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CONFIDENTIAL QUESTIONNAIRE

NAME: _____

Please take time to fill out the following forms and mail, e-mail, or fax them (along with any related statements) to us at least 10 days prior to our up coming service appointment.

JR Financial Group, Inc.
6410 South Quebec Street, Bldg 1
Centennial, CO 80111-4628
Fax: 720-529-9888
E-mail: Jeff@JRFinancialgroup.com

This information will help provide you financial advice that applies to your current situation.

You need to complete the asset information only for accounts that you have not attached statements.



CLIENT(S) PERSONAL INFORMATION

	CLIENT (1)		CLIENT (2)
Name		Name	
Home Address		Home Address	
Home Phone #			
E-Mail		E-Mail	
Social Security #		Social Security #	
Drivers License:		Drivers License:	
Expiration Date		Expiration Date	
State		State	
Birth Date		Birth Date	

FAMILY MEMBERS (please list children and other dependents)

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

OBJECTIVES (Please rank in priority order due to your time horizon)

	Objective	Time Horizon	Today's Cost
1.			
2.			
3.			
4.			
5.			
6.			

CLIENT(S) BUSINESS INFORMATION

	CLIENT (1)	CLIENT (2)
Client Name		
Employer		
Address		
Work E-mail		
Work Phone		
Work Fax		
Job Title		
Current Salary	\$	\$
Annual Growth (%)		
Years Employed with this employer?		
Anticipated Changes?		

1. Retirement Age: Client (1) _____ Client (2) _____

2. Do you see any significant changes in your monthly expenses upon retirement? (i.e., increased travel, major purchases, etc.) _____

3. What after tax rate of return do you expect to earn on your investments? _____

4. What inflation rate do you feel comfortable using in these projections? _____

5. Do you want all your debts paid after your death? _____

6. How much money, if any, do you want to leave to your heirs? _____

7. Who prepares your tax return?

- Self
- Paid Preparer

Name: _____

Address: _____

Phone: _____

Fax: _____



Do you have estate planning documents? _____

When and what state were the estate planning documents drafted?

Wills	Y / N	Date: _____	State: _____
Living Trusts	Y / N	Date: _____	State: _____
Power of Attorney	Y / N	Date: _____	State: _____
Living Will	Y / N	Date: _____	State: _____
Other Documents	Y / N	Date: _____	State: _____

How were your current investments 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:
 (1 being *most* satisfied and 5 being *least* satisfied)

<u>Advisor:</u>						<u>N/A</u>
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

INSURANCE POLICIES

Type of Policy	Company	Person Insured	Annual Premium	Cash Surrender Value	Death Benefit	*	Premium Due Date
Life							
Life							
Life							
Life							
Disability							
Disability							
Health							
Health							
Automobile							
Automobile							
Homeowners							
Umbrella							
Long-term Care							
Professional Liability							
Other:							

* Ownership: H = Husband, W = Wife



YOUR BALANCE SHEET

(If you have this information in a format of your own design please feel free to omit this section. Please attach all brokerage, financial advisor, and mutual fund investment statements. Also attach any other necessary documentation).

Determining Your Net Worth - Analyzing Your Assets and Liabilities

Personal Assets:

Name of Asset	Current Value
Primary Residence	\$
Secondary Residence	\$
Automobile(s)	\$
RVs (Boats, Campers, etc.)	\$
Household Belongings, etc.	\$
Other Personal Assets	\$

Cash Reserves:

Bank Name	Name of Asset	Current Value	Rate of Return (%)	Maturity Date	Annual Additions	Purpose*
	Checking Accounts	\$				
	Savings Accounts	\$				
	Credit Union Accounts	\$				
	Money Market Accounts	\$				
	Certificate of Deposit #1	\$				
	Certificate of Deposit #2	\$				
	Certificate of Deposit #3	\$				

Brokerage Accounts:

Brokerage Name	Current Value	Stock, Bond, Mutual Fund, Other	Ownership	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Retirement Investments:

Name of Asset	Current Value	Rate of Return (%)	Maturity Date	Annual Additions	Purpose*
Company Ret Plan:					Retirement
Company Ret Plan:					Retirement
Company Ret Plan:					Retirement
Company Ret Plan:					Retirement
IRA: _____					Retirement
IRA: _____					Retirement
IRA: _____					
Other: _____					
Other: _____					

Non- Retirement and Business Investments:

Name of Asset	Current Value	Rate of Return (%)	Maturity Date	Annual Additions	Purpose*
Real Estate: _____					
Real Estate: _____					
Real Estate: _____					
Real Estate: _____					
Personally Owned Business					
Other Business Interests					
Note Receivable _____					



Note Receivable _____					
Note Receivable _____					
Life Ins Cash Value: _____					
Life Ins Cash Value: _____					
Life Ins Cash Value: _____					
Other: _____					
Other: _____					
Other: _____					
Other: _____					

Liabilities:

Name of Liability	Initial Balance	Current Balance	Monthly Payment	Interest Rate	Payoff Date
Home Mortgage					
Home Equity Loan #1					
Home Equity Loan #2					
Second Home Mortgage					
Auto Loan #1					
Auto Loan #2					
Credit Card: _____					
Credit Card: _____					
Credit Card: _____					
Credit Card: _____					
Real Estate Loan: _____					
Real Estate Loan: _____					
Real Estate Loan: _____					
Business Loan: _____					
Business Loan: _____					
Business Loan: _____					
Retirement Plan Loan: _____					
Retirement Plan Loan: _____					
Other Loan: _____					
Other Loan: _____					
Other Loan: _____					
Other Loan: _____					
Other Loan: _____					



YOUR MONTHLY BUDGET

Monthly Expenditures	Amount
Auto loan payment	\$
Auto maintenance	\$
Child care	\$
Clothing	\$
Contributions	\$
Credit card payments	\$
Dues	\$
Entertainment	\$
Food	\$
Household maintenance	\$
Income and Social Security taxes	\$
Insurance	\$
Personal care	\$
Property taxes	\$
Rent or mortgage payment	\$
Retirement Plan Investments	\$
Savings/Investments	\$
Transportation (gas, fares)	\$
Utilities	\$
Vacations (monthly allotment)	\$
Other	\$

Total Monthly Expenditures: \$ _____

Monthly Receipts	Client (1)	Client (2)
Wages or salary	\$	\$
Capital gain (long-term)	\$	\$
Capital gain (short-term)	\$	\$
Dividends (mutual funds, stocks, etc.)	\$	\$
Interest (CDs, savings account, etc.)	\$	\$
Pension	\$	\$
Rental and/ or royalty	\$	\$
Social Security	\$	\$
Other Taxable	\$	\$
Other Non-taxable	\$	\$

Total Monthly Receipts: \$ _____

Net Cash Flow= Total Monthly Receipts – Expenditures	\$
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ITEMS TO BRING TO YOUR FIRST MEETING WITH JEFF RATTINER

- ❑ Your completed Confidential Questionnaire.
- ❑ A copy of each person's most recent pay stub.
- ❑ Monthly budget.
- ❑ Balance sheet.
- ❑ Tax returns for the last three years.
- ❑ Estate planning documents including wills, powers of attorneys, living wills, deeds, trust documents, or legal agreements that are relevant.
- ❑ Investment portfolio statements from other advisors firms, banks, or investment companies.
- ❑ Employee benefit plan statements and employee handbook.
- ❑ Pension plan information or projections, current company retirement plan statements (401 (k), TSA, 403 (b), ESOP, Thrift Savings Plan).
- ❑ Insurance policies including health, life, disability, homeowner, automobile, umbrella, and long-term care.
- ❑ Business insurance policies, including buy-sell, disability overhead, key person insurance, executive bonus, etc.
- ❑ Annuity statements.
- ❑ Divorce decrees, prenuptial agreements.
- ❑ Educational funding statements.
- ❑ Charitable gifting programs established.
- ❑ You Do Not Need to send information on any investments held through Rattiner Asset Management, Inc.
- ❑ Any information on unique financial situations which have occurred since our last conversation (i.e., major debts, company buyout offers, inheritances, etc.).
- ❑ Any other information you would like to discuss.