

Finish Rich Now, LLC • 1.800.958.6554
Confidential Questionnaire for Services

Personal Information

Client

Name

Birthday SS #

Street Address

City State Zip

Home Phone

Occupation

Employer

Office Phone Cell Phone

E-mail Address

Children

Name

Sex Birthday Marital Status # Children

Name

Sex Birthday Marital Status # Children

Name

Sex Birthday Marital Status # Children

Name

Sex Birthday Marital Status # Children

Spouse

Name

Birthday SS #

Occupation

Employer

Office Phone Cell Phone

E-mail Address

Please bring the following documents to your meeting:

1. Most recent tax returns
2. Most recent brokerage/mutual fund statements
3. Most recent retirement plan statements
4. Most recent IRA statements
5. Copies of your insurance policies, business documents, wills, and trusts.

How did you hear about Finish Rich Now?

What areas are you most interested?

- Investment & Portfolio Design
- Tax Planning
- Real Estate Investing
- Estate Planning
- Asset Protection
- Mortgage Planning
- Insurance Review
- Business planning
- Extreme Money Makeover
- Other _____

Assets

Cash

Checking & Savings Accounts \$ _____
Money Market Accounts \$ _____
Certificates of Deposit \$ _____
Life Insurance Cash Value \$ _____
Annuities \$ _____

Stocks/Bonds/Mutual Funds

Attach separate statement listing
Individual securities/funds

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Retirement Funds

IRA Accounts \$ _____
Pension Plan \$ _____
Profit Sharing Plan \$ _____
401k or Thrift Plan \$ _____
Tax Shelter Annuity/403(b) Plan \$ _____
Deferred Compensation Plan \$ _____
ESOP or Stock Option Plan \$ _____
Real Estate \$ _____
Home \$ _____
Other Real Estate \$ _____

Business Interests

_____ \$ _____
_____ \$ _____

Other Assets

Accounts Receivable \$ _____
Gold or Precious Metals \$ _____
Oil and Gas Interests \$ _____
Coin/Stamp/Other Collections \$ _____
Venture Capital \$ _____

TOTAL ASSETS \$ _____

Liabilities

Home Mortgage \$ _____
\$ _____
Home Equity Line of Credit or 2nd mortgage \$ _____
\$ _____
Other Mortgages \$ _____
\$ _____
Auto Loans/Leases \$ _____
\$ _____
\$ _____
Other Installment Loans \$ _____
\$ _____
Business Loans \$ _____
\$ _____
Taxes Due \$ _____
\$ _____
Credit Cards \$ _____
\$ _____
\$ _____
Other Personal Debt \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____
(Assets minus Liabilities)

What is your income from all sources? \$ _____

Wealth Strategy Priorities

Please list other financial issues or concerns you would like to discuss.

1. _____

2. _____

3. _____

20 Questions to Start Your Profit Plan

1. Do you plan to make a significant financial change in the next five years?
2. Do you expect an inheritance?
If so, how much? \$ _____
3. Are your parents or adult children dependent on you for support?
4. Do you save or invest systematically?
5. Do you have:
a will?
durable powers of attorney for health care?
durable power of attorney for property?
6. Are you current on filing income tax returns?
7. Do you have a business?
8. Do you have an inclination to start a business?
9. Do you plan to pay for your children's or grandchildren's private school or college education?
10. Do you routinely receive an income tax refund?
11. Do you plan to retire at a specific age?
When?
12. Are you satisfied with your financial progress to date?
13. Have you invested in real estate in addition to your residence?
If so, how many properties do you own?
14. Do you have a/an:

<input type="checkbox"/> attorney	<input type="checkbox"/> accountant
<input type="checkbox"/> insurance agent	<input type="checkbox"/> broker
<input type="checkbox"/> investment advisor	<input type="checkbox"/> banker
<input type="checkbox"/> financial planner	<input type="checkbox"/> trustee
15. Do you have a/an:

<input type="checkbox"/> homeowners policy	<input type="checkbox"/> umbrella policy
<input type="checkbox"/> health insurance policy	<input type="checkbox"/> auto insurance
<input type="checkbox"/> long term care insurance	<input type="checkbox"/> disability insurance
<input type="checkbox"/> term life insurance	

16. How much do you think the following affects stock market portfolio performance?

Security Selection (which stocks, bonds to buy)	_____%
Market Timing (when to get in and out of the market)	_____%
Portfolio Design (how much cash vs. bonds vs. stocks)	_____%
	100%
17. How do you feel when the stock market goes down?

18. What do you believe is a reasonable rate of return on your investments?

19. Do you currently have asset protection programs?
20. Have you worked with a financial coach before?

Your personal information is kept in strict confidence. We will review your request, and if our services are appropriate for you, we will schedule an initial inquiry meeting. The goal of this meeting is to learn as much as possible about each other and determine if the Finish Rich Now team can add value to your financial life.

Send this information to my personal and confidential fax system: **1.800.958.6554**. Just press 'send' at the pre-recorded message. Your fax will be forwarded immediately.

If you have any questions for our team, please let us know. We have a common interest --- Your Success. Our phone number is **1.800.958.6554**.

Sincerely,

Woodie M. Montgomery, RFC, CEC