



PERSONAL FINANCIAL QUESTIONNAIRE

This information will help us serve you better! If a question does not apply to you, please write N/A. If you need more space for answers or if the information is in another document, please include an attachment or reference the other document. A list of documents that will assist us in preparing your financial plan is provided as part of this package. Once you have completed this questionnaire, please make a copy for yourself and return the original along with the documents requested. **(Please Use Pen!)**

General Information

Client(s) Name _____

Date of Birth _____

Address _____

Home Phone _____

Business Phone _____

Fax _____

Cell Phone _____

E-mail _____

Citizenship _____

Occupation _____

Dependents - relationship and age of each

Advisors (Name, Address, Phone and E-mail)

CPA _____

Attorney _____

Insurance Agent _____

Objectives

What do you consider your primary financial goals and/or concerns? Rank the relative importance of the following goals from 1 to 5, starting with 1 (one) for the most important.

| | Over The Next 12 months | Over The Next 5 Years | Longer term (5-50 years) |
|---|----------------------------|--------------------------|-----------------------------|
| Understanding/managing current income and expenses | _____ | _____ | _____ |
| Developing an investment plan | _____ | _____ | _____ |
| Maximizing Tax Deductions | _____ | _____ | _____ |
| Having a comfortable lifestyle in the future | _____ | _____ | _____ |
| Providing for appropriate estate documents (wills, health care proxies) | _____ | _____ | _____ |
| Dependant care and/or education | _____ | _____ | _____ |
| Understanding insurances needs, costs | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |

Income and Expenses

Do you feel that you currently have a comfortable lifestyle?

Do you generally live within your income?

Could you save more money if needed to achieve a financial goal?

Do you receive any other form of compensation other than salary and bonus?

Income

| | | |
|-----------------|---------|---------|
| Salary | \$_____ | \$_____ |
| Investments | \$_____ | \$_____ |
| Social Security | \$_____ | \$_____ |
| Pension | \$_____ | \$_____ |
| Alimony | \$_____ | \$_____ |
| Inheritance | \$_____ | \$_____ |
| Other | \$_____ | \$_____ |

How much have you been able to save over the past 12 months?

Retirement Accounts (tax deferred investments)_____

Other Savings (taxable investments)_____

Do you anticipate a significant change (+ or - 10%) in your own (or your partner's earnings) over the next 12 months and the next 5 years?_____

Expenditures

Indicate your annual expenditures for each of the following (if possible and as appropriate):

| | | | |
|----------------------------|----------|------------------------|----------|
| Savings / Investments | \$ _____ | Spending Money / Misc. | \$ _____ |
| Taxes - Income | \$ _____ | Insurance - Auto | \$ _____ |
| - Real Estate | \$ _____ | Home | \$ _____ |
| Housing - Rent / Mortgage | \$ _____ | - Health | \$ _____ |
| - Assoc./Mgmt Fees | \$ _____ | - Disability | \$ _____ |
| Utilities | \$ _____ | - Life | \$ _____ |
| Telephone | \$ _____ | - Umbrella | \$ _____ |
| Cable | \$ _____ | - Long Term Care | \$ _____ |
| Home Repairs | \$ _____ | Child Care | \$ _____ |
| Auto - Loans | \$ _____ | Education | \$ _____ |
| - Operations | \$ _____ | Alimony | \$ _____ |
| Food / Home Supplies | \$ _____ | Child Support | \$ _____ |
| Dining Out / Entertainment | \$ _____ | Business Expenses | \$ _____ |
| Travel / Vacation | \$ _____ | Gifts | \$ _____ |
| Clothing | \$ _____ | Credit Card Debt | \$ _____ |
| Laundry / Cleaning | \$ _____ | Taxes | \$ _____ |
| Medical / Dental | \$ _____ | Other | \$ _____ |
| Charities | \$ _____ | | |

Assets and Liabilities

Where possible, provide the latest statements from your bank, brokerage firm, mutual fund companies and other accounts for your assets and liabilities. If you would like a review of your insurance coverage, please provide a copy of the policies for life, disability, health, long term care, property and casualty insurance.

Assets

| | |
|---------------------|----------|
| Cash / Money Market | \$ _____ |
| Checking Accounts | \$ _____ |
| Savings Accounts | \$ _____ |
| Stocks | \$ _____ |
| Bonds | \$ _____ |
| Mutual Funds | \$ _____ |
| Investment Accounts | \$ _____ |

Liabilities

| | |
|----------------------|----------|
| Home Mortgage | \$ _____ |
| Second Mortgage | \$ _____ |
| Student Loans | \$ _____ |
| Car & Other Loans | \$ _____ |
| Credit Card Debt | \$ _____ |
| Life Insurance Loans | \$ _____ |

| | | | |
|-------------------------------|----------|---------------------------|----------|
| IRAs | \$ _____ | Brokerage Loans | \$ _____ |
| * 401(K) or other Retirements | \$ _____ | Major Unpaid Bills | \$ _____ |
| Annuities | \$ _____ | Other Loans / Liabilities | \$ _____ |
| Investment Real Estate | \$ _____ | | |
| Residence | \$ _____ | | |
| Other Real Estate | \$ _____ | | |
| Insurance Cash Value | \$ _____ | | |
| Collections | \$ _____ | | |
| Personal Property | \$ _____ | | |
| Other | \$ _____ | | |
| | \$ _____ | | |

* If you will be receiving a lump sum at retirement, enter the amount or estimated amount here.

Retirement

What, if any, concerns or questions do you or your partner have that might affect your lifestyle during retirement or in the future?

Estate Information

Do you have a will? _____

Year written? _____

Describe your estate and gifting plans, if any (Use the reverse side if necessary.):

Investment Information

What experiences have you had with investing your money?

Are you satisfied with your current investment advisor or broker? Why or why not?

What goals or objectives have you set in the past for your money?

To estimate your investment knowledge and your personal tolerances for risk, please complete this section. If you are not comfortable doing this or lack experience, indicate that and skip the specific question or section.

Which of the investor temperaments below best describes you? A___ B___ C___ D___

To coincide with your investment temperament, indicate by % (total 100%) how you would prefer to position your investments.

A) Very conservative - Subject to little risk _____%

Conserving principal is your primary goal even if you cannot keep up with inflation.

B) Conservative - Subject to some risk _____%

Conserving your principal is somewhat more important than keeping up with inflation

C) Not Conservative - Subject to moderate risk _____%

Keeping up with inflation is more important than capital preservation.

D) Aggressive - Subject to above average risk _____%

Growth of your principal is your primary goal, above average risk is acceptable, even desirable.

Now that you have completed this questionnaire, please return it with copies of your documents to:

**Harmony Financial Advisors, LLC
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Suite 30N
New York, New York 10003**