

2ND HALF
WEALTH ADVISORS

GET ACQUAINTED QUESTIONNAIRE

Date: _____

To make our initial meeting effective & efficient, please complete the following information. When completed; fax, email or deliver the completed form to our office at least 3 business days prior to our appointment. Delivery information is on page 4.

Note: When completing this as a Word doc, do not use the "enter" key. Instead, use the "tab" keys, cursor control keys, or the mouse to move from one field to the next.

| | Client #1 | Client #2 |
|--|--|-----------------------|
| Name | | |
| Home Address | | |
| Home Phone | | City & Zip |
| Cell Phone | | |
| Email Address | | |
| Date of Birth | | Age |
| Marital Status | <input type="checkbox"/> Married date: _____ <input type="checkbox"/> Single <input type="checkbox"/> Committed Relationship | |
| Primary contact person during business hours: | | |
| Best way to contact you during business hours: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email (check one) | | |
| What is your primary reason for contacting our office? | | |
| | | |

| Children | #1 | #2 | #3 |
|---|----|----|----|
| Name (first) | | | |
| Name (last if different) | | | |
| Relationship (son, daughter, etc.) | | | |
| Date of Birth/Age | | | |

| Income | Client #1 | Client #2 |
|--------------------------------|-----------|-----------|
| Title/Job: | | |
| Employer | | |
| Salary: | \$ _____ | \$ _____ |
| Bonus/Commissions: | \$ _____ | \$ _____ |
| Self Employment Income: | \$ _____ | \$ _____ |
| Other Earned Income: | \$ _____ | \$ _____ |
| TOTAL (Current Yr) = | \$ _____ | \$ _____ |

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| Estate Planning Documents (DPOA = durable power of attorney) | | |
|--|--|-------|
| | | Notes |
| Will | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Health Care POA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| General Financial POA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Living Will | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| HIPAA Release Form | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |

| Asset - Real Estate (Title = Persons Name, Joint Tenant, Community Property, Trust) | | | | |
|---|---------------|----------------|----------------------|-----------------|
| Description | Year Purchase | Purchase Price | Approx. Loan Balance | Estimated Value |
| Primary Residence | | | | \$ |
| Other Real Estate: | | | | \$ |
| Other Real Estate: | | | | \$ |

| Assets - Retirement Accounts (401(k), 403(b), IRA, Roth IRA, 457, Keogh, etc.) | | | |
|--|----------------------------------|----------------------------------|-------------------------|
| Title (who owns) | Institution (where it's held) | Description (401K, IRA, etc.) | Approx. Estimated Value |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

| Assets - Other (Mutual Funds, Brokerage Acc., ESPP Stock, business, etc.) | | | |
|---|----------------------------------|--|-------------------------|
| Title (Who owns) | Institution (where it's held) | Description (Mutual Funds, Annuities) | Approx. Estimated Value |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

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| Assets - Bank Accounts (checking, savings, money market, CDs, savings bonds, etc.) | | | |
|--|---------------------|------|-----------------------|
| | Title (who owns) | Type | Approx. Total Balance |
| 1 | Client 1 | | \$ |
| 2 | Client 2 | | \$ |
| 3 | Joint | | \$ |

| Assets - Stock Options, RSU's Etc. | | | | |
|------------------------------------|---------------------|------|---------|----------------|
| | Title (who owns) | Type | Company | Approx. Values |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

| Liabilities – Debts (residence, autos, business, school, etc.) | | |
|--|----------------------------------|-------------------------|
| Description (loan on what) | Institution (where it's held) | Approx. Current Balance |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

| Advisor Relationships (where applicable, rate your working relationships with each of the following advisors) | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| 1 = Very Dissatisfied; 5 = Very Satisfied (enter a value for each advisor or check "Not Applicable") | | | | | | | |
| Advisor | 1 | 2 | 3 | 4 | 5 | NA | Name & Comments |
| Financial Planner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stock Broker #1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stock Broker #2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Accountant/Taxes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Attorney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Insurance Agent #1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Insurance Agent #2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Insurance Agent #3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Investment Management Preference (check the one that that best fits your personality, experience and time) | | |
|--|--------------------------|--|
| Client 1 | Client 2 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer to make my own investment decisions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer to make my own investment decisions with occasional "as needed" advice from a financial professional. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer to "team" with a financial professional for ongoing advisory services during the year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prefer to transfer responsibility of all investment decisions to a money manager. |

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What would the best possible outcome of our working together?

Any other information you would like to share?

Please return a completed copy of this form (fax, email, or mail) *at least three business days* before our initial meeting.

Email

Greg@2ndHalfWealth.com

Fax

719-344-8692

Address

Wealth Advisors, 4585 Hilton Parkway, Suite 201, Colorado Springs, CO 80907 (719) 630-0600

The Following may be needed should you engage our services.

- | | |
|---|--|
| 1. Tax Returns | 5. Social Security Statements |
| 2. Dependents' 529 Account Statements, Insurance Policies & Trust Documents | 6. Pension Plan Statements |
| 3. Estate Planning Documents: Wills, Trusts, Powers of Attorney, etc. | 7. Retirement Account Statements (401k, 403b, IRAs, etc.) |
| 4. Insurance Policies: Life, Disability, Long-Term Care, etc. | 8. Retirement Account Investment Options for Company Plans |
| | 9. Brokerage Account & Mutual Fund Statements |
| | 10. Annuity Statements |