



INVESTMENT ADVISORY | WEALTH MANAGEMENT | INSURANCE

At WWK, we realize that your time is valuable. Completing the questionnaire ahead of time allows you to spend sufficient time answering a vast array of factors critical in planning for your retirement. Without it, questions often go unanswered because information is not only available. Additionally, we are able to spend ample time to conduct research and analysis, avoiding gaps in planning. We are then able to spend more face-to-face time reviewing our findings and recommendations. Keep in mind, there are no costs for this evaluation service, nor are you under any obligation. As always, all information is strictly confidential.

Confidential Client Questionnaire

PERSONAL INFORMATION			CHILDREN	DATE OF BIRTH
Name				
Address				
City	State	Zip		
Home Phone				
Year In Which You Began Investing				
	CLIENT		SPOUSE	
Date of Birth				
Work Phone				
Mobile Phone				
E-mail Address				
Employer				
Occupation				
Expected Retirement Date				
Current Earned Income				
Rental Income				
Other				
Estimated Ongoing Investments (annually)				
Estimated Anticipated Employer Match(annually)				

RETIREMENT INCOME & RISK TOLERANCE

Estimated after-tax monthly income you will need to assure a comfortable retirement (in today's dollars)	\$	
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SOCIAL SECURITY	START AGE	START AGE
Please refer to your annual Social Security Statement. You can also estimate your benefits on the Social Security website. www.ssa.gov/oact/quickcalc .	\$	\$


PENSION	START AGE	START AGE
Pensions paid in a lump sum should be entered on the Assets Page under "RetirementAssets"	\$	\$
PAYMENT TYPE: <input type="checkbox"/> Life Annuity <input type="checkbox"/> 5-Year Certain & Continuous <input type="checkbox"/> 10-Year Certain & Continuous <input type="checkbox"/> 15-Year Certain & Continuous	<input type="checkbox"/> 50% Joint & Survivor <input type="checkbox"/> 75% Joint & Survivor <input type="checkbox"/> 100% Joint & survivor	<input type="checkbox"/> Life Annuity <input type="checkbox"/> 5-Year Certain & Continuous <input type="checkbox"/> 10-Year Certain & Continuous <input type="checkbox"/> 15-Year Certain & Continuous

PART-TIME WORK	\$	\$
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RISK TOLERANCE

PLEASE SELECT ONE:

More risk



Less Risk

N/A Speculative – Owning large holdings in individual stocks, options or other individual securities. Greatest chance for large losses.

High Growth – Opportunity to significantly exceed inflation with a diversified portfolio. High chance of short-term declines.

Moderate Growth – Opportunity to moderately exceed inflation with a diversified portfolio. Moderate chance of short-term declines.

Balanced – Opportunity to exceed inflation with a diversified portfolio of stocks and bonds. Still a chance of smaller short-term declines.

Conservative - Opportunity to slightly outpace inflation with a diversified portfolio of stocks and bonds. Losses less frequent in occurrence.

Capital Preservation – Opportunity to protect with largest risk being inflationary pressures.

ASSETS					
LIQUID ASSETS	CLIENT		SPOUSE		JOINT ACCOUNTS
Checking/Savings					
Money Market/CD					
Brokerage (Stocks/Bonds)					
Mutual Funds					
College Savings					
Annuity (Fixed or Variable)					
Other:					
RETIREMENT ASSETS					
Current 401 (k), 403(b), SEP, etc.					N/A
Former Retirement Plan Assets					N/A
Traditional IRA					N/A
Roth IRA					N/A
Pension (Cash Value If Available)					N/A
Other:					N/A
ILLIQUID ASSETS					
Primary Residence					N/A
Second Residence					N/A
Rental					N/A
Autos (Estimated Value)					N/A
Business Ownership					
LIABILITIES					
	BALANCE	RATE	YEAR BORROWED	TERM	MONTHLY PAYMENT
Mortgage (Primary)					
Home Equity					
Mortgage (Other)					
Auto #1					
Auto #2					
Credit Card					
Other					
MISCELLANEOUS					
	CLIENT			SPOUSE	
Life Insurance Face Amount					
Life Insurance Cash Value					
DO YOU HAVE:	Yes	No	Need		
Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Care/Financial POA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Attorney(Name/Phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CPA (Name/Phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>PLEASE SELECT ONE:</p> <p><input type="checkbox"/> I/we prefer to invest in lower cost products without guarantees of income or principal guarantees for heirs.</p> <p><input type="checkbox"/> I/we prefer to invest in products that contain protection for heirs even though annual charges are higher.</p> <p><input type="checkbox"/> I/we prefer to invest in products that provide guaranteed income payments even though annual charges are higher.</p>					
			<p>CHECKLIST:</p> <p><input type="checkbox"/> Completed Confidential Client Questionnaire</p> <p><input type="checkbox"/> Included copies of most recent statements of all assets listed and Social Security Statement</p> <p><input type="checkbox"/> Attached additional notes on back page if necessary</p>		
Client Signature _____		Spouse Signature _____		Date _____	

