

DEMMING FINANCIAL SERVICES CORP.

Personal Financial Planning

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Client Questionnaire

for

Scheduled Appointment Date

Personal Information

Client:

| | | | |
|--|------------------------------|---------------|----------|
| Last Name | First Name | MI | Nickname |
| Marital Status | Birthdate | Soc. Sec. No. | |
| U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Not, which country? _____ | | |
| Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Spouse/Companion:

| | | | |
|--|------------------------------|---------------|----------|
| Last Name | First Name | MI | Nickname |
| Marital Status | Birthdate | Soc. Sec. No. | |
| U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Not, which country? _____ | | |
| Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Residence:

| | | | |
|---------------------------------|-------|---------------------------------------|----------|
| Street Address | | | Apt. No. |
| City | State | Zip | |
| Phone No. (w/Area Code) | | Fax No. (w/Area Code) | |
| Client Email Address (home) | | Spouse/Companion Email Address (home) | |
| Client Cell Phone (w/Area Code) | | Spouse Cell Phone (w/Area Code) | |

Client Employment:

| | | | |
|---|------|-----------------------|---------------|
| Employer | | Job Title | |
| Address | City | State | Zip |
| Phone No. (w/Area Code) | Ext. | Fax No. (w/Area Code) | Email Address |
| May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____ | | | |

Spouse/Companion Employment:

| | | | |
|---|------|-----------------------|---------------|
| Employer | | Job Title | |
| Address | City | State | Zip |
| Phone No. (w/Area Code) | Ext. | Fax No. (w/Area Code) | Email Address |
| May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____ | | | |

Assets

| Description | Value | Owner | | | Your Contribution per month/year | |
|---|-------|-------|----|----|-------------------------------------|-------------------------|
| | | Cl | Sp | Jt | | |
| *Checking Accounts | | | | | | |
| | | | | | | |
| * Savings Accounts | | | | | | |
| | | | | | | |
| *Credit Union | | | | | | |
| | | | | | | |
| *Money Market Account | | | | | | |
| | | | | | | |
| *CD's | | | | | | |
| | | | | | | |
| *Stocks | | | | | | |
| | | | | | | |
| | | | | | | |
| *Stock Purchase Plan | | | | | | Co. discount 0 10 15 |
| *Stock Options | | | | | | |
| *Bonds (savings/municipal/corporate) | | | | | | |
| | | | | | | |
| * Mutual Funds (non-IRAs) [see also page for Retirement Plans] | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Please provide most recent statement

Assets

(continued)

| Description | Value | Owner | | | Your Contribution per month/year |
|---|-------|-------|----|----|-------------------------------------|
| | | Cl | Sp | Jt | |
| Automobiles (make, model, year) | | | | | |
| | | | | | |
| | | | | | |
| Personal Property (coins, jewelry, collectibles, etc.) | | | | | |
| | | | | | |
| | | | | | |
| Real Estate / Ltd. Partnerships | | | | | |
| | | | | | |
| | | | | | |
| Business | | | | | |

Real Estate

| Description | Current Market Value | Owner | | | Mortgage Balance | Interest Rate | Mortgage Begin Date | Term (no. of yrs.) | Monthly Mortgage Payment | Add'l. Amt. Paid on Principal Ea. Month |
|-------------|----------------------------|-------|----|----|---------------------|------------------|------------------------|-----------------------|--------------------------------|--|
| | | Cl | Sp | Jt | | | | | | |
| Residence | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Retirement Assets

Please provide copy of most recent statement for each asset listed below.

Retirement Plans - Qualified Benefits

Profit Sharing / 401(k) / 403(b) / SIMPLE / SEP / ESOP etc.

| Name of Plan and Type | Value | Your Contrib per Month | Co. Contrib or Match/Mo. | Owner | |
|-----------------------|-------|------------------------|--------------------------|-------|-------|
| | | | | Cl | Sp |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Rollovers / Traditional and Roth IRAs

| Name of Custodian | Type | Value | Your Contrib per month | Owner | |
|-------------------|-------|-------|------------------------|-------|-------|
| | | | | Cl | Sp |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Retirement Income Sources (current and former employers)

| Name of Plan | Value at | | Percent | Lump Sum Value (if applic) | Survivor Benefits | Owner | |
|--------------|-------------------|------------------|---------|----------------------------|-------------------|-------|-------|
| | Age Now (mo. amt) | Age 65 (mo. amt) | | | | Cl | Sp |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Retirement Plans - Non-Qualified Benefits

Liabilities

| Description | Current Balance | Interest Rate | Owner | | | Beginning Date | Ending Date | Monthly Payment |
|-----------------------------------|-----------------|---------------|-------|----|----|----------------|-------------|-----------------|
| | | | Cl | Sp | Jt | | | |
| Home Equity Loan / Line of Credit | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Car Loan / Lease | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Credit Card Accounts | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| School Loans | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Other: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Income

20____
(Current Year)

20____
(Next Year)

| | 20____ (Current Year) | | 20____ (Next Year) | |
|--|--------------------------|----------------|-----------------------|----------------|
| Salary: Client | | | | |
| Bonus / Commission (w/mo.expected) | | | | |
| Salary: Spouse | | | | |
| Bonus / Commission | | | | |
| Interest | | | | |
| Dividends | | | | |
| | <u>Cash Flow</u> | <u>Taxable</u> | <u>Cash Flow</u> | <u>Taxable</u> |
| Business Income: Client | | | | |
| Business Income: Spouse | | | | |
| Rental Income | | | | |
| Long-Term Capital Gain/Loss | | | | |
| Short-Term Capital Gain/Loss | | | | |
| Social Security Benefits | | | | |
| Pension/Other Benefits | | | | |
| Job-Related Reimbursables: Car / Travel / Expense Account | | | | |

Insurances

Please provide copy of most recent statement or bring policy.

Life Insurance

| Group Benefit / Company | Insured | | Owner | Beneficiary | Face Amount | Cash Value | Current/ Future Loans | Annual Premium |
|-------------------------|---------|-------|-------|-------------|-------------|------------|--------------------------|----------------|
| | Cl | Sp | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

| Individual | Insured | | Owner | Beneficiary | Face Amount | Cash Value | Current/ Future Loans | Annual Premium |
|---------------|---------|-------|-------|-------------|-------------|------------|--------------------------|----------------|
| | Cl | Sp | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Pol.No. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Pol.No. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Pol.No. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Pol.No. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Disability Insurance

| Group Benefit / Company | Policy Number | Insured | | Monthly Benefit | Annual Premium |
|-------------------------|---------------|---------|-------|-----------------|----------------|
| | | Cl | Sp | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

| Individual | Policy Number | Insured | | Monthly Benefit | Annual Premium |
|------------|---------------|---------|-------|-----------------|----------------|
| | | Cl | Sp | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Casualty Insurance (please provide summary page)

| | Annual Premium | Coverage |
|---------------------|----------------|----------|
| Medical | _____ | _____ |
| Homeowner's / Condo | _____ | _____ |
| Automobile | _____ | _____ |
| Other | _____ | _____ |

Goals and Assumptions

General

At what age and in what year do you plan to retire?

Client Age _____ Year _____
Spouse Age _____ Year _____

Annual Long-Term Inflation Rate:

Pre-Retirement (General) 2.5 % If otherwise, please specify: _____ %
Post-Retirement 2.5 % If otherwise, please specify: _____ %

Tax Bracket:

Pre-Retirement (circle one) 18% 33% 37% 43%
Post Retirement (circle one) 0% 18% 33% 37%

Asset Management

The assumption is preservation of capital unless otherwise specified.

What assets should be excluded from your retirement calculations?

Financial Independence

Estimated monthly income needed (before tax) Both Spouses _____
One Spouse _____

Social Security retirement benefits:

Is spousal benefit independent of client? Yes No