

Confidential Questionnaire

G-Squared Advisory LLC

Date of Completion: _____

Client 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 () - _____
 Mobile Phone () - _____ Mobile Phone () - _____
 Fax (Hm or Wk) () - _____ Fax (Hm or Wk) () - _____
 E-mail _____ E-mail _____
 Date of Birth _____ Date of Birth _____
 Primary Contact Person during business hours? _____
 _____ Contact me/us by (circle one) E-mail or Phone

Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Employment

Client Employer (1) _____ **Client Employer (2)** _____
 Title/Job _____ Title/Job _____
 Number of years with this employer? ___ Number of years with this employer? ___
 Anticipated employment changes? ___ Anticipated employment changes? ___
 When do you plan to retire? _____ When do you plan to retire? _____
 _____ Salary _____ Salary
 Self Employment Income _____ Self Employment Income _____
 Bonus/Commissions _____ Bonus/Commissions _____
 Other Earned Income _____ Other Earned Income _____
TOTAL (Current Year) = _____ **TOTAL (Current Year) =** _____

Confidential Questionnaire, Continued

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Not Applicable</u>
	1 = Dissatisfied	2	3	4	5 = Very Satisfied	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<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

	<u>Client (1)</u>		<u>Client (2)</u>			
	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>
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 and attach necessary documentation.)

Bank Accounts

Checking (C), Savings (S), or Money (MM)

<u>Bank Name</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____ \$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____ \$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____ \$ _____

CDs

<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____ %	_____ / _____ / _____	_____	_____ \$ _____
_____	_____ %	_____ / _____ / _____	_____	_____ \$ _____
_____	_____ %	_____ / _____ / _____	_____	_____ \$ _____

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Personal Property	Estimated Value
--------------------------	------------------------

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

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 Liabilities

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Avg. Monthly Payment*</u>	<u>Current Balance</u>
_____	_____ %	\$ _____ \$ _____	_____
_____	_____ %	\$ _____ \$ _____	_____
_____	_____ %	\$ _____ \$ _____	_____

(*If not paid in full each month)

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

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

Please comment on the advice you seek. _____

Confidential Questionnaire, Continued

Additional Information

These items, as well as others, may be needed should you engage our services:

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

G-Squared Advisory LLC
180 East Prospect Avenue #125
Mamaroneck, NY 10543
914 924 0799, 914 263 1082 Fax 914 381 1192

OR E-mail: Laurie@gsquaredadvisory.com
