To make a modest gain
 - To be little affected by what happens in the stock market

Short-Term Risk Attitudes

Your attitude toward short-term volatility.

- 6. Which of these statement should best describe your attitude about the next three years' performance of this investment?**
- I don't mind if I lose money
 - I can tolerate a loss
 - I can tolerate a small loss
 - I'd have a hard time tolerating any losses
 - I need to see at least a little return
- 7. Which of these statements would best describe your attitudes about the next three month's performance of this investment?**
- Who cares? One calendar quarter means nothing
 - I wouldn't worry about losses in that time frame
 - If I suffered a loss of greater than 10%, I'd get concerned
 - I can only tolerate small short-term losses
 - I'd have a hard time stomaching any losses

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SIGNATURE:

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