



LIFE PLANNING QUESTIONNAIRE



OUR COMMITMENT CREED

We define success as being significant in the lives of the clients we serve and the communities in which we live.

We make a difference in the lives of our clients. We celebrate their achievements and support them in the times of challenge and adversity, helping them navigate through life's turbulent waters.

We empower our clients' dreams.

The Three Questions

The Three Questions are the most important and revealing of all Life Planning exercises. It is important to answer them in order, without looking ahead to the next question. Please allow yourself the time to contemplate each question individually and write as complete an answer as you can before moving on.

Question 1

Imagine that you are financially secure and that you have all the money you need for the rest of your life. How would you live your life? Would you change anything? What would you do? Let yourself go. Don't hold back on your dreams. Will you change your life and how will you do it?

Question 2

This time you visit your doctor who tells you that you have only 5-10 years left to live. The good news is that you won't ever feel sick. The bad news is that you will have no notice of the moment of your death. What will you do in the years you have remaining? Will you change your life and how will you do it?

Question 3

This time your doctor shocks you with the news that you have only one day left to live. Notice what feelings arise as you confront your very real mortality. Reflecting on your life, on all your accomplishments as well as on all the things that will remain undone, ask yourself:

What did I miss?

Who did I not get to be?

What did I not get to do?



_____ Date Completed

FAMILY INFORMATION

Your Name	Goes By	Age	Birthdate

Spouse's Name / Significant Other	Goes By	Age	Birthdate

	<u>Child's Name</u>		<u>Child's Date of Birth</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
Residence Address	City	State	Zip Code

Your Home Phone	Your Cell Phone	Your Email Address	

Spouse's Home Phone	Spouse's Cell Phone	Spouse's Email Address	

Referred By	_____		
	Client Name or Source (e.g. Google, Website, Social Media)		

OCCUPATION

Your Job Title	Employer (last, if retired)	# of Years	Work Phone

Spouse's Job Title	Employer (last, if retired)	# of Years	Work Phone

PERSONAL ADVISORS

Financial Advisor's Name	_____	Firm	_____
Do you have a preference or commitment to this advisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attorney's Name	_____	Firm	_____
Do you have a preference or commitment to this advisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accountant's Name	_____	Firm	_____
Do you have a preference or commitment to this advisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

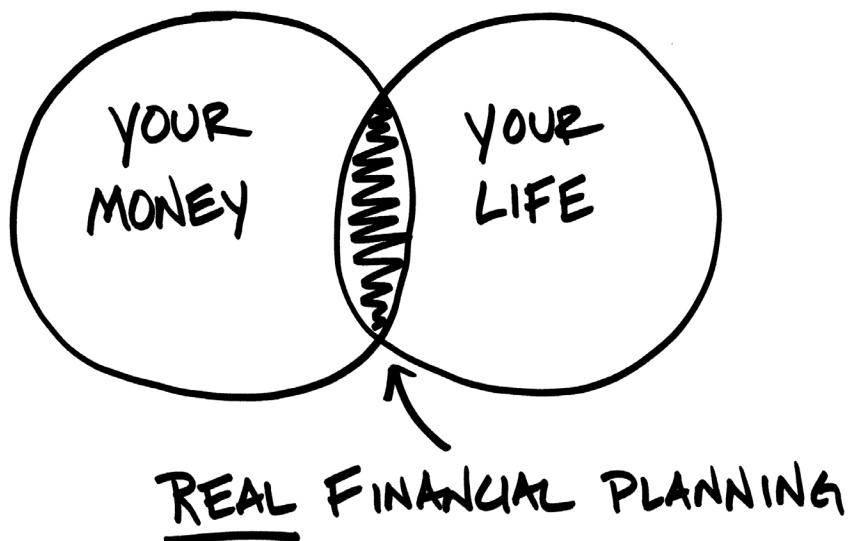
PERSONAL GOAL PLANNING

How can we help you? On a scale of 1 to 10 (1 being low and 10 being high) please rate the following:

- _____ Increase my net worth by _____%
- _____ Reduce my tax burden
- _____ Pay education expenses for my children
- _____ Financial security at retirement
- _____ Purchase real estate
- _____ Plan for long-term care
- _____ Provide for my family in the event of my (or my spouse's) death
- _____ Minimize the cost of probate and estate taxes
- _____ Control the distribution of assets to my heirs
- _____ Fund a charitable endeavor

If you could change 3 things about your current financial situation, what would you change?

- 1) _____
- 2) _____
- 3) _____



OBJECTIVES AND CONCERNS

GENERAL

Are you anticipating any major lifestyle changes? Yes No Uncertain
(i.e., marriage, divorce, retirement, moving, education expenses, etc.)

If so, what changes are you expecting? _____

Are you comfortable with the current relationship between your income and expenses? Yes No Uncertain

Is your income fixed or variable? Fixed Variable Uncertain

Do you have a family budget? Yes No

If you answered yes, do you maintain this budget? Yes No

How do you track family spending? _____

RETIREMENT PLANNING

What is your desired retirement date? _____

What minimum income will you need at retirement (in today's dollars)? \$ _____

Are you / your spouse contributing to an IRA? Just me Just spouse Both of us No

If you answered yes, is it Traditional or Roth? Traditional Roth Both No

Are you covered by a retirement savings plan? Just me Just spouse Both of us No

401(k) 403(b) Pension Other Notes _____

Will you or your spouse be a beneficiary of a company retirement plan? Me Spouse No

ASSET PROTECTION

Do you have life insurance? Yes No Uncertain

Do you have insurance to cover long-term care expenses? Yes No Uncertain

Do you have a plan for asset protection if Medicaid coverage is needed? Yes No Uncertain

ESTATE PLANNING

Do you have current wills? Yes No Uncertain

Have you established any trusts? Yes No Uncertain

Are you now or do you anticipate being the beneficiary of a trust or estate? Yes No Uncertain

FAMILY BALANCE SHEET

ASSETS

NON-RETIREMENT:

Checking \$ _____

Savings \$ _____

Money Market \$ _____

Investment Account \$ _____

Notes Receivable (IOU) \$ _____

Debts Receivable \$ _____

RETIREMENT:

IRA \$ _____

Roth IRA \$ _____

SEP IRA \$ _____

401(k) \$ _____

403(b) \$ _____

529 \$ _____

College Savings \$ _____

Pension \$ _____

Profit Sharing \$ _____

BUSINESS INTEREST: \$ _____

REAL ESTATE: \$ _____

OTHER: (Collectibles, Jewelry, Art, etc.)

LIABILITIES

SHORT TERM:

Credit Cards \$ _____

Personal Loans \$ _____

LONG TERM:

Mortgage \$ _____

Home Equity Loan \$ _____

Business Debt \$ _____

Additional Property \$ _____

Student Loans \$ _____

Car Loans \$ _____

OTHER:

FAMILY INCOME STATEMENT

YOUR GROSS ANNUAL INCOME

Salary	\$ _____
Commissions	\$ _____
Dividends & Interest	\$ _____
Investment Income	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension	\$ _____
Annuity	\$ _____
Other	\$ _____
Total	\$ _____

SPOUSE'S GROSS ANNUAL INCOME

Salary	\$ _____
Commissions	\$ _____
Dividends & Interest	\$ _____
Investment Income	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension	\$ _____
Annuity	\$ _____
Other	\$ _____
Total	\$ _____

MONTHLY FAMILY LIVING EXPENSES

Fixed: (Mortgage, Car Loans, etc.)	\$ _____
Variable: (Groceries, Utilities, Gasoline, Car Repairs, etc.)	\$ _____
Discretionary: (Travel, Entertainment, Charitable/Family Gifting, etc.)	\$ _____
Total:	\$ _____
One-Time/Annual Expenses Total: (Insurance Premiums, Property Taxes, etc.)	\$ _____



RISK TOLERANCE QUESTIONNAIRE

The following questionnaire provides a scientific assessment of your personal financial risk tolerance.

Your Financial Risk Tolerance Profile

The results of this risk tolerance questionnaire helps us better understand you and makes recommendations that are the right 'fit' for you. We recommend that we discuss your risk tolerance profile and find out how your risk tolerance fits with your asset structure.

In the questionnaire, you are asked about your attitudes, values and experiences. There are no right or wrong answers - it is more like having your pulse or blood pressure measured.

How the Questionnaire Works

The questionnaire is a series of easy to complete multiple-choice questions. Like all multiple-choice questionnaires, sometimes none of the answers will match exactly what you want to say. When that happens, choose the answer that is closest or 'best fit' to your response.

Similarly, give your 'best fit' answer for questions that ask about a situation that isn't relevant to you, or in situations where you would normally seek further information. Remember - there are no right or wrong answers.

Please answer all the questions. Choose the option that best indicates how you feel about each question. If none of the options is exactly right for you, choose the option that is closest.

1. Compared to others, how do you rate your willingness to take financial risks?

- 1. Extremely low risk taker.
- 2. Very low risk taker.
- 3. Low risk taker.
- 4. Average risk taker.
- 5. High risk taker.
- 6. Very high risk taker.
- 7. Extremely high risk taker.

2. How easily do you adapt when things go wrong financially?

- 1. Very uneasily.
- 2. Somewhat uneasily.
- 3. Somewhat easily.
- 4. Very easily.

3. When you think of the word "risk" in a financial context, which of the following words comes to mind first?

- 1. Danger.
- 2. Uncertainty.
- 3. Opportunity.
- 4. Thrill.

4. When faced with a major financial decision, are you more concerned about the possible losses or the possible gains?

- 1. Always the possible losses.
- 2. Usually the possible losses.
- 3. Usually the possible gains.
- 4. Always the possible gains.

5. What degree of risk are you currently prepared to take with your financial decisions?

- 1. Very small.
- 2. Small.
- 3. Medium.
- 4. Large.
- 5. Very large.

6. Suppose that 5 years ago you bought stock in a highly regarded company. That same year the company experienced a severe decline in sales due to poor management. The price of the stock dropped drastically and you sold at a substantial loss.

The company has been restructured under new management, and most experts now expect it to produce better than average returns. Given your bad past experience with this company, would you buy stock now?

- 1. Definitely not.
 - 2. Probably not.
 - 3. Not sure.
 - 4. Probably.
 - 5. Definitely.
-

7. **Investments can go up and down in value and experts often say you should be prepared to weather a downturn. By how much could the total value of all your investments go down before you would begin to feel uncomfortable?**

- 1. Any fall in value would make me feel uncomfortable.
- 2. 10%.
- 3. 20%.
- 4. 33%.
- 5. 50%.
- 6. More than 50%.

8. **Most investment portfolios have a mix of investments - some of the investments may have high expected returns but with high risk, some may have medium expected returns and medium risk, and some may be low-risk/low-return. (For example, stocks and real estate would be high-risk/high-return whereas cash and CDs (certificates of deposit) would be low-risk/low-return.)**

Which mix of investments do you find most appealing? Would you prefer all low-risk/low-return, all high-risk/high-return, or somewhere in between?

Mix of Investment in Portfolio

Portfolio	High Risk/Return	Medium Risk/Return	Low Risk/Return
<input type="checkbox"/> 1.	0%	0%	100%
<input type="checkbox"/> 2.	0%	30%	70%
<input type="checkbox"/> 3.	10%	40%	50%
<input type="checkbox"/> 4.	30%	40%	30%
<input type="checkbox"/> 5.	50%	40%	10%
<input type="checkbox"/> 6.	70%	30%	0%
<input type="checkbox"/> 7.	100%	0%	0%

9. **With some types of investment, such as cash and CDs (certificates of deposit), the value of the investment is fixed. However inflation will cause the purchasing power of this value to decrease.**

With other types of investment, such as stocks and real estate, the value is not fixed. It will vary. In the short term it may even fall below the purchase price. However over the long term, the value of the stocks and real estate should certainly increase by more than the rate of inflation.

With this in mind, which is more important to you - that the value of your investments does not fall or that it retains its purchasing power?

- 1. Much more important that the value does not fall.
- 2. Somewhat more important that the value does not fall.
- 3. Somewhat more important that the value retains its purchasing power.
- 4. Much more important that the value retains its purchasing power.

10. **Think of the average rate of return you would expect to earn on an investment portfolio over the next ten years. How does this compare with what you think you would earn if you invested the money in one-year CDs (certificates of deposit)?**

- 1. About the same rate as from CDs.
 - 2. About one and a half times the rate from CDs.
 - 3. About twice the rate from CDs.
 - 4. About two and a half times the rate from CDs.
 - 5. About three times the rate from CDs.
 - 6. More than three times the rate from CDs.
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Demographic Questionnaire

Finally, a few questions about yourself to help us understand the pattern of Risk Tolerance in our community. Please note that this section is optional and is not part of the scoring process.

1. **I am**
 - 1. Male.
 - 2. Female.
 - 3. Other.
2. **My year of birth is 19_____**
3. **The highest education level I attained, or the closest equivalent, is**
 - 1. Did not complete high school.
 - 2. Completed high school.
 - 3. Trade or diploma qualification.
 - 4. University degree or higher qualification.
4. **Having in mind income from all sources - work, investment, family and government - into which income bracket does your personal before-tax income fall?**
 - 1. Under \$20,000.
 - 2. \$20,000 - \$49,999.
 - 3. \$50,000 - \$99,999.
 - 4. \$100,000 - \$199,999.
 - 5. \$200,000 - \$499,999.
 - 6. \$500,000 - \$999,999.
 - 7. \$1,000,000 or over.
5. **Are you married (or in a de facto relationship)?**
 - 1. Yes.
 - 2. No.
6. **If "Yes", into which income bracket does your combined before-tax income fall?**
 - 1. Under \$20,000.
 - 2. \$20,000 - \$49,999.
 - 3. \$50,000 - \$99,999.
 - 4. \$100,000 - \$199,999.
 - 5. \$200,000 - \$499,999.
 - 6. \$500,000 - \$999,999.
 - 7. \$1,000,000 or over.
7. **How many people in your family, beside yourself, do you fully or partially support financially? _____**
8. **Think of your net worth as being what you own, including your family home and other personal-use assets, minus what you owe. Into which bracket does the value of your net worth fall? (If you are married or have a de facto partner, include only your share of jointly owned assets less your share of what you owe jointly.)**
 - 1. Under \$10,000.
 - 2. \$10,000 - \$24,999.
 - 3. \$25,000 - \$49,999.
 - 4. \$50,000 - \$99,999.
 - 5. \$100,000 - \$199,999.
 - 6. \$200,000 - \$499,999.
 - 7. \$500,000 - \$999,999.
 - 8. \$1,000,000 - \$1,999,999.
 - 9. \$2,000,000 - \$4,999,999.
 - 10. \$5,000,000 - \$9,999,999.
 - 11. \$10,000,000 - \$19,999,999.
 - 12. \$20,000,000 or over.

You may wish to review your answers before returning the questionnaire to your advisers. In order to have your Risk Tolerance report prepared, you must answer all 10 questions in the Risk Tolerance Questionnaire. Now is the best time to check for omissions and correct any mistakes. Once your answers are recorded they cannot be changed. This is done to ensure the integrity of the data. If, later, you wish to change an answer, this can only be done by entering a completely new set of answers which includes the change.



Thank you for taking the time to complete this profile!

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