

STEVEN YOUNG FINANCIAL PLANNING

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Steven Young CFP®

In preparation for our first meeting

For our first meeting together there are two objectives:

1. *I need to learn about you* – in order to determine how I might best serve you. I want to know about your goals, your values, your concerns, your financial circumstances, and what you want out of an advisory relationship.
2. *You need to learn about me* – so you can decide if I am the right financial advisor for you. I want to make sure that you understand what I do, how I work, and what the benefits to you would be of choosing me as your financial planner. I will try to answer any questions you have about working with me, the costs involved, and what your experience would be like in working with me.

Since this initial visit will be used by both of us to learn about the other and no substantial financial advice will be offered, there will be no charge for this first meeting. To facilitate our conversation and make our time together as productive as possible, please take a few moments to provide me with the following information:

CLIENT NAME (1):	_____	CLIENT NAME (2):	_____
Home Address:	_____	Home Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Fax: (Home or Work)	_____	Fax: (Home or Work)	_____
E-mail:	_____	E-mail:	_____
SS # (optional)	_____	SS # (optional)	_____
Date of Birth:	_____	Date of Birth:	_____
Primary Contact Person during business hours?	_____	Contact me by (circle one) E-mail or Phone	_____

FAMILY MEMBERS (Please list children and other dependants.)

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

Client Employer (1): _____
 Title/Job: _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Salary: _____
 Self Employment Income: _____
 Bonus/Commissions: _____
 Other Earned Income: _____
TOTAL (Current Yr) = _____

Client Employer (2): _____
 Title/Job: _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Salary: _____
 Self Employment Income: _____
 Bonus/Commissions: _____
 Other Earned Income: _____
TOTAL (Current Yr) = _____

Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Do you have estate planning documents?

When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

Check the box next to statements that summarize your attitudes or beliefs about investing

- _____ I am more concerned about protecting my assets than about growth.
- _____ I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks
- _____ Professional advisors and mutual funds may achieve higher growth than I can.
- _____ 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.

How were your current investment assets selected? _____

INSURANCE

Client (1)

Client (2)

	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Avg. Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

Where Held?	Interest Rate	Maturity Date	Ownership	Current Value
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

LIABILITIES

Credit Cards (If not paid in full each month)	<u>Interest Rate*</u>	<u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____ %	_____ \$	_____ \$	_____
_____	_____	_____ %	_____ \$	_____ \$	_____
_____	_____	_____ %	_____ \$	_____ \$	_____
_____	_____	_____ %	_____ \$	_____ \$	_____

Have you received a copy of your credit report recently? Yes No

Please comment on the advice you seek.

These items may be needed, should you engage my services:

- | | |
|------------------------------------|--------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policies |

If you will be coming to the office for your financial consultation, please bring this completed form with you.

If there will be a teleconference with you, please (1) keep a copy of your completed form,

(2) Fax or mail a copy to me at the following address:

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Email: steven@stevenyoungfp.com

Visit us on the web at www.stevenyoungfp.com

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