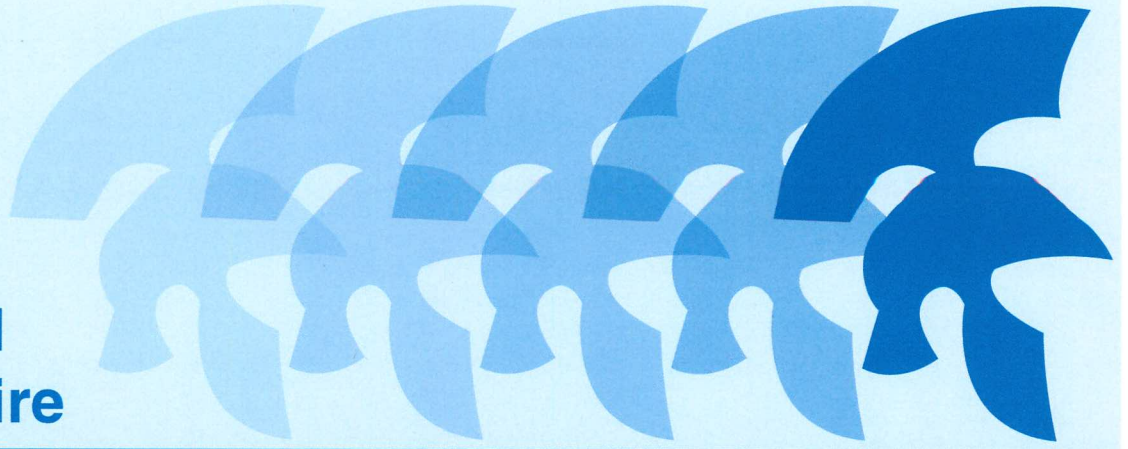


Confidential Questionnaire



Client Name _____

Date _____



Accardo Financial & Insurance Services, Inc.

3003 Oak Road, Suite 250 | Walnut Creek, CA 94597

Phone: (925) 979-2384 | Cell: (415) 203-9836 | Fax: (925) 944-0671

www.accardofinancial.com

aaccardo@financialguide.com



Family Data:		Date of Birth/Age	Occupation	Total Income	
Your Full Name					
Spouse's/Partner's Full Name					
Child					
Child					
Child					
Child					
Residence:					
Street Address		City	State	Zip	
Telephone	Fax		Personal Email Address		
Employment Data:					
Your Occupation		Employer			
Work Address		City	State	Zip	
Phone (Cell)#		Work Email			
Spouse/Partner Occupation		Employer		How Long	
Work Address		City	State	Zip	
Phone (Cell)#		Spouse's Work Email			
Income:		Base Salary	Estimated Bonus	Estimated Commissions	Estimated Stock Options
Your Primary Income					
Spouse's/Partner's Primary Income					
Other Income:		Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Pensions					
Social Security					
Rentals					
Royalties					
Fees or Commissions					
Trust Income					
Secondary Business Income \$		Business type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			



Vehicle Insurance	Vehicle One	Vehicle Two	Vehicle Three	Vehicle Four
Make & Model Description				
Primary Driver				
Value of Vehicle	\$	\$	\$	\$
Comprehensive/ Collision Liability Amount	/	/	/	/
Comprehensive/ Collision Deductible Amount	/	/	/	/
Uninsured/ Underinsured Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endorsements	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service <input type="checkbox"/> Insurance Company	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service <input type="checkbox"/> Insurance Company	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service <input type="checkbox"/> Insurance Company	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service <input type="checkbox"/> Insurance Company
Insurance Company				
Annual Premium – Policies are issued for 6 months	\$	\$	\$	\$

Property Insurance	Primary Residence	Second Home	Other Property
Dwelling/Extension			
Contents			
Liability Limits			
Endorsements	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup
Proof of value (receipts/photos or video)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company			
Annual Premium	\$	\$	\$
Excess Coverage	Insurance Company	Liability Limit	Policy Deductible
Flood	\$	\$	\$
Personal Articles	\$	\$	\$
Collectibles	\$	\$	\$



Liability Insurance	Insurance Company	Liability Limit	Policy Deductible	Annual Premium
Personal Liability Umbrella policy		\$	\$	\$

Medical Insurance	Insurance Company	Plan Limits	Co-Pay or Deductible	Annual Premium
<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> HMO/PPO <input type="checkbox"/> Indemnity		\$	\$ <input type="checkbox"/> Annual <input type="checkbox"/> Lifetime	\$

Additional Coverage	<input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health <input type="checkbox"/> Catastrophic <input type="checkbox"/> Int'l Travel			\$
---------------------	--	--	--	----

Long Term Care Coverage	Insurance Company	Benefit Period	Wait Period	Benefit Amount	Annual Premium
				\$	\$
				\$	\$

Dental Coverage	Insurance Company	Plan Limits	Co-Pay or Deductible	Annual Premium
	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> HMO/PPO <input type="checkbox"/> Indemnity		\$	\$

Disability Income Insurance (Family Member Insured)	Insurance Company	Monthly Benefit Amount	Annual Premium
		\$	\$
		\$	\$

Life Insurance (Family Member Insured)	Insurance Company	Amount of Coverage	Annual Dividend	Policy Loan	Annual Premium
		\$	\$	\$	\$
		\$	\$	\$	\$

Please do not write in this space

Smoker: Yes
 No

Med. His:



Will and Trusts:

Date of your Will _____ Date of Spouse's Will _____

Type of Trust _____ Trust creation date: _____

Health care directive? Yes No Power of Attorney? Yes No

Future Inheritances

Name/Source	Amount

Real Estate:

Property	Purchase Year	Purchase Price	Current Est. Market Value	Remaining Mortgage Amount	Mortgage Interest Rate	Monthly Payment
Your Residence		\$	\$	\$		\$
Land		\$	\$	\$		\$
Land		\$	\$	\$		\$
Other Home		\$	\$	\$		\$
Other Home		\$	\$	\$		\$

Mortgages/Equity Lines of Credit

	Monthly Payment Principal & Interest Only	Interest Rate	Months Remaining	Unpaid Balance
Your Residence	\$	%		\$
Other Home	\$	%		\$
Other Home	\$	%		\$
Other	\$	%		\$

Cash Flow Analysis

I. Savings		Monthly Amount
Savings Accounts	\$	
Retirement Accounts	\$	
Individual Investments	\$	
Other	\$	
Other	\$	
Total Savings:	\$	
II. Debt Payments		
Mortgage	\$	
Mortgage	\$	
Bank Loans	\$	
Car Lease/Loan	\$	
Credit Cards	\$	
Other Loans	\$	
Total Debt Payments:	\$	
III. Fixed Expenses		
Home		
Real Estate Taxes	\$	
Maintenance Fees	\$	
Taxes		
Federal Income	\$	
State/Prov. Income	\$	
Local Income	\$	
Government Retirement	\$	
Medical/Health	\$	
Real Estate	\$	
Other	\$	
Insurance		
Home/Rental Insurance	\$	
Disability Insurance	\$	
Health Insurance	\$	
Life Insurance	\$	
Automobile Insurance	\$	
Other	\$	

III. Fixed Expenses (continued)	
Miscellaneous	
Dues, Licenses, Fees	\$
Other	\$
Total Fixed Expenses:	\$
IV. Variable/Fixed Expenses	
Bills	
Telephone	\$
Cable	\$
Electricity	\$
Heating Gas/Oil	\$
Water/Sewage	\$
Garbage/Recycling	\$
Child Care	\$
Doctors/Prescriptions	\$
Pet Foods/Supplies	\$
Transportation	
Gas/Oil	\$
Tolls	\$
Parking	\$
Maintenance/Repairs	\$
Education	
Tuition	\$
Books	\$
Food	
Groceries	\$
Dining	\$
Miscellaneous	
Basic Clothing	\$
Other	\$
Other	\$
Total Variable/Fixed Expenses:	

continued

Cash Flow Analysis (continued)

V. Discretionary Expenses	
Personal Care	\$
Health Club	\$
Leisure	\$
Beauty	\$
Vacation	\$
Entertainment	\$
Newspapers/Periodicals	\$
Miscellaneous	\$
Discretionary Clothing	\$
Charitable Contributions	\$
Household	\$
Incidentals	\$
Gifts	\$
Other	\$
Total Discretionary Expenses:	\$
Total Monthly Outlay	
I. Savings	\$
II. Debt Payments	\$
III. Fixed Expenses	\$
IV. Variable/Fixed Expenses	\$
V. Discretionary Expenses	\$
Total	\$

Your Perspective

Protection		Yes	No	N/A
1	I understand the different aspects of my (our) car/home/umbrella insurance and have reviewed them recently:			
2	If I injured somebody in a car accident and got sued for \$500,000 I have enough insurance coverage to protect my assets:			
3	I or my family could go without my income or my spouse's income for a minimum of 5 years in the event of disability:			
4	If I or my spouse became disabled it would be important for me to know that I (we) have adequate income replacement:			
5	With the amount of life insurance we have in place my family could go without my income or my spouse's income in the event of death for a period long enough to get our youngest child out of the house:			
6	If I or my spouse passed away it would be important for me to know that I (we) have adequate income replacement for each other and our family:			
7	I (we) have up-to-date wills/trusts for our family:			
Wealth Building		Yes	No	N/A
8	I have a good idea and have tested how much annual savings I (we) should be doing to reach my (our) objectives:			
9	I understand that saving every year is vital, and that the dollars I (we) save today are our most valuable in the future:			
10	I feel my (our) annual savings amount is satisfactory:			
11	I understand that the financial strategies I (we) set in motion today directly impact my (our) results 5, 10, 15, 20, 25, 30, etc. years down the road:			
12	I feel the amount of liquid cash I (we) have available is satisfactory:			
13	I know what my (our) long term wealth building objectives are:			
14	I have a full understanding of how retirement income streams work:			
15	I understand that knowing how retirement income streams work is the first step in efficient/effective long term wealth building (begin with the end in mind):			
16	I understand the importance of combining financial tools (insurance and investments) together efficiently to create bigger retirement incomes:			
17	Participating in college funding for my children is important to me:			
18	I understand that college funding and my (our) retirement incomes are directly linked, or in other words, that if I didn't pay for college my retirement income would be bigger:			
19	I understand that the more efficient I am at paying for college the bigger my retirement income can be later:			
20	I understand how to pay for college in ways that reduces my retirement income the least:			

The main topics on my mind for Protection and Wealth Building are:

- Car/Home/Umbrella Insurance
- Disability Insurance
- Long Term Care
- Wills/Trusts
- Health Insurance
- Life Insurance
- Debt Management
- Access to Liquid Cash
- Efficient Allocation of My Retirement Savings
- College Funding
- Final Affairs Planning

Loans & Debt

Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store changes, checking credit lines, etc.

Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance	Insured Y or N?
	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Charities:

Name	Additional Comments

Do you plan on continuing your donations/volunteering with these charities? Yes No

Do you think you will continue donations/volunteering through retirement? Yes No

Miscellaneous Personal Property

Show estimated market value of what you own today

Item	Current Market Value
General Household Furnishing & Appliances	\$
Artwork, Antiques, etc.	\$
Jewelry, Yours	\$
Jewelry, Spouse	\$
Automobile#1	\$
Automobile #2	\$
Automobile #3	\$
Boat, Trailer, etc.	\$
Collections	\$
Other	\$

Advisors

People from whom you seek financial advice

	Name	Address	Phone	Satisfied?
Accountant				<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney				<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank or Trust Officer				<input type="checkbox"/> Yes <input type="checkbox"/> No
Property or Casualty Agent				<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance Agent				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Administrator				<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Advisor				<input type="checkbox"/> Yes <input type="checkbox"/> No
Stockbroker				<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Planner				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a safety deposit box? Yes No

Past experience with other advisors good or bad?

Remarks:

Savings Type Assets

Item	New Money/POR	Jointly Held	Yourself	Spouse	Children
Checking Account		\$	\$	\$	\$
Checking Account		\$	\$	\$	\$
Savings Account		\$	\$	\$	\$
Savings Account		\$	\$	\$	\$
Credit Union		\$	\$	\$	\$
Credit Union		\$	\$	\$	\$
Savings Bonds (Type)		\$	\$	\$	\$
Certificates		\$	\$	\$	\$
Certificates		\$	\$	\$	\$
Money Market Account		\$	\$	\$	\$
Money Market Account		\$	\$	\$	\$
Deferred Annuity		\$	\$	\$	\$
Deferred Annuity		\$	\$	\$	\$
Tax-Free Account		\$	\$	\$	\$
Tax-Free Account		\$	\$	\$	\$
Education Savings		\$	\$	\$	\$
Education Savings		\$	\$	\$	\$
Pension/Defined Benefit Plan		\$	\$	\$	\$
Pension/Defined Benefit Plan		\$	\$	\$	\$
Savings Plan at Work/Defined Contribution Plan		\$	\$	\$	\$
Savings Plan at Work/Defined Contribution Plan		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$

Investment Type Assets

Item	New Money/POR	Jointly Held	Yourself	Spouse	Children
Government Securities		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Corporate Bonds		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Municipal Bonds		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Stocks		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Funds/ Segregated Accounts		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Business		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Other		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Your Specific Retirement Objectives

1) Income Stream:

How much? \$ _____ (Pre-tax or After tax (circle one))

Minimum _____ % of Income Stream Guaranteed

2) Liquidity: (Money Not Being Drawn Upon For an Income Stream)

\$ _____

3) Legacy:

\$ _____ (If there are no specific legacy objectives then generally this is as much as possible after Income and Liquidity objectives are met)

Additional Information:

What is your strategy for distribution or liquidation of your retirement assets? _____

What is your exit strategy? _____

What is your Tax Diversification strategy? _____

How are you solving for a 2008 like downturn in the market? _____

Do you think taxes are going up in the future? Do you want to pay more? _____

How big of a paycheck do you need in retirement? _____

What is your strategy to beat inflation? _____

How are YOU preparing for a long term care event? _____

What are YOUR top 3 concerns about retirement? _____

Have you heard about the NEW retirement rules? _____

Have you calculated your OWN income based on the new rules? _____

What ideas do YOU have about how to maximize retirement income? _____

Has anyone ever really explained to you the major retirement risks & how to eliminate them? _____

Has anyone ever explained the history of retirement & what it means for you today? _____

Problem Identification Worksheet

CLIENT _____ DATE _____

Problem Identified	
P1	
P2	
P3	
P4	
P5	
P6	
P7	
P8	
P9	
S1	
S2	
S3	
S4	
S5	
S6	
S7	
S8	
S9	
G1	
G2	
G3	
G4	
G5	
G6	
G7	
G8	
G9	



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