



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 our office.

Please complete, mail or FAX to (706) 507-5434 this questionnaire to our office prior to your appointment.

What to bring to your appointment:

In order for us to offer a sound financial strategy, we 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 we 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 us at Griner-Isom Financial Strategies. We adhere to all privacy and confidentiality requirements for all entities whose products or services we offer.

- ✓ **Income Tax Return(s)** for last year
- ✓ **Paycheck Stub(s)** for you and your significant other showing deductions from gross income
- ✓ **Statements** for each investment you own, where applicable
- ✓ **All Insurance Policies** (*if available*)
 - Life Insurance Policies (for all members of your family)
 - Disability Income Insurance Policy
 - Long Term Care
 - Annuities
- ✓ **Company-provided Group Benefits** for you and your significant other (*please include a printout of specific coverages if available*)
- ✓ **Will and Trust** documents

Note that we do not offer tax, legal, or accounting advice. Please consult with your own advisers for tax, legal or accounting advice.

Kermit R. Griner, Jr., and Lauren G. Isom, Registered Representatives offering securities through NYLIFE Securities, LLC. Member FINRA/SIPC, a Licensed Insurance Agency. 6055 Lakeside Drive, Macon, GA 31210 Tel: (478) 477-3222. Financial Advisers offering investment advisory services through Eagle Strategies, LLC, a Registered Investment Adviser. Griner-Isom Financial Strategies is not owned or operated by NYLIFE Securities, LLC or its affiliates.

FAMILY INFORMATION

Today's Date: _____

Family Data

	Date of Birth	US Citizen	
Your Full Name		YES	NO
Spouse/Significant Other Full Name		YES	NO
Child		YES	NO
Child		YES	NO
Child		YES	NO
Child		YES	NO
Residence Address: Home Phone #		Your Cell # Home # Spouse Cell #	
Email Address: Home		Work	Preference for use: <input type="checkbox"/> Home <input type="checkbox"/> Work
Your Driver's License Number	Issue Date	Expiration Date	
Your Spouse's Driver's License Number	Issue Date	Expiration Date	

Employment Data

	Occupation/Specialty	Employer	How Long	Age to Ret
You				
Spouse				
Your Employer's Address:		Work #		
Spouse Employer's Address:		Work #		

	Base Salary	Estimated Bonus	Other Sources	Other Sources
Your Primary Income				
Spouse's Primary Income				

Is there any additional information regarding financial support for a struggling family member?

SAVINGS ASSETS

You may attach recent statements in lieu of completing this form.

Institution

	Account Balance	Account Deposit	
Checking Account	\$		
Checking Account	\$		
Savings Account	\$	\$	
Savings Account	\$	\$	
Money Market Fund	\$	\$	
Credit Union	\$	\$	
Savings Bonds (Type) Maturity	\$	\$	
Certificate of Deposit	\$	\$	
Annuity	\$	\$	
Your I.R.A. (Traditional)	\$	\$	
Your I.R.A. (Roth)	\$	\$	
Your Spouse I.R.A. (Traditional)	\$	\$	
Your Spouse I.R.A. (Roth)	\$	\$	
Your Savings Plan at Work (401(k), TSA, 403(b), Profit Sharing)	\$	ER%	\$
		EE%	
Spouse/Significant Other Savings Plan at Work (401(k), TSA, 403(b), Profit Sharing)	\$	ER%	\$
		EE%	
Your Pension Projection	\$		
Spouse/Significant Other Pension Projection	\$		
Your Social Security Primary Insurance Amount (PIA)	\$	YR	MO
Spouse Social Security Primary Insurance Amount (PIA)	\$	YR	MO
Go to www.ssa.gov to review earnings record; retrieve PIA and age at full retirement.			
Other	\$	\$	
Other	\$	\$	
How much <u>are</u> you saving on a regular basis?			\$
How much would you <u>like</u> to save on regular basis?			\$

How much <u>more</u> could you save on a regular basis?	\$
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Notes

INVESTMENT ASSETS

Stocks, Bonds, Mutual Funds, etc.

You may attach recent statements in lieu of completing this form.

Item

	# of Shares	Account Balance	Annual Deposit
Mutual Funds		\$	\$
		\$	\$
		\$	\$
		\$	\$
Government Securities		\$	\$
		\$	\$
Corporate Bonds		\$	\$
		\$	\$
Municipal Bonds		\$	\$
		\$	\$
Stocks		\$	\$
		\$	\$
		\$	\$
		\$	\$
Partnerships		\$	\$
		\$	\$
Other		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Notes

REAL ESTATE & CONSUMER DEBT

Property	Year Purchased	Balance	Monthly Payment	Interest Rate	Insured?	
Your Residence		\$	\$	%	YES	NO
2 nd Mortgage		\$	\$	%	YES	NO
2 nd Home		\$	\$	%	YES	NO
Land		\$	\$	%	YES	NO
Other		\$	\$	%	YES	NO
Other		\$	\$	%	YES	NO
Other		\$	\$	%	YES	NO
Loan & Debt	<i>Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.</i>					
Auto		\$	\$	%	YES	NO
Auto		\$	\$	%	YES	NO
Auto		\$	\$	%	YES	NO
VISA		\$	\$	%	YES	NO
MasterCard		\$	\$	%	YES	NO
Credit Card		\$	\$	%	YES	NO
Credit Card		\$	\$	%	YES	NO
Credit Card		\$	\$	%	YES	NO
Student Loan		\$	\$	%	YES	NO
Student Loan		\$	\$	%	YES	NO
Misc		\$	\$	%	YES	NO
Misc		\$	\$	%	YES	NO
Misc		\$	\$	%	YES	NO

Notes

