



BETRO | MILESZKO
& COMPANY

Wealth Management Advisors

Financial Plan Questionnaire

Confidential

Your *Financial Plan Questionnaire* is designed to provide Betro | Mieszko & Company with important information about your tax, estate planning and investment needs. Please complete each section as accurately and thoroughly as possible. Upon receipt and careful evaluation, this information will be used to formulate a personal financial plan designed to meet your specific needs and goals. The information that you provide us with will be held strictly confidential and will not be shared with anyone without your express written consent.

1. Personal Data

Client Name	Spouse/Partner/Joint Tenant
Legal Address	Mailing Address
Daytime Phone Number	Evening Phone Number
Cell Phone Number	Preferred Email Address
Date of Birth and Social Security Number ____/____/____ _____	Date of Birth Spouse/Partner and Social Security Number ____/____/____ _____

Children and/or Dependents (if applicable)

Name	Age	Annual Financial Support	Employment/Status
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Marital Status (Please check one)

Single Married Divorced Widowed

2. Employment /Occupational Information

Please indicate your current employment status: Employed Retired

If employed: Client Spouse/Partner/Jt. Tenant

Occupation: _____ _____

Employer: _____ _____

If retired please indicate your former:

Occupation: _____ _____

Employer: _____ _____

3. Family Income and Expenses

Annual Income Summary:

Client

Joint Tenant

Total Earned Income: \$ _____ \$ _____

Interest and Investment Income: \$ _____ \$ _____

Other Income (Please specify sources)

Source: _____ \$ _____ \$ _____

Source: _____ \$ _____ \$ _____

Total Family Income: \$ _____

Annual Expense Summary:

Total Estimated Family Expenses: \$ _____

Over the next 5 years, do you expect your household income to:

Remain the same Increase significantly Decrease significantly

Please explain significant changes:

Over the next 5 years, do you expect your household expenses to:

Remain the same Increase significantly Decrease significantly

Please explain significant changes:

What is your current federal tax bracket?

15% 25% 28% 33% 35%

Do you expect your tax bracket to change in the next several years? Yes No

Are you subject to the Alternative Minimum Tax? Yes No

Do you have any tax-loss carry-forwards? Yes No

Estimated Amount: \$ _____

4. Total Family Assets and Liabilities

Assets:

	<u>Non-Retirement Accounts</u>	<u>Retirement Accounts</u>	<u>Total</u>
Individual Stocks	\$ _____	\$ _____	\$ _____
Stock Mutual Funds	\$ _____	\$ _____	\$ _____
Individual Bonds	\$ _____	\$ _____	\$ _____
Bond Mutual Funds	\$ _____	\$ _____	\$ _____
Money Market Funds	\$ _____	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	\$ _____
Hedge Funds	\$ _____	\$ _____	\$ _____
Private Equity	\$ _____	\$ _____	\$ _____
Restricted Stock	\$ _____	\$ _____	\$ _____
Stock Options	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Life Insurance (cash)	\$ _____	\$ _____	\$ _____
Custodial Accounts (UGMA, UTMA, Family Trusts established for the benefit of children)			\$ _____
Equity in real estate (total market value less total outstanding debt)			\$ _____
Equity in business (total market value less total outstanding debt)			\$ _____
Total Assets			\$ _____
Liabilities: (Please specify type and amounts)			
_____			\$ _____
_____			\$ _____
_____			\$ _____
Total Liabilities			\$ _____
Estimated Family Net Worth (total assets less total liabilities)			\$ _____

5. Estate Planning

- Do you have a will? _____ Yes _____ No
- If yes, has it been reviewed within the past five years? _____ Yes _____ No
- Do you have a family trust? _____ Yes _____ No
- Have you received professional advice on how to properly title your assets? _____ Yes _____ No
- Have you received professional advice on life and estate insurance? _____ Yes _____ No
- Have you granted a *Power of Attorney* to anyone? _____ Yes _____ No
- Have you designated a *Health Care Proxy*? _____ Yes _____ No
- Do you own a business or privately held company? _____ Yes _____ No
- Do you have a retirement plan (i.e. IRA, 401k, 403b, SEP IRA, PSP)? _____ Yes _____ No
- Are you contributing the maximum amount to your retirement plans? _____ Yes _____ No
- Have you received professional advice on a charitable gifting plan? _____ Yes _____ No

Please indicate the types of insurance you currently own:

- Term Life
 Whole Life
 Disability
 Liability
 Homeowner's
 Medical
 Long Term Care
 Other

Type of Insurance	Amount (Client A)	Amount (Client B)
Term Life	_____	_____
Whole Life	_____	_____
Disability	_____	_____
Homeowner's	_____	_____
Liability (Umbrella)	_____	_____
Medical	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

6. Investment Goals and Risk Profile

Which statement best describes your investment goals?

- Protect the value of my account. In order to minimize the chance of loss, I'm willing to accept the lower long-term returns provided by conservative investments.
- Keep risk to a minimum while trying to achieve returns that are slightly higher than returns provided by conservative investments.
- Balance moderate levels of risk with moderate levels of return.
- Maximize long-term investment returns. I am willing to accept large fluctuations in the value of my investments.

Which of the following portfolios is most consistent with your philosophy?

- We prefer a portfolio that has a higher degree of risk that will most likely exceed the rate of inflation by a significant margin.
- We prefer a portfolio that has a moderate to high degree of risk that will most likely exceed the rate of inflation by a moderate margin.
- We prefer a portfolio with a moderate degree of risk that will most likely exceed the rate of inflation by a small margin.
- We prefer a portfolio with a low degree of risk that will match the rate of inflation over the long run.

Please select which of the following portfolios you are most comfortable with.

- Portfolio A Portfolio B Portfolio C Portfolio D

Probabilities After One Year (\$100,000 Portfolio)

	<u>Possible Average Value After 1 Year</u>	<u>Chance of Losing Money After 1 Year</u>
Portfolio A	\$106,000	16%
Portfolio B	\$107,000	21%
Portfolio C	\$108,000	25%
Portfolio D	\$109,000	28%

Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose your well-diversified portfolio fell by 20% over a short period of time along with the general stock market. Assuming you still had 10 years to go before needing your capital, how would you most likely react?

- I would not change my portfolio
- I would wait at least one year before changing to more conservative investments.
- I would wait at least three months before change to more conservative investments.
- I would immediately change to more conservative investments.

Which of the following portfolios would you prefer to hold?

<u>Portfolio</u>	<u>Maximum Potential Return</u>	<u>Maximum Potential Loss</u>
<input type="checkbox"/> A	45%	-26%
<input type="checkbox"/> B	34%	-20%
<input type="checkbox"/> C	26%	-15%
<input type="checkbox"/> D	15%	-7%

I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns.

- I agree
 I disagree
 I strongly disagree

Do you need current income from your investments? If yes, what amount per year? \$ _____

If you do not need current income, when do you anticipate a need for income in the future? _____

What is your investment time horizon? 0-5 years 5-10 years 10+ years

What concerns you most about your current investment portfolio? (Please indicate all that apply)

- Not diversified properly Does not have a coordinated strategy High level of risk
 Not aggressive enough Does not generate enough income Does not reflect my goals

What portion of your investment portfolio are you considering for our management? % _____

Why are you interested in professional portfolio management? (Please indicate all that apply)

- Want to be relieved of the burden Do not have the time to manage Need a coordinated strategy
 Not satisfied with current advisor Need professional expertise Want better returns

A portfolio fully invested in stocks has returned approximately 10-11% per year over long periods of time. With this in mind, what is the desired rate of return for your investment portfolio? % _____

On a scale of 1 – 10 with 10 being most aggressive, what level of risk is most appropriate for you? _____

Which of the following best describes the specific goals for your portfolio? (Please indicate all that apply)

- Maintain current standard of living Growing estate for family heirs Saving for college
- Maximize current income Saving for retirement Other

7. Your Professional Advisors – Please tell us about the professionals you are currently working with

Certified Public Accountant/Tax Advisor

Advisors Name	Firm Name
Firm Address	Phone Number
Fax Number	Email Address
Website	Number of years you have worked with the firm

Estate Planning Attorney

Attorney Name	Firm Name
Firm Address	Phone Number
Fax Number	Email Address
Website	Number of years you have worked with the firm

Broker/Financial Advisor

Advisors Name	Firm Name
Firm Address	Phone Number
Fax Number	Email Address
Website	Number of years you have worked with the firm

Insurance Agent

Advisor Name	Firm Name
Firm Address	Phone Number
Fax Number	Email Address
Website	Number of years you have worked with the firm

Banking Officer

Advisor Name	Firm Name
Firm Address	Phone Number
Fax Number	Email Address
Website	Number of years you have worked with the firm

Other (Please specify) _____

Advisor Name	Firm Name
Firm Address	Phone Number
Fax Number	Email Address
Website	Number of years you have worked with the firm

8. Your Preferences and Expectations

How often would you like to communicate with your investment advisor?

- Monthly Quarterly Semi-annually Annually

What is your preferred means of communication?

- Mail Email Telephone Personal Meeting

If you could choose only one of the following, what would be most important to you?

- Good service Good performance Personalized portfolio An advisor to oversee all financial needs

In your opinion, what would constitute a successful relationship with your financial advisor?

Please take a moment to explain any other items that you feel would be relevant and important for us to know before we begin developing an appropriate investment strategy for you.

Completed By:

Signature

Date

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