



NORTHEAST PASSAGE
FINANCIAL ADVISORS LLC

Objective. Clear. Sensible Guidance.

Personal Financial Planning Fact-Finder

Please return this fact-finder, along with the items checked on the next page, at least 10 days prior to our appointment. You need to respond only to items with a checkmark.

Printable .pdf version available on line: You may also download a .pdf copy of this questionnaire, which you can either fill out on your computer, or use to print a second hard copy, by going to www.NE-Passage.com and clicking "Forms" on the right margin of the web-page.

If you wish to send this questionnaire or other documents to us electronically: we suggest you either fax them to us at 800.724.9102 or call us when you're ready to email the .pdf's – we'll send you a secure e-mail "envelope" that will allow you to return the documents in encrypted form.

Thank you!

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*This information is strictly confidential and will not be disclosed
to anyone without your consent.*

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1. Please Provide Us With These Documents:

Documents to return with this fact-finder ten (10) days prior to our meeting (checked items only):

- Signed service agreement with check for initial payment.
- Recent pay check stub and/or pension check stubs for each client.
- Most recent Social Security benefit statement for each client.
- Copies of recent investment statements for all investment accounts, IRA's, 401(k)'s, etc.
- Copies of your three (3) most recent Federal tax returns.
- Recent statements for mortgages and loans.
- Employee benefits annual statement and benefits handbook.
- Cash value statements for life insurance policies and annuities.
- Financial statement for business you own or co-own.
- Cash Flow questionnaire given to you along with this fact-finder.
- Estate Planning questionnaire given to you along with this fact-finder.
- Wills, trusts, powers-of-attorney, living wills, and health care proxies.
- Insurance questionnaire given to you along with this fact-finder.
- Copies of disability income policies (group plans plus any individual plans).
- Business Ownership questionnaire given to you with this fact-finder.
- Parent Care questionnaire given to you with this fact-finder.
- Other: _____.

2. Tell Us About Yourself:

	<u>Client 1</u>	<u>Client 2</u>
Legal Name	_____	_____
Preferred Name	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Fax (Home/Work)	_____	_____
E-Mail Address	_____	_____
US Citizen? (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status (check all that apply)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Unmarried Partners	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Unmarried Partners

3. How May We Communicate With You?

Preferred method to contact you with questions, about appointments, etc.? Phone Email

May we correspond with you by password-protected* email? Yes No, prefer US mail

Please provide a password for us to send secure (encrypted) documents and email: _____

(Remember to keep a record of this password.)

Who is the primary contact person during business hours? _____

**Our email is strongly encrypted and probably safer than US mail; but also easy to use.*

4. Tell Us About Your Family:

Please list children and other dependents:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent? (Y/N)</u>	<u># G' Children</u>	<u>Residence If Different (City/State)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you spending significant time or financial resources caring for a close relative? _____

5. Summarize Your Income, Spending & Savings:

INCOME

	<u>Client 1</u>	<u>Client 2</u>
Employer	_____	_____
Title/Job	_____	_____
Years With Employer	_____	_____
Anticipated Employment Changes?	_____	_____
Salary	_____	_____
Bonus/Commissions	_____	_____
Self-Employment Income	_____	_____
Other Earned Income	_____	_____
Pension Income	_____	_____
Social Security Income	_____	_____
Alimony	_____	_____
Other: _____	_____	_____
Total Current Year	_____	_____

Is income fairly uniform and reliable? _____

RETIREMENT CONTRIBUTIONS AND SAVINGS

Are you contributing on a regular basis to a retirement plan such as a 401k, 403b, IRA, pension or deferred compensation plan? (Y/N) _____. If so, how much? (% of salary) _____%.

Are you contributing to other savings? (Y/N) _____. If so, what type? _____.
How much? _____ per _____.

SPENDING

Do you know how much you spend per year on your living expenses (excluding taxes)? (Y/N) _____. If so, how much? _____ per _____. What percent of this amount is discretionary (that is, in a pinch you could do without)? _____%.

6. Tell Us About Your Financial Situation:

FINANCIAL SITUATION AND OPINIONS

Please rate each statement using a scale of 1–5 (1 = very accurate, 5 = not at all accurate).

	<u>Client 1</u>	<u>Client 2</u>
1. I have clearly defined goals.	_____	_____
2. I know how much money I will need to reach my goals.	_____	_____
3. I am confident that I am saving enough to reach my goals.	_____	_____
4. (If retired) I am sure I won't outlive my money.	_____	_____
5. I am certain that I am not under- or over-insured.	_____	_____
6. I am confident that I have minimized my income taxes.	_____	_____
7. I feel comfortable with my level of debt.	_____	_____
8. I know exactly where my money goes each month.	_____	_____
9. I am saving at least 10% of my income.	_____	_____
10. I am happy with the home I own.	_____	_____
11. I have a well-defined investment strategy.	_____	_____
12. I am confident that my investment expenses are reasonable.	_____	_____
13. I understand how each of my investments fits into my strategy.	_____	_____
14. I am sure I reacted appropriately to the recent market declines.	_____	_____
15. I clearly understand my company retirement plan and other benefits.	_____	_____
16. I am satisfied with my career path and income.	_____	_____
17. The various financial aspects of my life are well coordinated.	_____	_____
18. Money stresses are not affecting my personal relationships or me.	_____	_____

What is your expectation for long-term return on your investments? (Check the correct box)

Client 1: 3 to 6% 7 to 9% 10 to 12% 13 to 15% Greater than 15% No Idea

Client 2: 3 to 6% 7 to 9% 10 to 12% 13 to 15% Greater than 15% No Idea

Please tell us ...

Client 1

Client 2

What was the best financial decision you ever made?

What was the worst?

(If not retired) At what age do you plan to be financially independent and able to retire?

CREDIT

Couples: If your finances have been fully integrated for a long time and your credit history is shared, just enter the same answer for both clients. If your history together is shorter and/or you maintain more or less separate finances with respect to spending or debt, then answer separately for each client.

Our Credit history is:

	<u>Client 1</u>	<u>Client 2</u>
Good: I/we pay my bills on time & have never declared bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>
Fair: I/we have had a few bills past due	<input type="checkbox"/>	<input type="checkbox"/>
Poor: I/we have delinquencies, repossessions or bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>

ADVISORS

Rate your working relationships with each of the following advisors:

	<u>Dissatisfied</u>	<u>Could Be Better</u>	<u>Satisfied</u>	<u>Better Than Expected</u>	<u>I/We Highly Recommend</u>	<u>Not Applicable</u>
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (car/home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAXES

Are all Federal, State & Local tax returns up-to-date and filed on time? Yes No

Are any of your income tax filings on extension? Yes No

Who prepares your tax returns? CPA Other paid preparer Self

7. List Your Insurance Coverages:

Life Insurance Death Benefits

	<u>Client 1</u>	<u>Client 2</u>
Employer sponsored	\$	\$
Personally owned	\$	\$

Are you covered by the following insurance?

	Yes	No	Yes	No
Hospitalization, Major Medical, HMO, Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or Renter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Summarize Your Estate Planning:

	<u>Client 1</u>		<u>Client 2</u>	
	Yes	No	Yes	No
Wills				
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a revocable trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an irrevocable trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Durable Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Health Care Proxy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate any inheritance in the future? If so, how much? _____

9. Describe Your Assets & Liabilities:

ASSETS

Please remember to attach copies of recent statements for all financial assets such as, bank accounts, brokerage accounts, retirement plans/accounts, mutual funds, etc. (If you have this information in a format of your own design, such as a spreadsheet or Quicken report, please feel free submit it in place of statements).

Estimate the value of financial assets held in your possession:

US Savings Bonds _____ Stocks _____ Precious Metals _____ Other _____

Estimate the value of Real Estate you own:

Residence _____ 2nd Home _____ Rental _____ Other _____

	<u>Client 1</u>		<u>Client 2</u>	
Employee Stock Plans	Yes	No	Yes	No
Do you participate in a company stock option plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in a company stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Assets (please list with estimated value):

<u>Asset</u>	<u>Est. Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate %*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If not paid in full each month*

<u>Loans</u> <i>(mortgages, auto, business, school, other)</i>	<u>Interest Rate %</u>	<u>Monthly Payment \$</u>	<u>Current Balance \$</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received a copy of your credit report recently? Yes No

10. Describe What You'd Like to Accomplish With Us:

YOUR OBJECTIVES

Please list your top 3-5 goals or areas of concern:

1. _____
2. _____
3. _____
4. _____
5. _____

What motivated you to seek financial advice?

What are you looking for in a Financial Advisor?

What do you hope to get out of our first meeting?

OTHER

Have you ever been dissatisfied with a financial advisor? Yes No If so, what caused the dissatisfaction?

Do you use a computer at home? Yes No If so, is it (check one) Windows Mac Other

Do you use a system to track your spending? Yes No If so, manual or computer? _____

If computer, what software do you use? _____

Have you ever been or are you now involved in any litigation? Yes No

Completed By:

Client 1: _____ Date Completed _____

Client 2: _____ Date Completed _____