## CONFIDENTIAL QUESTIONNAIRE

This confidential questionnaire is the first step in providing you with a personal financial consultation. I have designed it to be easy and quick to fill out. Please be as accurate as possible. The information will be treated with the highest degree of confidentiality.

Please call if you have any questions. Thank you.

#### **Included in this packet:**

- ✓ FAMILY INFORMATION
- ✓ SAVINGS ASSETS
- ✓ INVESTMENT ASSETS
- ✓ REALESTATE & CONSUMER DEBT
- ✓ PROTECTIONS
- ✓ ADDITIONAL INFORMATION

#### Documents to bring to our next meeting:

I will be able to work to your best advantage when you provide the following documents along with this completed questionnaire. Your documents will be professionally safeguarded under strict, confidential control during the analysis period; they will be returned to you in the same condition as when provided. If you prefer, duplicate copies of your financial papers are acceptable.

Income tax return(s) for latest year				
Paycheck stub(s) for you and your spouse showing deductions from gross income				
Statements for each investment you own, where applicable				
All Insurance Policies (be certain that these include declarations of coverage)				
<ul> <li>Auto and Homeowners Policies</li> </ul>				
<ul> <li>Umbrella Coverage</li> </ul>				
<ul> <li>Life Insurance Policies (for all members of the family)</li> </ul>				
<ul> <li>Disability Income Insurance Policy</li> </ul>				
<ul> <li>Any other types of insurance policies</li> </ul>				
Company-provided group benefits for you and spouse				
(If a printout of specific coverage is available, please include)				
Wills and Trust documents				

Samuel Scott Goodyear, Registered Representative offering securities through NYLIFE Securities LLC, Member of FINRA/SIPC,

Member of the Million Dollar Round Table 2010

### **Family Information**

### **About You:** Name: Date of Birth: Address: Home Telephone #: \_\_\_\_\_ Work Telephone # \_\_\_\_ \_\_\_\_\_ Fax #: \_\_\_\_\_ Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_ **Your Spouse:** Date of Birth: Name: Home Telephone #: Work Telephone # \_\_\_\_\_ Fax #: \_\_ Employer: \_\_\_\_\_ Job Title: Salary: \$ Other Income \$ \_\_\_\_\_ Children: Date of Birth: Date of Birth: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ Miscellaneous Items: Do you have a will?: \_\_\_\_\_ Living Trust? \_\_\_\_ Living Will? \_\_\_\_ Year Drafted: \_\_\_\_\_ Name of Executor/trustee: Guardian: Do you have an accountant? If "yes", Name: Do you have an attorney? If "yes", Name: Do you own your home? \_\_\_\_\_ Market Value: \_\_\_\_ Mortgage Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Loans and Debts: Auto \_\_\_\_\_ Personal Loans: \_\_\_\_ Credit Cards: \_\_\_\_ Other: **Financial Goals/Priorities:** Your most important financial goals? Estate Transfer Wealth Accumulation Please circle your priorities: Retirement Education Family Security Other: Is there anything about your current finances that you would change? How much more could you save on a regular basis? Are you expecting a change in your current financial situation? \_\_\_\_\_\_ If "yes", amount: \_\_\_\_\_

# Financial Data

Auto: Comprehensive?Yes				
Homeowners: Full Replacement Va	lue? Yes _	No Umbrella liability	/? If "yes," Amount:	
Insure	ed	Company	Annual premium	Coverage Amoun
Long Term Care				
Disability				
Life				
	O TEST I DIST			
Pre-Tax Financial Products &	Current Value		posit Comi	ments
401(k) or 403(b)				
Company Retirement Plans				
Deferred Compensation Plans				
IRAs (except ROTH)				
After Tax Financial Products:				
	Current Value	e Annual De <sub>l</sub>	posit Comi	ments
Stocks				
Stock Options				
Real Estate (except residence)				
Mutual Funds				
ROTH IRAs				
Life Insurance Cash Values				
Municipal Bonds				
Bonds				
Annuities				
Certificates of Deposit				
Money Market Funds				
Savings/Checking Accounts				