



# CROWN JEWEL

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FINANCIAL SERVICES

## CONFIDENTIAL CLIENT QUESTIONNAIRE

*You can create your Client Profile by completing our Confidential Client Questionnaire. Save as a file and send us the completed form to:*  
***ClientRelations@CrownJewelFS.com***





Date: \_\_\_\_\_

GENERAL INFORMATION		Last Name - If Same	
Contact Information	Client	Co-Client	
First Name			
Social Security #			
Date of Birth			
Address			
City, State Zip			
Phone Number (Home)			
Phone Number (Cell)			
Phone Number (Work)			
Email			
Employer			
Position			

DEPENDENTS' INFORMATION			
Dependent Name	Relationship	Age	D.O.B.

### Are you interested in...

- Positioning assets for growth
- Protecting assets from market volatility
- Generating income from retirement assets
- Leaving a legacy for your family

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Which two from the above are most important to you:

### Do you have a(an)...

- Will, living will, or a trust?
- Power of attorney?
- Long-term care insurance policy?
- Umbrella liability insurance policy?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### What is the name of your...

Attorney \_\_\_\_\_  
Accountant \_\_\_\_\_  
Financial Professional \_\_\_\_\_  
Securities Broker \_\_\_\_\_

**CASH FLOW AND SAVINGS**

Annual Income	Client	Co-Client
Salary	\$	\$
Bonus	\$	\$
Commissions	\$	\$
Pension	\$	\$
Social Security	\$	\$
Other (e.g. rental income)	\$	\$
Sub-Total Income (Annually)	\$	\$
Investment Income (Annually)	Client	Co-Client
Taxable	\$	\$
Non-Taxable	\$	\$
Total Income (Annually)	\$	\$

**SAVINGS**

Current Savings (Annually)	Client	Co-Client
Personal Savings	\$	\$
IRA Contributions (Traditional)	\$	\$
IRA Contributions (Roth)	\$	\$
Company Retirement Plan	\$	\$
Company Matching Contribution	% \$	% \$
Your Contribution	% \$	% \$
Other	\$	\$
Total Savings (Annually)	\$	\$

**Are you planning or expecting...**

To make any major purchases? Any  
major changes in your income? Any  
major lifestyle changes?

(moving, marriage, buying another home, dependent  
educational expenses, etc. — explain in detail)

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Brief explanation:**

EXPENSES		
Expenses (Monthly)	Client	Co-Client
Mortgage / Rent	\$	\$
Utilities	\$	\$
Food	\$	\$
Telephone/Internet	\$	\$
Tuition/Education	\$	\$
Child Care	\$	\$
Insurance (e.g. life, health, home, auto, etc.)	\$	\$
Personal Care	\$	\$
Entertainment	\$	\$
Medical/Dental	\$	\$
Alimony/Child Support	\$	\$
Gifts	\$	\$
Charity	\$	\$
Student Loans	\$	\$
Debt Maintenance (e.g. credit cards, etc.)	\$	\$
Other	\$	\$
Other	\$	\$
<b>Total Expenses (Monthly)</b>	\$	\$
Multiply by 12	x12	x12
<b>Total Expenses (Yearly)</b>	\$	\$

Marginal Tax Rate	%	%
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Tax Filing Status (e.g. single, married-jointly, married-separately)	
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**FINANCIAL ASSETS (CURRENT VALUE)**

Liquid	Client		Co-Client		Joint		Yield Rate
Cash	\$		\$		\$		N/A
Savings	\$		\$		\$		%
Money Market	\$		\$		\$		%
<b>Total</b>	\$		\$		\$		N/A
CD's	Client	Co-Client	Joint	Yield Rate	Purchase Price	Purchase Date	Maturity Date
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
Bonds/Preferred Stock	Client	Co-Client	Joint	Yield Rate	Purchase Price	Purchase Date	Maturity Date
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
Stocks, Equities	Client	Co-Client	Joint	Yield Rate	Purchase Price	Purchase Date	Maturity Date
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
Mutual Funds	Client	Co-Client	Joint	Yield Rate	Purchase Price	Purchase Date	Maturity Date
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
	\$	\$	\$	%	\$		
<b>Total Taxable Assets</b>	\$	\$	\$				

Any transaction that involves a recommendation to liquidate a securities product can be conducted only by individuals currently affiliated with a properly registered broker/dealer (B/D) or registered investment advisor (RIA). If the financial professional requesting this information does not hold the proper registration, please consult with your own B/D or IAR representative for guidance on your securities holdings.

All information provided is kept strictly confidential.

**Questionnaire:** Assets 4 of 8



## RETIREMENT ASSETS (CURRENT VALUE)

Company Retirement Plans	Client	Co-Client	Primary Beneficiary	Secondary Beneficiary
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Individual Retirement Plans (IRAs)	Client	Co-Client	Primary Beneficiary	Secondary Beneficiary
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Annuities (Fixed and/or Variable)	Client	Co-Client	Primary Beneficiary	Secondary Beneficiary
Owner:	\$	\$		
Annuitant:				
Owner:	\$	\$		
Annuitant:				
Owner:	\$	\$		
Annuitant:				
Owner:	\$	\$		
Annuitant:				
Other	Client	Co-Client	Primary Beneficiary	Secondary Beneficiary
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
<b>Total Retirement Assets</b>	<b>\$</b>	<b>\$</b>		

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**PERSONAL ASSETS (CURRENT VALUE)**

	<i>Client</i>	<i>Co-Client</i>	<i>Joint</i>	<i>Purchase Price</i>
Primary Residence	\$	\$	\$	\$
Vacation Property	\$	\$	\$	\$
Investment Property	\$	\$	\$	\$
Business Assets (e.g. business value, equipment, inventory, bank accounts)	\$	\$	\$	\$
Personal Property (e.g. jewelry, antiques, automobiles, collectibles)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total Personal Assets</b>	\$	\$		

**INSURANCE**

<b>Life Insurance Issuer</b>	<i>Owner</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Death Benefit</i>	<i>Cash Value</i>	<i>Outstanding Loans</i>	<i>Annual Premium</i>
				\$	\$	\$	\$
Type:				\$	\$	\$	\$
Type:				\$	\$	\$	\$
Type:				\$	\$	\$	\$
Type:				\$	\$	\$	\$
<b>Total Life Insurance</b>				\$	\$	\$	\$
<b>Disability Insurance Issuer</b>	<i>Owner</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Monthly Benefit</i>	<i>Benefit Period</i>	<i>Elimination Period</i>	<i>Annual Premium</i>
				\$			\$
				\$			\$
<b>Long-Term Care Insurance Issuer</b>	<i>Owner</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Monthly Benefit</i>	<i>Benefit Period</i>	<i>Elimination Period</i>	<i>Annual Premium</i>
				\$			\$
				\$			\$



LIABILITIES						
Mortgages	Institution	Client	Co-Client	Joint	Annual Rate	Years Left
First Mortgage		\$	\$	\$	%	
Second Mortgage		\$	\$	\$	%	
HELOC		\$	\$	\$	%	
Reverse Mortgage		\$	\$	\$	%	
Sub-Total Mortgages		\$	\$	\$		
Fixed						
Car Loan		\$	\$	\$	%	
Business Loan		\$	\$	\$	%	
Student Loan		\$	\$	\$	%	
		\$	\$	\$	%	
Sub-Total Fixed Liabilities		\$	\$	\$		
Revolving (lines of credit, credit cards)						
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
Sub-Total Revolving Liabilities		\$	\$	\$		
Other Loans or Liabilities						
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
Sub-Total Other Loans or Liabilities		\$	\$	\$		
Total Liabilities		\$	\$	\$		



**CASH FLOW**

Income	Client	Co-Client	Joint	Total
Income	\$	\$	\$	\$
Savings	\$	\$	\$	\$
Expenses	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Net Cashflow</b>	\$	\$	\$	\$

**NET WORTH**

	Client	Co-Client	Joint	Total
Total Assets	\$	\$	\$	\$
Less Total Liabilities	\$	\$	\$	\$
<b>Net Worth</b>	\$	\$	\$	\$

**ANALYSIS - WHAT IS IMPORTANT?**

Concerns	Exposure	At Risk
1.		
2.		
3.		
4.		
5.		

Please check your level below.

<b>Risk Tolerance</b>	<input type="radio"/> High	<input type="radio"/> Medium	<input type="radio"/> Low	<input type="radio"/> None
<b>Liquidity Need</b>	<input type="radio"/> All	<input type="radio"/> Some	<input type="radio"/> 10%	<input type="radio"/> None

What are your financial goals?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Retirement Time Horizon: \_\_\_\_\_

At this stage in your life, what is more important:  
preservation of your assets or additional accumulation?What rate of return are you hoping to  
achieve over the next few years? \_\_\_\_\_

When will you need income from these assets? \_\_\_\_\_

This information is being requested by a licensed insurance professional to obtain a more complete picture of your financial situation.  
We do not provide tax or legal advice. You are encouraged to consult your tax advisor or attorney.

All information provided is kept strictly confidential.

Questionnaire: Summary &amp; Analysis 8 of 8