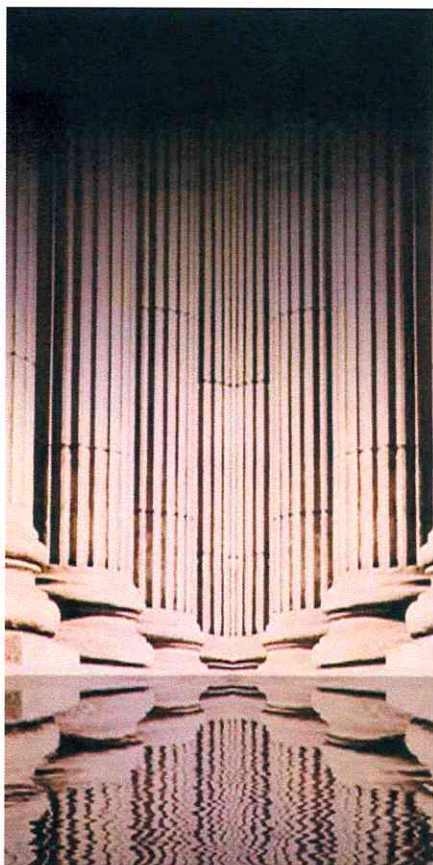


CAPITAL

Insurance & Investment

350 East Butler Ave, Suite 102
New Britain, PA 18901

www.capitalinsureinvest.com



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



IARFC

International Association of Registered Financial Consultants

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

Securities offered through Cadaret, Grant & Co., Inc., member FINRA/SIPC
Capital Insurance & Investment Planning, LLC and Cadaret, Grant & Co., Inc are separate entities.

Client Profile Questionnaire

as of: _____

All Family Members Names:	Date of Birth:	Age	Social Security #s
1. Self: _____	_____	_____	_____
2. Spouse: _____	_____	_____	_____
3. Child: _____	_____	_____	_____
4. Child: _____	_____	_____	_____
5. Child: _____	_____	_____	_____
6. Child: _____	_____	_____	_____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Which bank do you use? _____

Referred by: _____

Employment Information

SELF

Employer: _____

Employers Address: _____

Work Phone: _____

Job Title: _____

Length of Employment: _____

Annual Income: _____

Email: _____

SPOUSE

Employer: _____

Employers Address: _____

Work Phone: _____

Job Title: _____

Length of Employment: _____

Annual Income: _____

Email: _____

Any self-employed or outside income? _____

Potential for raises in income? _____

Do you pay or receive child support? _____

List three financial goals:

1. _____

2. _____

3. _____

Other Notes: _____

Non-Retirement Assets

\$ _____	Savings Account	\$ _____	Savings Account
\$ _____	Checking Account	\$ _____	Checking Account
\$ _____	Money Market Account	\$ _____	Money Market Account
\$ _____	Certificate of Deposit	Maturity Date:	_____
\$ _____	Certificate of Deposit	Maturity Date:	_____
\$ _____	Mutual Funds (attach statements)		
\$ _____	Stocks	Co. Name: _____	# Shares: _____
\$ _____	Stocks	Co. Name: _____	# Shares: _____
\$ _____	Bonds	Co. Name: _____	# Shares: _____
\$ _____	Bonds	Co. Name: _____	# Shares: _____
\$ _____	Real Estate (fair market value)	_____	Types _____
\$ _____	Other _____		
\$ _____	Other _____		

(please submit copies of all accounts)

Debt

\$ _____	Home Mortgage Balance	Mo. Payt. _____	Yrs. Remaining _____ % _____
\$ _____	Car Note Balance	Mo. Payt. _____	Date Paid Off _____
\$ _____	Car Note Balance	Mo. Payt. _____	Date Paid Off _____
\$ _____	Credit Card Balances	Combined Monthly Payments:	_____
\$ _____	Personal Loan(s) for _____		
\$ _____	Student Loan(s)	Mo. Payt. _____	Balance _____
\$ _____	Business Debt(s)		
\$ _____	Other _____	\$ _____	Other: _____
\$ _____	Other _____	\$ _____	Other _____

(please submit copies of all accounts)

College Funds

Do you have a college savings plan? Y ___ N ___ Are you interested in adding to/starting a plan? Y ___ N ___
 Would you like me to calculate how much you will need to save for your children's education? Y ___ N ___

Child 1

___ Public or ___ Private School

Goal \$: _____

Balance \$: _____

(attach statements)

Mo. Contribution \$: _____

Child 2

___ Public or ___ Private School

Goal \$: _____

Balance \$: _____

(attach statements)

Mo. Contribution \$: _____

Child 3

___ Public or ___ Private School

Goal \$: _____

Balance \$: _____

(attach statements)

Mo. Contribution \$: _____

(please submit copies of all accounts)

Retirement Assets

Account #1: 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 #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%

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

Self

Mother: ☐ Living ☐ Deceased ☐ In Good Health ☐ In Poor Health

Father: ☐ Living ☐ Deceased ☐ In Good Health ☐ In Poor Health

Are your parents married? _____ Are there step-parents? _____

Concerning Their Finances:

- ☐ Will have to help them financially
☐ Won't have to help them financially
☐ May have an inheritance

Spouse

Mother: ☐ Living ☐ Deceased ☐ In Good Health ☐ In Poor Health

Father: ☐ Living ☐ Deceased ☐ In Good Health ☐ In Poor Health

Are your parents married? _____ Are there step-parents? _____

Concerning Their Finances:

- ☐ Will have to help them financially
☐ Won't have to help them financially
☐ May have an inheritance

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: _____

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?

(please submit copies of last years tax return and wills)

Life/Health Insurance

How much **PERSONALLY OWNED** life insurance do you have?

Company	Death Benefit	Type	Premium	Cash Value	Loans?
Self: _____	\$ _____	_____	\$ _____	\$ _____	_____
Self: _____	\$ _____	_____	\$ _____	\$ _____	_____
Spouse: _____	\$ _____	_____	\$ _____	\$ _____	_____
Spouse: _____	\$ _____	_____	\$ _____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	\$ _____	_____

How much **GROUP LIFE INSURANCE** do you have?

Death Benefit	Premium
Self _____	\$ _____
Spouse _____	\$ _____

Are your beneficiaries current? ☐ Yes ☐ No

How much money per month would you need in the event of the death of your spouse? \$ _____

How much money per month would he/she need in the event of your death? \$ _____

Is everyone covered by **HEALTH INSURANCE**? ☐ Yes ☐ No

Describe your health and types of medications you take:

Long-Term Care/Disability

Do you have a long-term care policy? **Self:** ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

Carrier's Name	Date Purchased	Monthly Benefit	Yearly Cost
Self: _____	_____	\$ _____	\$ _____
Spouse: _____	_____	\$ _____	\$ _____

Do you have a disability income policy? **Self:** ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

Carrier's Name	Date Purchased	Monthly Benefit	Yearly Cost
Self: _____	_____	\$ _____	\$ _____
Spouse: _____	_____	\$ _____	\$ _____

(please submit copies of all policies)

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) \$ _____

Risk Profile

Investment Time Horizon

1. How long do you realistically expect your assets to last?

- ☐ Less than 3 years ☐ 3 – 5 Years ☐ 5 – 7 Years
☐ 7 – 10 Years ☐ 10 – 15 Years ☐ 15 Years or Longer

Risk Tolerance

2. As an investor, where would you place yourself on the following scale?

Circle your choice from 1-10.

Minimize losses & fluctuations as much as possible					A balanced mix with some fluctuation and growth					Maximum accumu- lation of assets regardless of fluctuation or risk
1	2	3	4	5	6	7	8	9	10	

Return Objective

Based on your investment goals, which of the following objectives best describes your desired investment approach? (check one)

- ☐ Current Income: Emphasis on maintaining purchasing power while generating high current income, with the opportunity for liquidity and preservation of capital.
☐ Capital Preservation: Emphasis on capital preservation and liquidity with moderate current income and limited capital appreciation.
☐ Conservative Growth & Income: Emphasis on growth of capital and inflation protection with current/future income and liquidity, providing small potential for loss.
☐ Balanced: Emphasis on inflation protection through intermediate term asset growth, with the opportunity for current/future income and liquidity.
☐ Capital Growth: Emphasis on capital growth and inflation protection, with the opportunity for current/future income and liquidity.
☐ Aggressive Growth: Emphasis on aggressive capital appreciation with likelihood of high fluctuation in asset value. Also providing inflation protection and current/future income.
☐ Total Equity: Emphasis on maximum long-term capital appreciation with likelihood of high fluctuation in asset value. Also providing inflation protection.

Loss Aversion

I would be comfortable sustaining a fluctuation in my account of: (Please check one.)

- ☐ 0 – 3% per year ☐ 4 – 6% per year ☐ 6 – 8% per year
☐ 8 – 10% per year ☐ 10 – 12% per year ☐ over 12% per year

additional notes