



Redwood[®]
FINANCIAL NETWORK

FINANCIAL PLANNING QUESTIONNAIRE
PERSONAL & CONFIDENTIAL

Securities offered through LPL Financial, member FINRA/SIPC.
Advisory services offered through Redwood Financial Network Corp, a registered investment advisor and a separate entity from LPL Financial.

Date: _____

| Client Information | | Co-Client Information | |
|------------------------|--------------------------|------------------------|--------------------------|
| Name: | | Name: | |
| DOB: | | DOB: | |
| Place of Birth: | | Place of Birth: | |
| Email: | | Email: | |
| Home Phone #: | | Home Phone #: | |
| Cell Phone #: | | Cell Phone #: | |
| US Citizen? Y / N | Previous Marriage? Y / N | US Citizen? Y / N | Previous Marriage? Y / N |
| Home Address: | | | |
| Employer: | | Employer: | |
| Industry: | | Industry: | |
| Position / Occupation: | | Position / Occupation: | |
| Date of Hire: | | Date of Hire: | |
| Business Address: | | Business Address: | |
| | | | |
| Business Phone #: | | Business Phone #: | |

| Family Information | | | |
|--------------------|------|---------------|---------------|
| Name: | DOB: | Gender: M / F | Relationship: |
| Name: | DOB: | Gender: M / F | Relationship: |
| Name: | DOB: | Gender: M / F | Relationship: |
| Name: | DOB: | Gender: M / F | Relationship: |
| Name: | DOB: | Gender: M / F | Relationship: |

| Retirement Goals | | | |
|--------------------------------|--|---------------------|------------------------|
| Inflation Rate: 3.0% or _____% | Life Expectancy | Client: 90 or _____ | Co-Client: 90 or _____ |
| DESIRED: | I / We would like to be in a position to walk away from work at age _____ or year _____ | | |
| MINIMUM: | If I / we can't meet the desired age, I / we must walk away from at age _____ or year _____ | | |
| DESIRED: | I / We would like to spend \$ _____ per month (after-tax) | | |
| MINIMUM: | If I / we can't meet the desired amount above, I / we need at least \$ _____ per month (after-tax) | | |
| Notes: | _____ | | |

| Education Goals | |
|-----------------|--|
| Child #1 | Year/Age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/% to fund: _____ |
| Child #2 | Year/Age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/% to fund: _____ |
| Child #3 | Year/Age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/% to fund: _____ |

| Major Purchase Goals | |
|----------------------|------------------|
| Type of Purchase: | |
| Year of Purchase: | Amount required: |
| Notes: | |

| Real Estate | | | |
|------------------|----------------|------------------|----------------|
| Address: | | | |
| Residence? Y / N | Purchase Year: | Purchase Amount: | Current Value: |
| Address: | | | |
| Residence? Y / N | Purchase Year: | Purchase Amount: | Current Value: |
| Address: | | | |
| Residence? Y / N | Purchase Year: | Purchase Amount: | Current Value: |

| Personal Property | | | |
|-------------------------|----------------|------------------|----------------|
| Description: | | | |
| As an Investment? Y / N | Purchase Year: | Purchase Amount: | Current Value: |
| Description: | | | |
| As an Investment? Y / N | Purchase Year: | Purchase Amount: | Current Value: |
| Description: | | | |
| As an Investment? Y / N | Purchase Year: | Purchase Amount: | Current Value: |

| Checking / Savings / Investments | | | |
|---|-----------------|-------|---------------------|
| Description | Current Balance | Owner | Annual Contribution |
| Checking Account | _____ | _____ | _____ |
| Savings Account | _____ | _____ | _____ |
| Traditional / Rollover IRA | _____ | _____ | _____ |
| Traditional / Rollover IRA | _____ | _____ | _____ |
| Roth IRA | _____ | _____ | _____ |
| Roth IRA | _____ | _____ | _____ |
| 529 Plan | _____ | _____ | _____ |
| UTMA / UGMA | _____ | _____ | _____ |
| 401k or 403b | _____ | _____ | _____ |
| 401k or 403b | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| Does employer match contributions (401k/403b)? If so, provide detail. _____ | | | |

| Business Assets | | | | |
|-----------------|------------|-----------|-------|---------------|
| Business Name | Base Value | Tax-Basis | Owner | Business Type |
| | | | | |
| | | | | |

| Liability | | | | | |
|----------------|------------------|-----------------|-----------------|---------------|-----------|
| Mortgage/Loans | Institution Name | Current Balance | Monthly Payment | Interest Rate | Loan Term |
| | | | | | |
| | | | | | |
| | | | | | |

| Current / Deferred Income | | | | | | |
|---------------------------|-----------|------------|-------|------------|--------|------|
| | Annual \$ | Indexed At | Owner | Guaranteed | Starts | Ends |
| Salary/Bonus | | | | Y / N | | |
| Salary/Bonus | | | | Y / N | | |
| Social Sec. | | | | Y / N | | |
| Social Sec. | | | | Y / N | | |
| Pension | | | | Y / N | | |
| Pension | | | | Y / N | | |

| Insurance | | |
|------------------------|-------------------|-------------------|
| | Life Insurance #1 | Life Insurance #2 |
| Policy Number | | |
| Institution Name | | |
| Purchase Date | | |
| Policy Type | | |
| Person Insured | | |
| Owner | | |
| Beneficiary | | |
| Death Benefit | | |
| Cash Value | | |
| Cash Value Growth Rate | | |
| Annual Premium | | |
| Premium Term | | |
| Premium Payer | | |
| | Long Term Care | Disability |
| Policy Number | | |
| Institution Name | | |
| Purchase Date | | |
| Insured | | |
| Benefit Amount | | |
| Owner | | |
| Annual Premium | | |
| Premium Term | | |
| Premium Payer | | |
| Elimination Period | | |
| Benefit Period | | |
| COLA | | |

Does your insurance continue to fill a need? Yes No Do you work closely with a Life Insurance Agent? Yes No

| Attorney/CPA Associates |
|---|
| Do you have an Estate Planning Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, name and contact info: _____ |
| Is your Attorney a key decision maker for you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like us to recommend someone? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a CPA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, name and contact info: _____ |
| Is your CPA a key decision maker for you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like us to recommend someone? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Personal Questions | | | |
|---|-----|--------|------|
| Please rate the importance of: | Low | Medium | High |
| Your retirement goals | | | |
| Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle | | | |
| Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track | | | |
| Matching your risk tolerance to that of your investment portfolio | | | |
| Reviewing your investment performance against that of an index | | | |
| Reviewing your investment performance against your plan | | | |
| Minimizing the taxes on your investment accounts | | | |
| Reviewing techniques to save income tax and estate taxes on deferred money | | | |
| Asset protection in the result of serious illness | | | |
| Protecting assets in the event that you require Long Term Care in the future | | | |
| Receiving adequate income in the event of disability during your working years | | | |
| Planning for income for your spouse in the event of your premature death | | | |
| Generating a guaranteed retirement income stream | | | |
| Reviewing your current will structure to eliminate unnecessary taxes | | | |
| Reviewing different methods of meeting your estate tax liabilities | | | |
| Minimizing estate taxes | | | |
| Charitable planning to your estate's planning | | | |
| Contributing annually to charity | | | |
| Do you feel you have achieved financial security? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have any potential inheritances? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you need to make any special financial provisions for any family member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| How would you like to pass your estate? _____ | | | |
| Do you plan to leave a portion of your estate to charity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What are your plans to deal with Estate Taxes? _____ | | | |
| What do you think is your largest obstacle in achieving your goals? _____ | | | |
| Are you willing to invest effort/money, if a plan would reduce/eliminate your taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Client Investment Experience | | | | Co-Client Investment Experience | | | |
|--|--|--------------|--|---------------------------------|--|--------------|--|
| Write the number of years of experience for each investment type: (write 0 if you have never owned them in the past) | | | | | | | |
| Annuities | | Mutual Funds | | Annuities | | Mutual Funds | |
| Partnerships | | Margin | | Partnerships | | Margin | |
| Stocks | | Bonds | | Stocks | | Bonds | |
| Options | | | | Options | | | |
| Other (please specify) | | | | Other (please specify) | | | |

| Time Horizon | |
|--------------------------------------|---|
| <i>QUESTION 1</i> | |
| What is your age? | |
| 56 and over..... | 1 |
| 46-55..... | 2 |
| 36-45..... | 3 |
| 20-35..... | 4 |
| <i>QUESTION 2</i> | |
| What is your primary financial goal? | |
| Wealth preservation..... | 1 |
| Retirement planning..... | 2 |
| Wealth accumulation..... | 3 |

QUESTION 3

What is the time frame for you to achieve your financial goals?

- 0-5 years..... 1
- 5-10 years..... 2
- 10 years or longer..... 3

Financial Goals

QUESTION 4

Which of the following best describes your financial goals?

- Preserving principal and earning a moderate amount of current income..... 1
- Generating a high amount of current income..... 2
- Generating some current income and growing assets over an extended time frame 3
- Growing assets substantially over an extended time frame..... 4

QUESTION 5

How do you expect your standard of living five years from now to compare to your standard of living today?

- Less than it is today..... 1
- The same as it is today..... 2
- Somewhat higher than it is today..... 3
- Substantially greater than it is today..... 4

QUESTION 6

Five years from today, you expect your portfolio value to be:

- Portfolio value is not my primary concern; I am more concerned with current income..... 1
- The same as or slightly more than it is today..... 2
- Greater than it is today..... 3
- Substantially greater than it is today..... 4

QUESTION 7

Generating current income from your portfolio is:

- A primary concern (only if you are about to retire)..... 1
- Not important..... 2

QUESTION 8

With the income generated from your portfolio, you plan to:

- Use it for living expenses..... 1
- Use some and reinvest some..... 2
- Reinvest all income..... 3

Risk Tolerance

QUESTION 9

You have just received a large amount of money. How would you invest it?

- I would invest in something that offered moderate current income and was very conservative..... 1
- I would invest in something that offered high current income with a moderate amount of risk..... 2
- I would invest in something that offered high total return (current income plus capital appreciation) with a moderately high amount of risk..... 3
- I would invest in something that offered substantial capital appreciation even though it has a high amount of risk 4

QUESTION 10

Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

- I would be very concerned because I cannot accept fluctuations in the value of my portfolio..... 1
- If the amount of income I receive was unaffected, it would not bother me..... 2
- Although I invest for long-term growth, even a temporary decline would concern me..... 3
- Because I invest for long-term growth, I would accept temporary fluctuations due to market influences..... 4

QUESTION 11

Which of the following investments would you feel most comfortable owning?

- Certificates of deposit..... 1
- U.S. Government securities..... 2
- Blue-chip stocks..... 3
- Stocks of new growth companies..... 4

QUESTION 12

Which of the following investments would you least like to own?

- Stocks of new growth companies..... 1
- Blue-chip stocks..... 2
- U.S. Government securities..... 3
- Certificates of deposit..... 4

QUESTION 13

Which of the following investments do you feel are the most ideal for your portfolio?

- Certificates of deposit..... 1
- U.S. Government securities..... 2
- Blue-chip stocks..... 3
- Stocks of new growth companies..... 4

QUESTION 14

How optimistic are you about the long-term prospects for the economy?

- Very pessimistic..... 1
- Unsure..... 2
- Somewhat optimistic..... 3
- Very optimistic..... 4

QUESTION 15

Which of the following best describes your attitude about investments outside the U.S.?

- Unsure..... 1
- I believe the U.S. economy and foreign markets are interdependent..... 2
- I believe overseas markets provide attractive investment opportunities..... 3

Investor Scorecard

| | | | |
|-----------------------|--|-------|--|
| Time Horizon Total | | x 1 = | |
| Financial Goals Total | | x 2 = | |
| Risk Tolerance Total | | x 3 = | |
| TOTAL SCORE | | | |

| Adjusted Total Range | Investment Objective |
|----------------------|----------------------------------|
| 34-57 | Income with Capital Preservation |
| 58-83 | Income with Moderate Growth |
| 84-99 | Growth with Income |
| 100-114 | Growth |
| 115-125 | Aggressive Growth |

The investment objectives shown are for illustrative purposes only. Your investment objective is based on many factors including your financial situation, tolerance for risk, time horizon and other financial needs. Consult your financial advisor if you have any questions.

| Income with Capital Preservation | Income with Moderate Growth | Growth with Income | Growth | Aggressive Growth |
|--|---------------------------------------|--|--------------------------------------|----------------------------|
| Need for Capital preservation and current income | Ned for current income | Equal focus on growth and current income | Little need for current income | No need for current income |
| No focus on growth | Moderate focus on growth | Moderate tolerance for risk | Focus on growth | Focus on aggressive growth |
| Lowest tolerance for risk | Low tolerance for risk | Intermediate investment horizon | Intermediate/long investment horizon | Highest tolerance for risk |
| Shortest investment horizon | Short/intermediate investment horizon | | | Long investment horizon |

Documents Needed For Next Meeting

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

Most Recent Payroll Stubs

Cash Flow Worksheet

Income Tax Returns

Investments/Retirement Statements

Pension/Profit Sharing

SEP/SIMPLE

401k/ TSA/ PEDC

IRA/ Roth

529

Securities Accounts

Savings and investments

Annuities

Company's Stock Options

Social Security Benefit Statements

Liabilities

Mortgage Statements

Credit Cards

Student Loans

Auto Loans

Insurance Policies and/or Statements

Life

Medical

Disability

Long-term Care

Auto and Home

Liability

Group Insurance

Wills and Trusts

Wills

Durable Power of Attorneys

Most recent Trust Documents

Business Documents

Buy-Sell Agreements

Deferred Compensation Agreements

Split Dollar Agreements

Wage Continuation Agreements

Employee/Consulting

Group Benefit Programs

Other Employer Paid Benefits

Employee Benefit Statements/Booklets

Additional Info: _____
