

# Asset / Consult Questionnaire



Internal Use Only

Date/Time of Consult: \_\_\_\_\_

H.N.W. Dept:

Consultant: \_\_\_\_\_

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732 Broadway, Suite 201  
Tacoma, WA 98402  
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## BASIC INFORMATION

Date & Location:

Client Name:

Citizenship:  Gender: Male  Female  Age:

Spouse Name:

Citizenship:  Gender: Male  Female  Age:

Phone Number: Home:  Mobile:

Fax Number:  Email:

Address:

## FAMILY INFORMATION

| First, Middle, Last Name | Dependent | Relationship | Birth Date |
|--------------------------|-----------|--------------|------------|
|                          |           |              |            |
|                          |           |              |            |
|                          |           |              |            |

Please attach additional sheet if necessary.

Do you want to plan for any educational needs? Yes  No

## EMPLOYMENT INFORMATION

Occupation & Wage: (For Client, indicate source as W-2 or 1099.)

Other Income Sources: (List source and annual amount.)

Occupation & Wage: (For Spouse, indicate source as W-2 or 1099.)

Are you self-employed? Yes  No

Is your spouse self-employed? Yes  No

## INVESTMENT FOCUS

Investment Focus: *(Mark all that apply.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Rental Real Estate     | <input type="checkbox"/> Tax Liens / Deeds |
| <input type="checkbox"/> Fix & Flip / Wholesale | <input type="checkbox"/> Stock Market      |
| <input type="checkbox"/> Commercial             | <input type="checkbox"/> Other             |

States Where You Plan to Invest:

## REAL ESTATE INFORMATION

|                    |          |           |       |
|--------------------|----------|-----------|-------|
| Primary Residence: | Value \$ | Equity \$ | State |
| 2nd Residence:     | Value \$ | Equity \$ | State |

## INVESTMENT REAL ESTATE

| Property | State | Value \$ | Equity \$ | % Owned | Flip/<br>Hold | SFR/<br>Multi | Ownership |
|----------|-------|----------|-----------|---------|---------------|---------------|-----------|
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |
|          |       |          |           |         |               |               |           |

Definitions:

FLIP: Properties you are holding for less than 1 year, rehabs, new builds.  
 HOLD: Investment property, land, other properties to be held longer than 1 year.  
 SFR: Single family residences.  
 MULTI: Duplexes and above.

Do you have additional properties? Yes  No

**LIQUID ASSETS (Do Not Include Retirement Accounts)**

Checking Accounts:

Value \$

Saving Accounts:

Value \$

Brokerage Accounts:

Value \$

Retirement Accounts:

Value \$

Other Liquid Assets: *(Include asset value and description.)*

Type: *(IRA, 401K, 403b, 401a)*

**PRIVATE BUSINESS INTERESTS**

Where:

Business Description:

State Form of:

List Additional Businesses: *(Attach schedule if necessary.)*

**ASSET AND RETIREMENT ACCOUNT INSTRUCTIONS**

**Retirement Account Worksheet:**

Type: Enter the type of qualified plan from one of the following choices:

- |                 |                 |                    |                  |              |
|-----------------|-----------------|--------------------|------------------|--------------|
| 1.) 401 K Plans | 3.) IRA Account | 5.) Other          | 7.) SEP IRA      | 9.) TSA/403b |
| 2.) 457 Plans   | 4.) Keogh       | 6.) Profit Sharing | 8.) SIMPLE Plans |              |

Owner: Enter the account owner of the investment from one of the following choices:

- |                  |                        |                |           |
|------------------|------------------------|----------------|-----------|
| 1.) Individual 1 | 3.) Joint              | 5.) Irr. Trust | 7.) Other |
| 2.) Individual 2 | 4.) Community Property | 6.) Child      |           |

*A complete list of your investments will help us determine if your investments are meeting your needs. If statements are included, do not list assets to avoid duplication.*

**INVESTMENT ASSETS (Personal accounts – not in a retirement plan or IRA)**

| Description | Current Value |
|-------------|---------------|
|             |               |
|             |               |
|             |               |
|             |               |
|             |               |
|             |               |

**RETIREMENT ACCOUNTS (Tax-deductible retirement accounts and Roth IRA)**

| Description | Type | Avg. Growth Rate | Value |
|-------------|------|------------------|-------|
|             |      |                  |       |
|             |      |                  |       |
|             |      |                  |       |
|             |      |                  |       |
|             |      |                  |       |
|             |      |                  |       |

**LIFE INSURANCE POLICIES**

| Company Name | Description | Insured | Annual Premium | Death Benefit |
|--------------|-------------|---------|----------------|---------------|
|              |             |         |                |               |
|              |             |         |                |               |
|              |             |         |                |               |
|              |             |         |                |               |
|              |             |         |                |               |

Do you have Disability Insurance? Yes  No

Do you have Long Term Care Insurance? Yes  No

**ESTATE PLAN**

Do you have a Will?:

If yes, when was it created?

Do you have a Living Trust?

If yes, when was it created?

**BUSINESS EXPENSE INFORMATION**

List your business related expenses to date (estimates are acceptable):

| <i>Education Amount</i> | <i>Date of Purchase</i> | <i># of Classes Purchased</i> | <i># of Classes Attended</i> |
|-------------------------|-------------------------|-------------------------------|------------------------------|
| \$ <input type="text"/> | <input type="text"/>    | <input type="text"/>          | <input type="text"/>         |
| \$ <input type="text"/> | <input type="text"/>    | <input type="text"/>          | <input type="text"/>         |
| \$ <input type="text"/> | <input type="text"/>    | <input type="text"/>          | <input type="text"/>         |

| <i>Other Expenses</i> | <i>Amount</i>           | <i>Year of Expense</i> |
|-----------------------|-------------------------|------------------------|
| <input type="text"/>  | \$ <input type="text"/> | <input type="text"/>   |
| <input type="text"/>  | \$ <input type="text"/> | <input type="text"/>   |
| <input type="text"/>  | \$ <input type="text"/> | <input type="text"/>   |
| <input type="text"/>  | \$ <input type="text"/> | <input type="text"/>   |
| <input type="text"/>  | \$ <input type="text"/> | <input type="text"/>   |
| <input type="text"/>  | \$ <input type="text"/> | <input type="text"/>   |

**NOTES**

**Personal**

**Safe**

**Business**

**Dangerous**

# Retirement Analysis

What is the annual income desired/required upon retirement? \_\_\_\_\_

Would investment loss adversely affect your retirement lifestyle? \_\_\_\_\_

Can you describe your planned lifestyle in retirement? \_\_\_\_\_

How does this compare to your current lifestyle? \_\_\_\_\_

How much are you systematically investing outside of your retirement plans? \_\_\_\_\_

Do you plan to sell any assets to fund your retirement? \_\_\_\_\_

Do you anticipate any additional income needs during retirement? \_\_\_\_\_

Do you anticipate working part-time in retirement? \_\_\_\_\_

Is there any anticipated windfall of assets or income that will be used for retirement? \_\_\_\_\_

|                        | Individual 1 | Individual 2 |
|------------------------|--------------|--------------|
| <i>Retirement Age</i>  |              |              |
| <i>Life Expectancy</i> |              |              |

## FINANCIAL CONCERNS – Please check all that apply

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Investment Asset Allocation   | <input type="checkbox"/> Disability Insurance Needs Analysis     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retirement Planning           | <input type="checkbox"/> Long Term Care Insurance Needs Analysis | _____                                 |
| <input type="checkbox"/> Education Funding             | <input type="checkbox"/> Estate Planning                         | _____                                 |
| <input type="checkbox"/> Life Insurance Needs Analysis | <input type="checkbox"/> Stock Option Planning                   | _____                                 |

## RISK SCORE

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

|  | CLIENT 1 | CLIENT 2 |
|--|----------|----------|
|  |          |          |

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

|            | MEN  |       |      | WOMEN |       |      |
|------------|------|-------|------|-------|-------|------|
| AGE GROUP  | > 64 | 50-64 | < 50 | > 64  | 50-64 | < 50 |
| AVG. SCORE | 50   | 54    | 59   | 45    | 48    | 52   |

Living Expenses Needed per Month in Retirement:

|   | Starting Age | Amount |
|---|--------------|--------|
| <i>First Period (at retirement age)</i> |              | \$     |
| <i>Second Period</i>                    |              | \$     |
| <i>Third Period</i>                     |              | \$     |
| <i>Fourth Period</i>                    |              | \$     |

Starting Age: Enter the age of individual 1 when the income needed will change to a new amount.

Retirement Social Security Benefits:

|   | Individual 1 | Individual 2 |
|---|--------------|--------------|
| <i>Are you qualified to receive SS benefits? (Yes/No)</i>         |              |              |
| <i>Age to start retirement SS benefits (62-70)</i>                |              |              |
| <i>Actual amount of expected SS benefits (today's \$ / month)</i> | \$           | \$           |

Retirement Income Sources: Pension Plans (monthly):

|   | Individual 1 |    | Individual 2 |    |
|---|--------------|----|--------------|----|
| <i>Pension Plan Name</i>  |              |    |              |    |
| <i>Defined benefit plans (in today's dollars)</i>                               | \$           | \$ | \$           | \$ |
| <i>Age when the income will start</i>   |              |    |              |    |
| <i>Increase rate</i>  |              | %  | %            | %  |
| <i>Age when the income will stop</i>  |              |    |              |    |
| <i>Percent available to survivor during retirement</i>                          |              | %  | %            | %  |
| <i>Amount payable to survivor if death occurs prior to pension starting age</i> | \$           | \$ | \$           | \$ |
| <i>State Tax Exempt</i>   |              |    |              |    |

**ADDITIONAL NOTES**





### **Client Acknowledgement**

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate picture of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise my representative immediately.

I further acknowledge that the results of my financial plan will be based on the information I provide and may provide both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

I assume sole responsibility to decide whether to implement the advice contained in the financial plan and to determine that the recommendations have been implemented correctly.

I understand that the financial plan will include financial projections and make certain assumptions based on historical data that serve as a useful and reasonable basis to develop recommendations. I further acknowledge that there is no guarantee that my experience will match the projections prepared for me.

I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of the recommendations remains my sole obligation.

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Client signature Date

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Client signature Date

**When you have completed this questionnaire, please return it to our office.  
For even faster service, fax this questionnaire to 253.238.0003.**

**If you need assistance filling out this questionnaire, please call 800.706.4741.**