

Confidential Client Questionnaire – 4/21/11 Version 2.50
Armstrong Retirement Planning, LLC

Please take a few minutes to complete this form and return it prior to our first meeting. Providing this preliminary information about your personal and financial concerns and your current situation will help us make the best use of our time together. We want to focus on your questions and determine the best way for us to work together. We appreciate that sharing personal and financial information in advance of our meeting may seem demanding on our part; however, having this information prior to our first meeting saves time and allows us to prepare to meet with you. Thank you for your interest and commitment to your financial future. This form is not designed to be filled out on-line.

Please feel free to mark “N/A” or leave blank if the question is not applicable. Please mark “?” if appropriate and we can discuss it when we meet. Please return it to me. I respect your confidentiality so please don’t use the U.S. mail. I will be glad to arrange to pick these up from you or please "overnight" it to me and specify “signature required”.

Client #1: _____ Birthdate: _____

Client #2: _____ Birthdate: _____

Address _____

Home # _____

Client #1: Office # _____ FAX # _____ Cell Phone: _____

Preferred E-Mail: _____

U.S. Citizen? Yes No

Employer: _____ Position: _____ Years with employer: _____

Educational background: _____

Previous marriages? Yes No Any children from previous marriages? Yes No

Date of marriage (if applicable) _____

Client #2: Office # _____ FAX # _____ Cell Phone: _____

Preferred E-Mail: _____

U.S. Citizen? Yes No

Employer: _____ Position: _____ Years with employer: _____

Educational Background: _____

Previous marriages? Yes No Any children from previous marriages? Yes No

Date of marriage (if applicable) _____

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Children

Name(s)	Date of Birth	Tax Dependent	
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Grandchildren (If appropriate)

Name(s)	Date(s) of Birth	Tax Dependent	
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Professional Advisors (I will ask you later for permission to contact your other advisors as needed)

Attorney _____

Accountant (CPA) _____

Insurance Agent _____

Other Advisors _____

Needed documents include, as applicable:

- A. Last federal tax return you filed.
- B. Social Security Benefits Summary: This is sent you each year about 2-3 months before your birthday.
- C. Recent pay stub (If applicable)
- D. Most recent statements from any pension plans you may have
- E. Recent detailed statement for all IRA, 401K, other retirement accounts and non-retirement accounts
- F. Wills, Trusts, Advanced Medical Directive and Power of Attorney

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- G. List of any other assets, including bank accounts (account totals are fine, no statement needed)
- H. Insurance policies or most recent statement that describes coverage: Life, Homeowners/rental, Auto, Disability, Earthquake, Flood, Long-term Care, Umbrella Liability, Business and others, including floaters or supplemental policies, watercraft policies.
- O. Company stock options statement
- P. Company stock purchase plan statement.

Other income Tax/Financial Dependents

Does anyone other than your children depend on you or your spouse for financial support? Yes No
(Including parents, siblings and also include alimony and/or child support).

If so, please provide names, ages, relationship and amount of support: _____

Health Issues

Do you or any member of your family have a serious health problem? Yes No

Describe: _____

What are your most important financial concerns? What would you like to accomplish through this engagement?

What are your most important non-financial concerns & objectives right now?

What would you consider the kind of service an ideal financial advisor would provide you?

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What are the keys to making this relationship successful for you? What are your expectations of your financial advisor?

During our review three years from now, what will need to have happened between now and then for you to feel satisfied with your progress?

How do you make important investment decisions?

Have you worked before with a financial planner? Yes___ No___ What worked well?

Did anything not work well? _____

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What type of investor do you consider yourself? Please place a mark on the line below:

1	2	3	4	5	6	7	8	9	10
Conservative			Moderate				Aggressive		

1	2	3	4	5	6	7	8	9	10
Beginning			Fairly Experienced				Experienced		

Have you ever been involved in litigation? Yes ___ No ___ What Happened? _____

I think a reasonable rate of return for my portfolio of investments would be:

___ I don't know ___ 3 – 5% ___ 6 – 8% ___ 9 – 11% ___ 12 – 15% ___ more than 15%

With respect to the relationship with your advisor, do you want?

___ An ongoing, long-term relationship

___ Short-term advice

Note: Bob only manages assets on a non-discretionary basis. This means that he'll make recommendations to you, but will **not** take any action unless it has been approved by you beforehand.

Do you wish ARP to advise you on managing your assets (assets-under-management service)?

___ Yes ___ No

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Do you carry balances on your credit cards from month to month? No Yes \$ _____
card interest rate _____%

Do you have an emergency fund? If so, what is target amount and is it in bank/other investments?

Any Special Planning needs? (Parents, children, grandchildren)

Alimony/child support or other fixed monthly support obligations? _____

Do you have any other source of income (child support, alimony, other)? If so, please explain

Do you have a monthly savings plan? No Yes _____ \$ _____

Do you fund each year your IRAs and your (401K, 403b, 457) to the maximum extent possible?

Client #1	<input type="checkbox"/> YES	<input type="checkbox"/> No	Total Contribution(s) \$	_____
Client #2	<input type="checkbox"/> YES	<input type="checkbox"/> No	Total Contribution(s) \$	_____

Do you do prepare your own taxes? YES No

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Educational Planning (as appropriate)

Children will go to college at age 18 ___ Yes ___ No /not attending/not funding
Any funds currently earmarked for college ___ Yes ___ No Amount \$ _____
Any children going to or planning to attend a private elementary or secondary school? Y/N

	Jr. College 1 st two years	State College	State University	Private School	IVY League
Child #1	_____	_____	_____	_____	_____
Child #2	_____	_____	_____	_____	_____
Child #3	_____	_____	_____	_____	_____

Loans (Home, auto, unsecured, education, other real estate, others)

Type	Fixed/Variable	Interest Rate	Loan Principal	Payment	Due Date	Balloon
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Payment or Interest Only?

Note: I encourage couples to sit down together, and discuss and answer the questions in the Investment, Estate Planning and Insurance sections.

Investments

What are your investment objectives?

- ___ Conservation of Capital
- ___ Modest Income and no risk of capital
- ___ Modest Income and some growth of capital
- ___ Substantial Income with modest risk of capital
- ___ No investment income - Modest Growth of capital
- ___ No investment income - Aggressive Growth of capital.

Have you invested in stock, bonds, mutual funds or other instruments where some degree of risk was involved? ___ Yes ___ No

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How long have you been investing in these kinds of instruments? _____

Describe your level of investment confidence:

____ Experienced and Confident ____ Some Experience & Confidence
____ Limited Experience ____ Not very Confident

What is the total return you expect your portfolio to achieve on average before retirement? _____ %

What rate of return have you achieved over the last five years (if known)? _____ %

How would you describe your investment posture?

____ Defensive ____ Conservative ____ Moderate ____ Aggressive

How much of a risk taker are you?

____ Very willing to take risk in return for opportunity for greater reward
____ Somewhat willing to take risk and willing to accept a more modest level of reward
____ Only willing to take a very moderate level of risk - will accept a lower level of performance
____ Am not willing to take any risk with my capital - willing to accept low level of return.

Are you comfortable with the overall level of risk you have in your present investment portfolio?

____ Yes, Comfortable ____ Worried ____ No, Very Uncomfortable

Are you subject to the Alternate Minimum tax and/or you have done tax planning to avoid it in the past?

____ Yes ____ No

Insurance

Home:

For each home or rental property you own, please provide the square footage:

Life:

	Type	Face Value	Coverage Period
Client #1:	_____	\$ _____	_____
Client#2:	_____	\$ _____	_____

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If Spouse died,

Would surviving spouse work part-time, full-time or not at all? Client #1 _____ Client #2 _____

Would surviving spouse want anticipated long-term expenses (such as mortgage and education expenses) immediately paid off? Client #1 Yes/No Client #2 Yes/No

If so, which expenses? _____

Estate Planning (Please indicate below if you have the respective estate documents and their date)

	<u>Client #1</u>	<u>Date Last Updated</u>	<u>Client #2</u>	<u>Date Last Updated</u>
Will	_____	_____	_____	_____
Trust	_____	_____	_____	_____
Advanced Medical Directive	_____	_____	_____	_____
Durable Power of Attorney	_____	_____	_____	_____

Are you planning to or have you considered charitable giving as part of your estate planning? Yes/No

Retirement

Our normal retirement planning assumptions include:

3.1% annual inflation Living in retirement until age 95 Do you wish to use these? Yes/No

How many years are there between the present and the year in which you intend to retire?

Client #1 _____ Client #2 _____

Do you plan to work during retirement?

Client #1 Yes/No Estimated gross income in today's dollars? \$ _____ For _____ Years

Client #2 Yes/No Estimated gross income in today's dollars? \$ _____ For _____ Years

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Desired monthly income in retirement as a % of your current income _____% (usually in range of 60%-80%)

Note: This is used for building the personal balance sheet and for insurance planning

Personal Property

Estimated Fair Market Value

Home

Rental Properties

Furniture and Household Goods

Jewelry

Automobiles

Boats, Aircraft

Recreational Vehicles

Art and Antique

Other Collectibles (stamps, baseball cards)

Other items of significant value

The data you have provided is fundamental to the construction of your financial plan. I will rely on this data for creation of the plan so it is essential that the data be accurate.

By signing this I am acknowledging that the above information is correct.

Client #1: _____ Date: _____

Client #2: _____ Date: _____