

New Britain, PA 18901



Client Profile Questionnaire

Thank you for taking the time to complete our Client Profile Questionnaire. The information provided will enable us to more thoroughly examine your current financial situation and understand your goals and needs.

Please attach copies of all investment account statements, company pensions, company savings plans, college savings plans, insurance policies, tax returns, wills, etc.

If you have any questions while completing the questionnaire, please call us at 215-345-6961.

Once you have completed your Client Profile Questionnaire, please return it along with all statements in the envelope provided. We look forward to meeting with you.

John E. Stanojev, RFC Registered Financial Consultant



International Association of Registered Financial Consultants

Financial Professionals dedicated to helping people do a better job of spending, saving, investing, insuring and planning

Client Profile Questionnaire

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as	OI.			

All Family Members Names:		Date of Birth:	Age	Social Security #s		
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5. Child:			_			
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Non-Retirement Assets	\$ Savings Ad \$ Checking \$ Money Ma \$ Certificate \$ Certificate \$ Mutual Fu \$ Stocks \$ Stocks \$ Bonds \$ Bonds	Account of Deposit of Deposit ods (attach stateme Co. Name: - Co. Name: - Co. Name: - Co. Name: -	\$ \$ Maturity Date: Maturity Date: ents)	Savings Account Checking Account Money Market Account # Shares:
Ž	\$ Other			Types
Debt	\$ Student Lo \$ Business D \$ Other	Balance Balance Balances Balances Balances Ban(s) for Ban(s) Ban(s)	Mo. Payt Mo. Payt Combined Monthly Mo. Payt	Yrs. Remaining % Date Paid Off Date Paid Off Payments: Balance Other:
College Funds		chow much you w Child 2 Public or Goal \$: Balance \$: (attach state) Mo. Contrib	rill need to save for yo	Balance \$:(attach statements)

Account #1: In the Name of: Company:
Type of Account: Pension Cash Balance IRA ROTH IRA 401k Other:
Balance \$: As Of: As Of: As Of:
Making \$ Contributions ?: Monthly: Quarterly: Other:
Allocation: Fixed: Bond Funds:
Stock Funds: Other:
Account #2: In the Name of: Company:
Type of Account: Pension Cash Balance IRA ROTH IRA 401k Other:
Balance \$: As Of: Surrender Value \$: As Of:
Making \$ Contributions ?: Monthly: Quarterly: Other:
Allocation: Fixed: Bond Funds:
Stock Funds: Other:
Account #3: In the Name of: Company:
Type of Account: Pension Cash Balance IRA ROTH IRA 401k Other:
Balance \$: As Of: Surrender Value \$: As Of:
Making \$ Contributions ?: Monthly: Quarterly: Other:
Allocation: Fixed: Bond Funds:
Stock Funds: Other:
Account #4: In the Name of: Company:
Type of Account: Pension Cash Balance IRA ROTH IRA 401k Other:
Balance \$: As Of: Surrender Value \$: As Of:
Making \$ Contributions ?: Monthly: Quarterly: Other:
Allocation: Fixed: Bond Funds:
Stock Funds: Other: (please submit copies of all accounts)
Will you be eligible for social security?
#1: Yes No 100% 50% #2: Yes No 100% 50%
#1
Do You Have Any Military Or Civil Service Pension Benefits?
#1: Yes No How Much \$: When:
#2: Yes No How Much \$: When:
What Will The Surviving Spouse Receive?:
(please submit copies of all accounts)

Your Parents Situation	Mother:
Estate/Tax Planning	Do you have a will? SELF SPOUSE Guardian named for your children? Yes No Does your will reflect your current wishes? Is there a trust? Yes No Type: Year written: Power of Attorney? Yes No Health Care Directive? Yes No Do you currently use a tax preparer? Yes No Accountant: Attorney: Attorney: If there was a way that you could make a charitable gift as part of your estate planning without it taking away from your family, would you be interested in pursuing that? If so, who would you like to make a gift to?

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Company	Death Benefit	Туре І	Premium	Cash Value	Loan
Self:	\$		\$	\$	
Self:			\$	\$	
Spouse:	\$		\$	\$	
Spouse:	\$		\$	\$	
Other	\$		\$	\$	
How much GROUP LIFE	E INSURANCE do you have?				
Death Benefit	Premium				
Self	\$				
Spouse					
Are Volle honoticiarios si					
Are your beneficiaries cu		. (.1 1	.1 .	2 4	
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Monthly Cash Flow

Income: (net) Salary (take home pay) \$ Alimony, child support \$ Interest on savings accounts, CDs, etc. \$ Social Security benefits \$ Retirement plan/pension plan \$ Other income \$ **Expenses:** Mortgage payment or rent \$ Real Estate Taxes Groceries Utilities Entertainment, recreation, and dining Insurance \$ Medical (not covered by insurance) Education Vacation Gifts Loan payments (auto, student, etc.) Auto (gas, maintenance, etc.) Credit card payments Clothing Dues and subscriptions Home improvement \$ Charitable contributions \$ Other expenses \$ Other expenses Other expenses Net Monthly Cash Flow (income minus expenses)

 How long do 	you real	listically	expect yo	ur assets t	o last?			
Less than	3 years		3 - 5	Years		5 - 7	⁷ Years	
7 – 10 Ye	ars		<u> </u>	15 Years] 15 Y	ears or Lon	ger
Risk Tolerance								×
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& fluctuations as much			with	nced mix n some			Maximum lation of	assets
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