

CONFIDENTIAL QUESTIONNAIRE

Filling out this confidential questionnaire is the first step to developing a strong financial strategy. Please be assured that your information will be treated with the highest degree of confidentiality. If you have any questions, do not hesitate to call my office.

Please complete and email this questionnaire prior to your appointment to make the best use of our time together.

WHAT TO BRING TO YOUR APPOINTMENT:

In order for me to offer a sound financial strategy, I strongly urge you to bring the following documents along with you to your appointment. Your documents will be held in a confidential manner during the time I need to review them. They will be returned to you as quickly as possible. If you prefer, bring duplicate copies of your financial papers to your appointment as they are acceptable.

The privacy and confidentiality of your personal information is very important to me. I adhere to all privacy and confidentiality requirements for all entities whose products or services I offer.

Statements

- Investment Accounts
- Personal Retirement Accounts

Employment Documents

- Pay Statement
- Employee Benefits
- Qualified Account Statement(s)
- Stock Option Plan

Insurance Documents

- Life Insurance Statement(s)
- Disability Insurance Statement(s)
- Long Term Care Statement(s)

Tax, Legal and Business Documents

- Tax Returns
 - Wills
 - Trust Documents
 - Power of Attorney
 - Operating Document
 - Succession Plan & Buy-Sell Agreements
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Note: I do not offer tax, legal, or accounting advice. Please consult with your own advisers for tax, legal or accounting advice

Financial Adviser for Eagle Strategies LLC a Registered Investment Adviser. Eagle Strategies LLC is a New York Life Company.



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Chris J. Grimes, CFP®, RICP®, CAP®

Financial Advisor

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FAMILY INFORMATION

Today's Date:

FAMILY DATA:

DATE OF BIRTH

BIRTH PLACE

Your Full Name		
Spouse or Partner's Full Name		
Child		
Child		
Child		
Child		

RESIDENCE:

Street Address	City	State	Zipcode
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CONTACT:

Home Phone	Your Mobile Phone	Spouse or Partner's Mobile Phone
Alternate Method	Your Preferred Email	Spouse or Partner's Preferred Email

EMPLOYMENT DATA:

Occupation / Specialty

Employer

How Long?

You				
Spouse or Partner				
Employer's Street Address	City	State	Zipcode	Office Phone No.
Spouse or Partner Employer's Street Address	City	State	Zipcode	Office Phone No.

PRIMARY INCOME:

Base Salary

Estimated Bonus

Other Sources

Other Sources

You				
Spouse or Partner				

FINANCIAL GOALS & PRIORITIES:

What are your most important financial goals?
What are your priorities? (Please use 1 to 5) ____ Education ____ Retirement ____ Second Home / Investment Property ____ Family Security ____ Wealth Accumulation Other:
How much more could you save per month to apply toward your goals?
Is there anything disturbing about your overall planning?
What are your planning objectives in the event of an unexpected disability? Death?
Do you have anyone not yet mentioned dependent on you?



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ASSETS

CASH ASSETS:

	Owner	Account Balance	Annual Deposit(s)
Checking Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Checking Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Savings Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Savings Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Money Market Fund	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Certificate of Deposit	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Cash On Hand	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$

RETIREMENT ASSETS:

	Tax Type	Owner	Current Value	Annual Deposit
IRA		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
IRA		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Work Savings Plan		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Work Savings Plan		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Pension		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Other		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Other		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Other		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$

INVESTMENT ASSETS:

	Owner	Account Balance	Annual Deposit(s)
Brokerage Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Brokerage Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Brokerage Account	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Mutual Funds	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Annuity	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Annuity	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$
Other	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$



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REAL ESTATE & CONSUMER DEBT

REAL ESTATE:

		Ownership	Year Acquired	Tax Basis	Current Value
Home		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$
Second Home		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$
Land		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$
Rental Property	Cash Flow \$	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$
Rental Property	Cash Flow \$	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$
Rental Property	Cash Flow \$	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$
Other		<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business		\$	\$

MORTGAGE:

	Original Amount	Current Amount	Monthly Payment	Interest Rate	Type
Home	\$	\$	\$	%	
Second Home	\$	\$	\$	%	
Rental Property	\$	\$	\$	%	
Rental Property	\$	\$	\$	%	
Other	\$	\$	\$	%	

LOAN & DEBT:

	Ownership	Balance	Monthly Payment	Interest Rate
Auto	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Auto	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Credit Card	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Credit Card	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Credit Card	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Student Loan	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Student Loan	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%
Miscellaneous	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	\$	\$	%

INSURANCE:

	Insured	Type	Coverage Amount	Cash Value	Annual Premium
Insurer	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	<input type="checkbox"/> Term <input type="checkbox"/> Disability <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL <input type="checkbox"/> LTC	\$	\$	\$
Insurer	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	<input type="checkbox"/> Term <input type="checkbox"/> Disability <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL <input type="checkbox"/> LTC	\$	\$	\$
Insurer	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	<input type="checkbox"/> Term <input type="checkbox"/> Disability <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL <input type="checkbox"/> LTC	\$	\$	\$
Insurer	<input type="checkbox"/> Primary <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Business	<input type="checkbox"/> Term <input type="checkbox"/> Disability <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL <input type="checkbox"/> LTC	\$	\$	\$

Please share any other information that would help us understand your current situation:

The responses that you provide to this questionnaire / fact finder are intended to assist you in gathering important information about yourself, such as your financial goals, objectives and time horizon, and to help you to make a more informed decision regarding your specific situation. Your responses are not intended to represent a comprehensive basis for making a Best Interest determination (or, if applicable, conducting underwriting) on any specific insurance, annuity, or investment product. In the event that you decide to purchase any product, you will be required to complete a separate policy application/contract and/or Investor Profile, which will serve as the basis for the Company's conducting a Best Interest review and/or an underwriting analysis with regard to the specific product that you wish to purchase. In the event of any discrepancy between the information that you provide in completing this questionnaire/ fact finder and that which you furnish in completing an Investor Profile and/or product application/contract, the information contained in the Company product application/contract and/or Investor Profile will govern and will serve as the basis for the Company's assessing the appropriateness for you of the product to which such document(s) pertain.