

Confidential Financial Questionnaire

Filling out this confidential questionnaire is the first step in the "Living-Legacy Process", developing a strong financial strategy to coordinate with your personal value system. Please be assured that your information will be treated with the highest degree of confidentiality. If you have any questions, do call our office.

Prior to your appointment, please complete and mail, scan (diane@dhgould.com), or FAX (301) 214-6720 this questionnaire to our office in order to make our time together most productive.

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. 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** *(please include declarations of coverage)*
 - Liability Coverages
 - Life Insurance Policies (for all members of your family)
 - Disability Income Insurance Policy
 - Any other types of insurance policies
- ✓ **Company-provided Group Benefits** for you and your significant other *(please include a printout of specific coverages if available)*
- ✓ **Will and Trust** documents

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

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 evaluating suitability (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 suitability 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.

Diane Hack Gould, CLU®, ChFC®, CAP®, ChSNC®, MSFS is a Registered Representative offering securities through NYLIFE Securities LLC, Member FINRA/SIPC, A Licensed Insurance Agency. 6901 Rockledge Drive, Suite 500, Bethesda, MD 20817.

D.H. Gould Company is independently owned and operated from NYLIFE Securities LLC and its affiliates.

Family Information

Today's Date: _____

Family Data		Date of Birth	Birth Place
Your Full Name			
Significant Other's Full Name			
Child			
Child			
Child			
Child			
Address of Residence		Home Phone #	
		Your Cell #	
		Significant Other's Cell #	
City	State	Zip	
Email Address: Personal		Work	Preference for use:
			Personal <input type="checkbox"/> Work <input type="checkbox"/>
Driver's License Number and State:		Exp. Date	

Employment Data	Occupation/Specialty	Employer	How Long?
You			
Significant Other			
Your Employer's Address	City	State Zip	Office Phone #
Significant Other's Employer's Address	City	State Zip	Office Phone #
	Base Salary	Estimated Bonus	Other Income Other Sources
Your Primary Income			
Significant Other's Primary Income			

Goals/Priorities

What are your most important goals?

What are your priorities? (please number 1 to 7) # __ Education # __ Retirement

__ Second Home # __ Family Security # __ Wealth Accumulation

__ Other _____ # __ Other _____

How much more could you save on a regular basis? _____

Is there anything disturbing you about your overall planning? _____



Savings Assets

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		\$	\$
I.R.A.		\$	\$
I.R.A.		\$	\$
I.R.A.		\$	\$
I.R.A.		\$	\$
Your Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)		\$	\$
Significant Other's Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)		\$	\$
Your Pension		\$	\$
Significant Other's Pension		\$	\$
Other		\$	\$
Other		\$	\$
Other		\$	\$
Other		\$	\$

NOTES

* PLEASE PROVIDE FINANCIAL STATEMENTS



Investment Assets

Stocks, Bonds, Mutual Funds, etc

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

NOTES

*** PLEASE PROVIDE FINANCIAL STATEMENTS**



Real Estate & Liabilities

Property	Year Purchased	Current Value	Balance of Mortgage	Monthly Payment	Interest Rate	Fixed or Variable
Your Residence		\$	\$	\$	%	
2 nd Mortgage		\$	\$	\$	%	
Other Home		\$	\$	\$	%	
Land		\$	\$	\$	%	
Land		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	

Loan & Debt

Include all loans, automobile, credit card balances, checking credit lines, etc.

	Balance	Monthly Payment	Interest Rate	Insured?
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
MasterCard	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES

Family Security

Life Insurance

Name of Insurance Co.	Family Member Insured	Amount of Coverage	Type of Insurance	Annual Premiums
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Disability Income Insurance

Name of Insurance Co.	Family Member Insured	Amount of Coverage	Annual Premiums
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Auto/Homeowners Insurance

Name of Insurance Co.	Coverage Amount	Property Insured	Limits of Liability	Annual Premiums
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

How would you rate your knowledge of life, disability income or long term care insurance?

Do you have an umbrella liability policy? _____

How much? _____

What are the deductibles on your homeowners and auto policies? _____ / _____

NOTES

Additional Information

Do you have a valid Will or Trust? Yes No

Do you have an Attorney? Yes No

Last time updated _____

Do you have an Accountant? Yes No

Please provide name and address of Attorney and Accountant:

Areas of Concern you would like to be addressed?

NOTES