



OUR HERITAGE. YOUR LEGACY.

PERSONAL REVIEW

Client Name: _____

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CLIENT QUESTIONNAIRE

Name _____ Phone # _____

Address _____

Email _____ Marital Status _____

Date of Birth _____ Client 2 D.O.B. _____

Occupation _____ Client 2 Occupation _____

FULL-TIME PART-TIME

FULL-TIME PART-TIME

Retirement Date _____ Retirement Date _____

of Children _____ # of Dependents _____ # of Grandchildren _____

What is Your Federal Income Tax Bracket? _____ %

Household Annual Income (Client 1) _____ + Client 2 = _____ Total Income

+ Child Support _____ = _____ Total Income

Do you have funds available in case of emergencies? YES NO Amount _____

Do you anticipate any large expenses out of the ordinary in the next few years? YES NO

Do you anticipate any inheritances? YES NO

Do you have a pension plan program? YES NO Client 2: YES NO

Annual pension income: _____ Spouse annual pension income: _____

VALUE OF RETIREMENT ACCOUNTS

IRAs Client 1: _____ Invested in: _____ Client 2: _____ Invested in: _____

Roth IRAs Client 1: _____ Invested in: _____ Client 2: _____ Invested in: _____

SEP IRAs Client 1: _____ Invested in: _____ Client 2: _____ Invested in: _____

401(k)s Client 1: _____ Invested in: _____ Client 2: _____ Invested in: _____

Keogh Client 1: _____ Invested in: _____ Client 2: _____ Invested in: _____

TSAs Client 1: _____ Invested in: _____ Client 2: _____ Invested in: _____

INSURANCE

Life Insurance

	Ann. Prem.	Face Amt.	Type	Cash Value	Year Issued	Company
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CLIENT 1 _____

CLIENT 2 _____

CHILD _____

CHILD _____

LONG TERM CARE _____

CRITICAL ILLNESS _____

DISABILITY _____

CURRENT ASSET ALLOCATION

	CASH	RATE
Checking	_____	_____
Savings	_____	_____
Money Market	_____	_____
Other	_____	_____
Total Cash	\$ _____	_____ %

	INCOME	FIRM/MATURITY/RATE
CD's (> 1 year)	_____	_____
Fixed Annuities	_____	_____
Bonds	_____	_____
Bond MFs	_____	_____
Other	_____	_____
Total Cash	\$ _____	_____ %

	GROWTH	DETAILS
Stocks	_____	_____
Stock MFs	_____	_____
Variable Annuities	_____	_____
Other	_____	_____
Total Growth	\$ _____	_____

	OTHER	DETAILS
Real Estate	_____	_____
Business Ventures	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Total Assets	\$ _____	_____

	LIABILITIES	DETAILS
\$	_____	_____
	_____	_____
	_____	_____
Total Liabilities	\$ _____	_____

Are you using the income from these assets or reinvesting it? _____

Other sources of income? _____

Are you paying income taxes on your social security? YES NO _____

Are any of your assets growing tax-deferred? YES NO _____

FINANCIAL OBJECTIVES

Primary financial objectives? (check all that apply)

- | | | | |
|---|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> PRESERVE PRINCIPAL | <input type="checkbox"/> CURRENT INCOME | <input type="checkbox"/> TAX SAVINGS | <input type="checkbox"/> RETIREMENT |
| <input type="checkbox"/> COLLEGE SAVINGS | <input type="checkbox"/> OTHER _____ | | |

Primary areas of concern? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> HOME HEALTH CARE | <input type="checkbox"/> SOCIAL SECURITY TAXES | <input type="checkbox"/> INFLATION |
| <input type="checkbox"/> LONG-TERM CARE | <input type="checkbox"/> OUTLIVING YOUR MONEY | <input type="checkbox"/> HELPING CHILDREN/GRANDCHILDREN |
| <input type="checkbox"/> RETURN ON ASSETS | <input type="checkbox"/> LIQUIDITY OF ASSETS | <input type="checkbox"/> LOSS OF PRINCIPLE |
| <input type="checkbox"/> INCOME TAXES | <input type="checkbox"/> AVOID DEPENDENCE ON OTHERS | <input type="checkbox"/> OTHER _____ |

What experience do you have with the following? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> MONEY MARKETS/CDS/SAVINGS | <input type="checkbox"/> MUNICIPAL/GOV'T BONDS | <input type="checkbox"/> COMMON STOCK MUTUAL FUNDS |
| <input type="checkbox"/> TREASURY BILLS | <input type="checkbox"/> VARIABLE ANNUITIES | <input type="checkbox"/> INTERNATIONAL FUNDS |
| <input type="checkbox"/> FIXED ANNUITIES | <input type="checkbox"/> GROWTH MUTUAL FUNDS | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CORPORATE BONDS | <input type="checkbox"/> BOND MUTUAL FUNDS | <input type="checkbox"/> OTHER _____ |

What is your most important financial goal?

- SAFETY
- INCOME
- GROWTH

Do you need the income that will be granted?

- YES
- NO - I can invest for a few years
- NO - I can reinvest for more than 5 years

When will you begin using your principal?

- 0 - 4 YEARS
- 5 - 9 YEARS
- 10 YEARS OF LONGER

To what degree will you risk principal in pursuit of higher returns?

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> NONE | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> LOW | <input type="checkbox"/> VERY HIGH |
| <input type="checkbox"/> MODERATE | |

What questions or concerns do you have for me?

Notes:

Signature

Date