

Client Questionnaire

1. Personal Information

Contact Information

	Client	Spouse
Title (Mr/Mrs/Ms/Dr)		
First Name		
Middle Initial		
Last Name		
Date of Birth		
Gender (Male / Female)		
Address 1		
Address 2		
City		
State		
Pin Code		
Telephone		
E-Mail Address		
Marital Status *		
Permanent Account Number		
Residential Status#		
Employment Information **		

* Single, married, divorced, widowed, separated

Permanent Resident, Resident but not Ordinary, Not Resident

**Full Time, Part Time, Self, Unemployed, Retired, Student, Stay at home.

Family Members Information

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Relationship	Permanent Account Number	Education Goal Needed (Yes/No)

Employment Information

	Client	Spouse
Occupation		
Employer Name		
Employer Address		
City		
State		

Pin Code		
Work Email		
Work Phone		

2. Risk Tolerance Questionnaire

Please select the client's response to each question .

Risk Tolerance				
1. I am patient with my investments and can accept periods of negative investment returns and portfolio losses.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Expected Return				
2. I consider myself an aggressive investor and seek above average investment returns.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Liquidity				
3. Not including the amount I plan to invest, I have adequate liquid assets (cash and cash equivalent) to support myself and dependents for 6 months or more.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Investment Experience				
4. I have prior investment experience with stocks, bonds and international investments and I understand the concept of investment risk.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Holding Period				
5. I am confident I will not need to withdraw money from my investments for at least 10 years.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Income Source				
6. I expect a regular and stable income stream over the long term.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Ease of Management				
7. I want to play an active role in managing my investments.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Dependents				
8. There are more than two dependents who rely on my income and investment holdings for financial support.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Investment Risk				
9. I get concerned if my investments fall in value day -to-day or month-to-month.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Debit/Credit				
10. My outstanding debt is low and my credit history is excellent.				
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

3. Assets

Retirement Accounts

EPF

Owner	Account Number	Account Description	Account Type	Annual Contribution	Accumulated Value	Start Year	End Year

PPF

Owner	Account Number	Account Description	Account Type	Annual Contribution	Accumulated Value	Start Year	End Year

Taxable Investment Accounts

Owner	Account Number	Account Description	Stocks & Mutual Funds	Fixed Income	Cash and Equivalents	Total

Please provide other details of Taxable Investments Accounts(if any)

Stocks and MFs						
Account No	Stock/MF Name	Quantity	Cost Per Unit			
Fixed Income						
Account No	Description	Face Value	Quantity	Coupon Rate (%)	Maturity Date	Call Date

Cash Accounts

Owner	Account Number	Account Description	Account Type	Current Balance	Interest Rate %	Maturity Date (mm/dd/yyyy)

*Checking acct, saving acct, money market, certificate of deposit, others...

Annuity

Owner Type	Annuitant	Annuity Type	Description	Beneficiary	Expected Rate of Return	Death Benefit Guarantee	Current Cash Value

Please provide other details of Annuity(if any)

Gratuity

Owner	Description	Value at Retirement	Available Year
Client			
Spouse			

Personal Assets

Owner	Asset Type*	Description	Acquisition Year	Acquisition Cost	Current Value	Expected Year of Sale	Expected Growth Rate

*Automobiles, jewelry, furniture, electronics, other.

Real Estate Assets

Owner	Asset Type*	Description	Current Value	Expected Year of Sale	Expected Annual Growth Rate

*Primary, secondary, vacation home, land, rental property, other...

Business Assets

Owner	Asset Type*	Description	Acquisition Year	Acquisition Cost	Current Value	Expected Year of Sale	Expected Growth Rate

*Sole proprietorship, partnership interest, small business corporation, s -corporation, limited liability company, other...

Other Assets

Owner	Asset Type*	Description	Fair Market Value in Today's Value	Expected Acquisition Year	Planned Sale Year	Growth Rate

*Business, Real Estate, Personal, Cash, Investment, Miscellaneous...

4. Liabilities

Auto Loans

Owner	Description	Financial Institution	Amount Outstanding	Minimum Monthly Payment	Actual Monthly Payment	Interest Rate

Credit Card Loan

Owner	Description	Financial Institution	Amount Outstanding	Minimum Monthly Payment	Actual Monthly Payment (Rs or %)	Interest Rate

Student Loan

Owner	Description	Financial Institution	Amount Outstanding	Minimum Monthly Payment	Actual Monthly Payment	Interest Rate

Personal Loan

Owner	Description	Financial Institution	Amount Outstanding	Minimum Monthly Payment	Actual Monthly Payment	Interest Rate

Other Loan

Owner	Description	Financial Institution	Amount Outstanding	Minimum Monthly Payment	Actual Monthly Payment	Interest Rate

Home Loan

Owner	Property Type	Description	Financial Institution	Amount Outstanding	Actual Monthly Payment	Interest Rate

Business Loan

Owner	Type	Description	Financial Institution	Amount Outstanding	Actual Monthly Payment	Interest Rate

5. Income Sources

Salary Income

Owner	Employer	Start Year	End Year	Gross Wages	Frequency	Income Growth Rate

Business Income

Owner	Business Name	Business Type	Annual Business Income	End Year	Income Growth Rate

Rental Income

Owner	Property Name	Property Type	Net Annual Rental Income	Start Year	End Year	Income Growth Rate

Earned Income during Retirement

Owner	Description	Income In Today's Value	Start Year	End Year	Growth Rate

Commuted Pension Income

Owner	Description	Current Value	Available Year

Pension Income

Owner	Description	Income	Monthly Income	Start Year	End Year	Income Growth Rate	Beneficiary	Beneficiary %

Other Income

Owner	Income Type*	Description	Net Annual Income	Start Year	End Year	Annual Income Growth Rate

*Farm, royalty, gift, bonus, inheritance, miscellaneous

6. Insurance Policies

Life Insurance

Term Life

Insured	Beneficiary	Owner	Company	Policy Number	Death Benefit	Annual Premium	Number of Premium Left	Years Remaining

Whole Life

Insured	Beneficiary	Owner	Company	Policy Number	Death Benefit	Cash Value	Annual Premium	Number of Premium Left	Years Remaining

7. Expenses

General Expenses	Current Annual Expenses	Retirement Annual Expenses	Start Year(if any)	End Year(if any)	Say Yes(if essential expenses)
Housing					
Home Loan Payments					
Property Tax					
Rent and Condo Fees					
Home Insurance					
Housing Other					
Utilities					
Electricity					
Water or Sewer					
Phone					
Cable TV					
Gas					
Oil					
Cleaning and Maintenance					
Repairs					
Internet Service					
Utility Others					

Personal					
Clothing and Laundry					
Job Seeking Expenses					
Travel (Away from home)					
Alimony					
Educational Loan					
Personal Loan					
Other Loan					
Credit Card Payments					
Personal Other					
Food					
Grocery					
Eating Out					
School Lunch					
Snacks					
Food Other					
Health Care					
Health Insurance					
Dental Insurance					
Life Insurance					
Medicine					
Glasses					
Doctor					
Dentist					
Hospital and Clinic					
Health Care Other					
Life Insurance					
Family Care					
Child Education ¹					
Child Care					
Support of Parent or Child					
Family Care Other					
Transportation					
Routine Maintenance and Repair					
Auto Loan or Lease Payment					
Excise Tax or Registration Fees					
Petrol/Diesel					
Auto Insurance					

Premium					
Commuting Expenses					
Transportation Others					
Recreation and Entertainment					
Recreational Travel					
Health Club Fees					
Hobbies					
Movies and Sports Events					
Travel and Vacation					
Books and Magazines					
Dining Out					
Recreation and Entertainment Other					
Savings					
Retirement Savings					
Educational Savings					
Investment Savings					
Miscellaneous					
Charitable Contribution					
Other Insurance Premium					
Legal Expenses					
Investment Expenses					
Gifts					
Miscellaneous Other					
Income Taxes					
Other Essential					
Other Discretionary					

1 Child education expenses are general education expenses and are not the part of Education Goal.

9. Goal Assumptions

Investment Plan

What is your investment time horizon (in years)?	
Desired Risk Profile (<i>Optional</i>)	

Retirement Plan

General Assumptions	
Goal Priority*	

Goal Owner				
Retirement starts when **				
Margin of Safety				
Amount to Heirs				
Profile based Assumptions	Client	Spouse		
Retirement age				
Estimated Life Expectancy				
Desired Risk Profile (<i>Optional</i>)				
Systematic Savings				
Additional Taxable Savings	Frequency	Start Year	End year	Savings Growth Rate

*High, low, medium

** Client Retires OR Spouse retires

Education

	Dependent 1	Dependent 2	Dependent 3	Dependent 4	
Owner					
Priority					
Year of College cost begins					
Number of years					
Inflation Rate %					
Portion of Education to fund %					
College Name					
Total Annual College Cost as on Today					
Desired Risk Profile (<i>Optional</i>)					
Systematic Savings					
Description	Additional Taxable Savings	Frequency	Start Year	End year	Savings Growth Rate

Accumulation

	Accumulation 1	Accumulation 2	Accumulation 3	Accumulation 4
Description*				
Priority				
Goal Owner				

Cost of Goal (In today's value)					
Goal Year					
Inflation Rate					
Fund with Savings					
Fund with Loan					
Recurrence (Yes/No)**					
End Year					
Desired Risk Profile (Optional)					
Systematic Savings					
Description	Additional Taxable Savings	Frequency	Start Year	End year	Savings Growth Rate

*For example: Marriage Goal, World Tour, Buying house/ Car etc.

** If YES than enter the Frequency (years)

Life Insurance²

	If Client Dies	If Spouse Dies
Pre-Retirement Expenses		
Goals		
Additional Expenses for Survivor		
Average Tax Rate for Survivor		
Risk Profile and Risk Return		
Assets Available for Survivor		
Income Available for Survivor		
Insurance Death Benefits		
Liabilities to be Paid Off at Death		

² Please take help of your advisor to fill life Insurance Assumptions