

BURKETT FINANCIAL SERVICES, LLC

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):

Home Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Fax (Home or Work): _____
E-mail: _____
Social Security #: _____
Birthdate: _____

CLIENT NAME (2):

Home Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Fax (Home or Work): _____
E-mail: _____
Social Security #: _____
Birthdate: _____

How did you hear about us? _____

Contact me by: E-mail or Telephone

FAMILY MEMBERS (Please list children and other dependents)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>City and State</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Client Employer (1):

Title/Job: _____
Years with employer: _____
Employment changes: _____
Age at retirement: _____
Salary: _____
Self Employment Income: _____
Bonus/Commissions: _____
Social Security: _____
Rental Income: _____
Retirement Income*: _____
Other Earned Income: _____

Client Employer (2):

Title/Job: _____
Years with employer: _____
Employment changes: _____
Age at retirement: _____
Salary: _____
Self Employment Income: _____
Bonus/Commissions: _____
Social Security: _____
Rental Income: _____
Retirement Income*: _____
Other Earned Income: _____

*If pension income, please describe any survivorship options. You may wish to attach a separate page.

	Yes	No
Do you plan to make any extraordinary financial changes in the next five years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect an inheritance? If yes, how much _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a:		
Will	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Any Type of Trust, i.e. ILIT, QTIP, Revocable	<input type="checkbox"/>	<input type="checkbox"/>
Date of original execution?		
Date of any amendments?		
Do you plan to pay for any education for children, grandchildren, yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>
Are your parents or adult children dependent on you for support?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been declined for any type of insurance? If so, what type and when: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any of the following insurance policies:		
Homeowners	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Policy – Business or Personal	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella/Liability Policy – Business or Personal	<input type="checkbox"/>	<input type="checkbox"/>
Health – Group or Individual	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Group or Individual	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care – Group or Individual	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Policy – Circle Type: Term, Variable, Universal, Whole Life	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a business?	<input type="checkbox"/>	<input type="checkbox"/>
Do you save systematically?	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with your financial progress?	<input type="checkbox"/>	<input type="checkbox"/>

In order of importance, what are your three most critical goals?

Please comment on the advice you seek

If you have one of the following advisors, please describe your professional relationship with each (Circle your level or check N/A):

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Very Satisfied</u>	<u>Not Applicable</u>
	<u>Dissatisfied</u>						
Financial Planner	1	2	3	4	5	<input type="checkbox"/>	
Accountant	1	2	3	4	5	<input type="checkbox"/>	
Investment Advisor	1	2	3	4	5	<input type="checkbox"/>	
Attorney	1	2	3	4	5	<input type="checkbox"/>	
Insurance Agent	1	2	3	4	5	<input type="checkbox"/>	
Banker	1	2	3	4	5	<input type="checkbox"/>	
Trustee	1	2	3	4	5	<input type="checkbox"/>	

How much do you think the following affects portfolio performance?

Portfolio Allocation – Cash vs. bonds vs. stocks _____ %

Investment Selection – Which stocks/ bonds to buy _____ %

Market Timing – Getting into and out of the market _____ %

How do you feel when the stock market fluctuates?

How did you select and determine the current allocations in your portfolio?

What do you think the average annual rates of return for inflation and the stock market have been since 1970?

What do you believe is a reasonable rate of return on your investments?

Assets	Approximate Market Value	Cost or Tax Basis	Husband (H), Wife (W) or Joint (J)
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Cash:

Checking Accounts	_____	_____	_____
Savings & Money Market Accounts	_____	_____	_____
Certificate of Deposits	_____	_____	_____
U.S. Government & Corporate Bonds	_____	_____	_____
Municipal Bonds	_____	_____	_____
Deferred Annuities	_____	_____	_____
Insurance-Cash Surrender Value	_____	_____	_____

Mutual Funds:

Equity: _____	_____	_____	_____
Bonds: _____	_____	_____	_____
Balanced: _____	_____	_____	_____

Individual Stocks (owned directly):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rental Property & Land:

Location _____	_____	_____	_____
Location _____	_____	_____	_____

Ventures or Businesses:

_____	_____	_____	_____
_____	_____	_____	_____

Retirement Accounts:

Profit Sharing Plans	_____	_____	_____
Savings Plans	_____	_____	_____
Individual Retirement Accounts (IRA)	_____	_____	_____
_____	_____	_____	_____

Personal & Other:

Personal Residence	_____	_____	_____
Second Residence	_____	_____	_____
Personal Property (Furniture, etc)	_____	_____	_____
Jewelry & Art	_____	_____	_____
Autos, RV's & Boats	_____	_____	_____

Other Assets Not Identified:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Assets \$ _____

ASSETS & LIABILITIES (Continued)

Liabilities	Original Loan Amount	Date of Loan	Term of Loan	Remaining Principal Balance	Monthly Payment	Person Liable	Interest Rate
Mortgages							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Home Equity Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Investment Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Auto Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Credit Cards							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Personal Loans							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Auto Leases							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Other							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total Liabilities				\$ _____			