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TrovatoWealthManagement.com



Trovato
WEALTH MANAGEMENT



CONFIDENTIAL
FINANCIAL
QUESTIONNAIRE



This personal confidential financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the **essential** first step in planning your financial future.

PLEASE BRING THE FOLLOWING DOCUMENTS:

- 1. Last year's tax return.
- 2. All brokerage firm statements.
- 3. All life insurance & annuity policies.
- 4. All IRA & retirement account statements.



Today's Date: _____

RESET FORM

1 FAMILY INFORMATION:

Name: _____ Nickname: _____ Age: _____

SSN# _____ Birthdate: _____ Birthplace: _____

Driver's License # _____ Issue Date: _____ Exp. Date: _____ State of Issue: _____

Spouse: _____ Nickname: _____ Age: _____

SSN# _____ Birthdate: _____ Birthplace: _____

Driver's License # _____ Issue Date: _____ Exp. Date: _____ State of Issue: _____

Address (including zip code): _____

Phone# (s): (Home) _____ (Your Work) _____ (Spouse's Work) _____

(Your Cell) _____ (Spouse's Cell) _____

Your E-mail: _____ Spouse's E-mail: _____

Children	Age	State	Grandchildren	Age	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2 EMPLOYMENT INFORMATION:

Your Job Title: _____	Your Employer: _____
Length of Employment: _____	Your Annual Wages: _____
Address: _____	Phone: _____
Spouse's Job Title: _____	Spouse's Employer: _____
Length of Employment: _____	Spouse's Annual Wages: _____
Address: _____	Phone: _____

3 PERSONAL QUESTIONS:

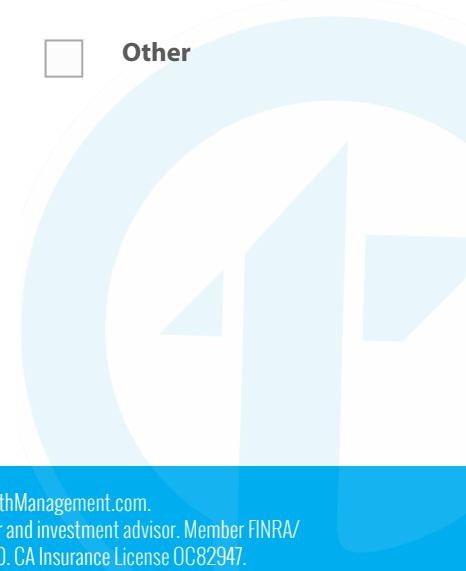
Please mark 'Yes' or 'No' as it relates to you.

	YES	NO
1. Do you have a financial advisor or stockbroker? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Any concerns with your previous financial advisor or stock broker?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have an attorney? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a living trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have an accountant? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you expect to care for a child or parent?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you expect an inheritance?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have long-term care protection?	<input type="checkbox"/>	<input type="checkbox"/>

4 CURRENT INVESTMENT ACCOUNTS:

(Please check any brokerage firms with which you have an account.)

<input type="checkbox"/> Ameriprise	<input type="checkbox"/> Smith Barney
<input type="checkbox"/> Charles Schwab	<input type="checkbox"/> TD Ameritrade
<input type="checkbox"/> Edward Jones	<input type="checkbox"/> UBS
<input type="checkbox"/> Fidelity	<input type="checkbox"/> Vanguard
<input type="checkbox"/> Merrill Lynch	<input type="checkbox"/> Wells Fargo Advisors
<input type="checkbox"/> Morgan Stanley	<input type="checkbox"/> Other



5 FINANCIAL PLANNING OBJECTIVES

Rank the following according to your level of concern. (Please circle the most appropriate number.)

	NOT CONCERNED					VERY CONCERNED				
Planning for Children Or Grandchildren	1	2	3	4	5	6	7	8	9	10
Reducing Current Income Tax	1	2	3	4	5	6	7	8	9	10
Increasing Current Income	1	2	3	4	5	6	7	8	9	10
Estate Planning	1	2	3	4	5	6	7	8	9	10
Desire for Professional Financial Management	1	2	3	4	5	6	7	8	9	10
Maximum Growth	1	2	3	4	5	6	7	8	9	10
Combined Growth & Income	1	2	3	4	5	6	7	8	9	10
Preservation of Capital	1	2	3	4	5	6	7	8	9	10
Future Income	1	2	3	4	5	6	7	8	9	10

6 MONTHLY RETIREMENT INCOME

SOCIAL SECURITY

Age 62: You: _____ Spouse: _____

FRA (Full Retirement Age) You: _____ Spouse: _____

Age 70: You: _____ Spouse: _____

PENSION

You: \$ _____

Spouse: \$ _____

7 MISCELLANEOUS INCOME (TYPE: BUSINESS INCOME, TRUST INCOME, ROYALTY INCOME, ETC.)

Source Type: _____ Estimated Income: \$ _____ per month/year

Source Type: _____ Estimated Income: \$ _____ per month/year

Source Type: _____ Estimated Income: \$ _____ per month/year

8 BANK & CREDIT UNION INVENTORY
 (TYPE: CHECKING, SAVINGS, MONEY MARKET ACCOUNTS, ETC.)

Name of Bank / Institution	Average Balance
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

9 REAL ESTATE (TYPE: RESIDENCES, RENTALS, VACATION PROPERTIES, COMMERCIAL, FARM LAND, RAW LAND, ETC.)

Address / Type	Estimated Value	Remaining Mortgage/ Interest Rate	Equity (Value Less Mortgage)	Monthly Payments (Principal, Interest, Taxes & Insurance)	Monthly Maintenance & Management Expenses	Monthly Rental Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

10 RETIREMENT ACCOUNTS (TYPE: IRA, 401K, 403(B), TSA, ROTH, SEP, ETC.)

Please bring your latest reports/statements.

Name of Bank / Institution	Type	Approximate Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

11 NON-RETIREMENT ACCOUNTS (TYPE: TRUST, MUTUAL FUNDS, ETF'S, LIMITED PARTNERSHIPS, INDIVIDUAL STOCKS, ETC.)

Please bring your latest reports/statements.

Number of Shares	Name of Company	Original Investment	Market Value	Ownership	Date Acquired
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

12 EDUCATION SAVINGS ACCOUNTS (TYPE: 529 PLANS, COVERDELL IRA'S, UGMA/UTMA, ETC.)

Please bring your latest reports/statements.

Name of Bank/Institution	Type	Approximate Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13 CERTIFICATES OF DEPOSIT

Please bring your latest reports/statements.

Name of Bank/Institution	Rate of Return	Amount Invested	Maturity Date
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

14 ANNUITIES (TYPE: FIXED, INDEXED, VARIABLE, ETC.)

Please bring your latest reports/statements.

Insurance Company	Original Invested	Current Market Value	Date Purchased
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

15 LIFE INSURANCE

Please bring your latest reports/statements.

Insurance Company	Type	Face Amount	Cash Value	Annual Premium	Who is Insured	Who is Beneficiary
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____

16 LOANS & DEBTS

Please include personal loans, college loans, homes improvement loans, passbook loans, car loans, credit cards, credit line. etc.

Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance	Is The Debt Insured?
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

