

Karl W. Blovet and Associates

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1): _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ E-mail: _____ Social Security #: _____ Birthdate: _____	CLIENT NAME (2): _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ E-mail: _____ Social Security #: _____ Birthdate: _____
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Primary Contact Person during business hours? _____

Contacted by (circle one)
E-mail or Phone

FAMILY MEMBERS (Please list children and other dependants.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self Employment Income: _____ Bonus/Com missions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____	Client Employer (2): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____
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Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Do you have estate planning documents?
 When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected? _____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.
 (1 being most true and 5 least true)

- _____ I would rather work longer than reduce my standard of living in retirement.
- _____ I feel that I/we can reduce our current living expenses to save more for the future if needed.
- _____ I am more concerned about protecting my assets than about growth.
- _____ I prefer the ease of mutual funds over individual securities.
- _____ I am comfortable with investments that promise slow, long term appreciation and growth.
- _____ I don't brood over bad investment decisions I've made.
- _____ I feel comfortable with aggressive growth investments.
- _____ I don't like surprises.
- _____ I am optimistic about my financial future.
- _____ My immediate concern is for income rather than growth opportunities.
- _____ I am a risk taker.
- _____ I make investment decisions comfortably and quickly.
- _____ I like predictability and routine in my daily life.
- _____ I usually pick the tried and true, the slow, safe but sure investments.
- _____ I need to focus my investment efforts on building cash reserves.
- _____ I prefer predictable, steady return on my investments, even if the return is low.

Rate your working relationships with each of the following advisors that apply :

Adviser	Satisfaction Rating					Very Satisfied	Not Applicable
	Dissatisfied	2	3	4	5		
Financial Planner	1	2	3	4	5	X	
Broker	1	2	3	4	5	X	
Broker	1	2	3	4	5	X	
Accountant	1	2	3	4	5	X	
Tax Preparer	1	2	3	4	5	X	
Attorney	1	2	3	4	5	X	
Insurance Agent	1	2	3	4	5	X	
Insurance Agent	1	2	3	4	5	X	

Client (1)

Client (2)

INSURANCE

	Coverage/Cost	<u>Group</u>	<u>Individual</u>	Coverage/Cost	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

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>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____ %	_____ \$	_____ \$	_____ \$
_____	_____	_____ %	_____ \$	_____ \$	_____ \$
_____	_____	_____ %	_____ \$	_____ \$	_____ \$
_____	_____	_____ %	_____ \$	_____ \$	_____ \$

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

Please comment on the advice you seek.

These items may be needed, should you engage our services:

- | | |
|------------------------------------|--------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policies |

If you will be coming to our office for your financial consultation, please bring this completed form with you.
If we will be teleconferencing with you, please (1) keep a copy of your completed form,
(2) fax or mail a copy to us at the following address:

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