

# Bicknell Capital Management, Inc.

## CLIENT INFORMATION

### QUESTIONNAIRE

DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ (Nickname): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Tax Filing Status: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Previous Marriage(s)? \_\_\_\_\_

City: \_\_\_\_\_

Citizenship: \_\_\_\_\_

State: Zip: \_\_\_\_\_

College of Graduation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(Country) Clubs: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Favorite Beverage: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## BUSINESS INFORMATION

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Anniversary: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: Zip: \_\_\_\_\_

## SPOUSE

First Name: (Nickname): \_\_\_\_\_

## SPOUSE BUSINESS INFORMATION

Company: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Previous Marriage(s)? \_\_\_\_\_

City: \_\_\_\_\_

Citizenship: \_\_\_\_\_

State: Zip: \_\_\_\_\_

College of Graduation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Email: \_\_\_\_\_

Favorite Beverage: \_\_\_\_\_

**PREFERRED COMMUNICATION METHOD:**

Mail . . . . . business address \_\_\_\_\_ residence address \_\_\_\_\_  
 Telephone . . . . business phone \_\_\_\_\_ residence phone \_\_\_\_\_  
 Facsimile . . . . . business fax \_\_\_\_\_ residence fax \_\_\_\_\_

Is business facsimile service appropriate for "confidential" information? YES \_\_\_\_\_ NO \_\_\_\_\_

**CHILDREN**

| Name | Date of Birth | Social Security # | Special Needs? |
|------|---------------|-------------------|----------------|
|      |               |                   |                |
|      |               |                   |                |
|      |               |                   |                |
|      |               |                   |                |
|      |               |                   |                |

**ADVISORS (Attorney, Accountant, Personal Banker, Stockbroker etc.)**

Advisor Type: \_\_\_\_\_  
 Name (First, Last): \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Advisor Type: \_\_\_\_\_  
 Name (First, Last): \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Advisor Type: \_\_\_\_\_  
 Name (First, Last): \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Advisor Type: \_\_\_\_\_  
 Name (First, Last): \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FAMILY GOALS**

**Please list the three most important goals that you would like to accomplish as a result of working with Bicknell Capital.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Following is a summary of typical personal objectives we frequently encounter in working with our clients. Although not an all-inclusive list, you may find it helpful in formulating your own personal goals and objectives.

Cash Management/Improving Budgetary Controls  
Defining and Controlling Risks in Investments  
Better Investment Diversification  
Financing Children's Educations  
Financial Independence/Retirement Planning  
Protecting Against The Risk of Disability  
Reduction of Taxation in Estate Transfer Plans  
Choosing an Appropriate Form Of Business Organization  
Assuring Business Continuity Upon Retirement or Death  
Charitable Gifting/Bequest Programs  
Protecting Against the Financial Risk of Premature Death  
Effective Use Of Trusts In Special Family Situations

1. What are your short-term financial objectives (less than five years)?

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2. What are your long-term objectives (more than five years)?

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3. How would you describe your style of managing your financial affairs up to this point in your life (e.g. Hands-on? Passive? etc.?)?

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4. How important do you feel it is to have a diversified investment portfolio?

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5. Are there any specific types of investments (i.e. real estate, commodities, etc.) which you would not consider owning in your portfolio?

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6. The term "financial independence" indicates different financial states of being to different individuals depending upon particular backgrounds, lifestyles, goals, etc. What does the term "financial independence" mean to you?

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7. Given the above, have you reached financial independence at this point in your life?

YES \_\_\_\_\_ NO \_\_\_\_\_

If not, by what age do you want to achieve financial independence?

AGE \_\_\_\_\_

What monthly income (pre-tax) would you consider satisfactory in terms of today's cost of living to be financially independent?

RETIREMENT MONTHLY INCOME \$ \_\_\_\_\_

What is the minimum monthly (pre-tax) income you would absolutely need during retirement?

MINIMUM RETIREMENT MONTHLY INCOME \$ \_\_\_\_\_

What percentage of your current gross income is required to pay your federal, state, and local payroll taxes, including Social Security and Medicaid?

CURRENT PAYROLL TAX WITHHOLDING PERCENTAGE \_\_\_\_%

What percentage of your retirement income do you anticipate paying in income taxes?

ANTICIPATED RETIREMENT INCOME TAX RATE \_\_\_\_%

In the event that you became disabled prior to reaching financial independence, what amount of monthly income (pre-tax) would you consider necessary in terms of today's cost of living to be financially independent?

DISABILITY MONTHLY INCOME \$ \_\_\_\_\_

8. Of the following investment portfolio considerations, indicate your individual preferences, concerns, and needs with respect to each with 1 as the lowest level of preference, concern, or need and 10 as the highest.

|                              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------------------------------|---|---|---|---|---|---|---|---|---|----|
| Current Income Need          | — | — | — | — | — | — | — | — | — | —  |
| Asset Appreciation (Growth)  | — | — | — | — | — | — | — | — | — | —  |
| International Exposure       | — | — | — | — | — | — | — | — | — | —  |
| Safety Of Principal          | — | — | — | — | — | — | — | — | — | —  |
| Stable Return                | — | — | — | — | — | — | — | — | — | —  |
| Inflation Protection         | — | — | — | — | — | — | — | — | — | —  |
| Estate Taxation Minimization | — | — | — | — | — | — | — | — | — | —  |

9. On a scale of 1 to 10 with 1 being the most conservative and 10 being the most aggressive, where would you place yourself from an overall investment risk tolerance point of view? \_\_\_\_\_

10. Indicate your overall investment experience by circling the appropriate answers below:

a. Invest in Publicly-Traded Securities:

\_\_\_ Often      \_\_\_ Sometimes      \_\_\_ Seldom      \_\_\_ Never

b. Invest in Non-Publicly-Traded Securities:

\_\_\_ Often      \_\_\_ Sometimes      \_\_\_ Seldom      \_\_\_ Never

11. Indicate from the following list (by circling) the types of securities you have purchased in the past, either directly, through a broker, or through the discretion of an investment advisor:

- |                     |                        |                      |
|---------------------|------------------------|----------------------|
| ___ Common Stocks   | ___ Corporate Bonds    | ___ Government Bonds |
| ___ Mutual Fund     | ___ Money Market Funds | ___ Tax-Free Bonds   |
| ___ Real Estate     | ___ Oil & Gas          | ___ Commodities      |
| ___ Hedge Funds     | ___ Foreign Currencies | ___ Precious Metals  |
| Others (List) _____ |                        |                      |

12. Family investment decisions are generally made by:

Myself \_\_\_\_\_ My Spouse \_\_\_\_\_ Both \_\_\_\_\_

13. What are your expectations of the services of Bicknell Capital? (Please state your 1st, 2nd, 3rd, & 4th priority).

- Preserve my assets \_\_\_\_\_
- Provide better performance than I can achieve by myself \_\_\_\_\_
- Enable me to spend less time on investing \_\_\_\_\_
- Handle my investment decisions because I'm less confident making them myself \_\_\_\_\_
- Tailor a portfolio of investments to meet my investment goals \_\_\_\_\_
- Deliver responsive personal service to me through my representative \_\_\_\_\_
- Keep me well informed on the market and changes to my investments \_\_\_\_\_
- Assist me in structuring or revising my estate plan \_\_\_\_\_
- Other \_\_\_\_\_

14. Select the One answer which most resembles your attitude toward investing:

- I cannot afford any possible loss of capital regardless of potential return. \_\_\_\_\_
- While unable to risk my capital, I want the best return I can get. \_\_\_\_\_
- If I can get high yields from bonds, it's not worth suffering through the ups and downs of the stock market. \_\_\_\_\_
- Although stocks will earn better returns than other types of securities, I will forego some future gains in order to earn a steady stream of income. \_\_\_\_\_
- Higher risk investors will earn higher returns, and I want higher returns however they are earned. \_\_\_\_\_
- Smaller is better in the long run. Small companies' stocks may be more volatile, but will reward me with the best long-term results. \_\_\_\_\_

15. In the event of death, what are your objectives related to the disposition of assets in your estate(s)?

Client:

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Spouse:

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16. Do you have any desire to consider the potential advantages of making gifts to family or others while you are living?

YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_

If yes, is the motivation to meet a specific need outright or to avoid excessive federal estate tax liabilities in your estate?

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Do you feel you may need to use trust arrangements in the transfer of estate property due to the lack of financial responsibility on the part of any potential inheritor?

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Please check a "yes" or "no" response to the following questions. If you answer yes, please make a note on page 15 of the details.

1. Do you or any member of your immediate family have a serious health problem?     \_\_\_YES     \_\_\_NO
2. Do any of your dependents have special needs (e.g., impairments)?     \_\_\_YES     \_\_\_NO
3. Do you plan to move or change occupations in the near future?     \_\_\_YES     \_\_\_NO
4. Do you or your spouse have any liability for alimony payments, child support, etc. from a previous marriage or presently own property jointly with an ex-spouse?     \_\_\_YES     \_\_\_NO
5. Are there any important financial decisions that you must make in the next year?     \_\_\_YES     \_\_\_NO
6. Do you feel there are any obstacles that might prevent you from accomplishing your short or long-term financial objectives?     \_\_\_YES     \_\_\_NO
7. Has your attorney or CPA given you any advice recently on how to reduce your income tax or future estate tax obligations?     \_\_\_YES     \_\_\_NO
8. Besides your spouse and any minor children, is there anyone else (e.g., a grown child) who could be affected by or who should be considered in your financial plan?     \_\_\_YES     \_\_\_NO
9. Do you currently have any contingent liabilities as a result of guaranteeing the repayment of any indebtedness of another?     \_\_\_YES     \_\_\_NO
10. If married, have you had any changes in state of residence during the marriage?     \_\_\_YES     \_\_\_NO
11. Is there any reason why your spouse cannot or should not be actively involved in your financial discussions?     \_\_\_YES     \_\_\_NO
12. Is it likely that you or your spouse will inherit a substantial amount of money or property?     \_\_\_YES     \_\_\_NO
13. Over the next five years do you anticipate any major change in your current standard of living?     \_\_\_YES     \_\_\_NO
14. Do you currently follow a plan for savings and investments?     \_\_\_YES     \_\_\_NO
15. Have you ever used an investment counselor, advisor, or manager?     \_\_\_YES     \_\_\_NO
16. Are there any current investments in your portfolio which you feel tied to (for past performance, family, or social reasons)?     \_\_\_YES     \_\_\_NO
17. Do you feel uncomfortable in borrowing money?     \_\_\_YES     \_\_\_NO
18. Have you ever made gifts to your children under the Uniform Gifts to Minors Act?     \_\_\_YES     \_\_\_NO
19. Do you have any interest in charitable giving?     \_\_\_YES     \_\_\_NO
20. In the event of your death or incapacity, would you want your spouse to be free of the burden of managing finances and making investment decisions?     \_\_\_YES     \_\_\_NO

21. Is it possible that someone outside your immediate family will become dependent upon you (e.g., your parents or your spouse's parents)?  YES  NO
22. Would you or your spouse have any objections or reservations about using a family budget as a tool to monitor and control living expenses?  YES  NO
23. Do you expect an extraordinary increase in income?  YES  NO
24. Are you or any member of your immediate family beneficiaries of a trust?  YES  NO
25. Is it likely that your children will receive gifts or inheritances from other family members such as grandparents?  YES  NO
26. Have you or any member of your family ever been declined or rated when applying for insurance?  YES  NO
27. Do you think you may have gaps or deficiencies in your current personal insurance program (life, health, disability, homeowners, personal liability, etc.)?  YES  NO
28. Are you currently considering a change in family status or marital status?  YES  NO
29. Are there any specific types of investments that you are interested in pursuing or learning more about?  YES  NO
30. Do you currently have a validly executed Last Will and Testament?  YES  NO
- Where is it located? \_\_\_\_\_
- When was it last reviewed by a competent professional to assure the accomplishment of your current estate planning objectives? \_\_\_\_\_
31. Does your spouse currently have a validly executed Last Will and Testament?  YES  NO
- Where is it located? \_\_\_\_\_
- When was it last reviewed by a competent professional to assure the accomplishment of your current estate planning objectives? \_\_\_\_\_
32. Do you or your spouse plan to gift in the future?  YES  NO
33. Have you ever used gifting as an estate planning tool?  YES  NO
34. Would you consider using gifting as a planning tool?  YES  NO
35. Have you or your spouse ever filed a gift tax return?  YES  NO
36. Is there any issue or concern that you have which has not been raised in the personal information questionnaire? If so, please elaborate!  YES  NO
37. Have both spouses completed the "money personality profile"?  YES  NO
38. Have you discussed each spouse's style jointly to determine where possible areas of weakness may exist as your styles intersect which may jeopardize the achievement of your financial plans?  YES  NO

39. Have you provided Bicknell Capital with a listing of your current investment assets?  YES  NO
40. In addition to a listing of investment assets, have you provided a current personal financial statement to Bicknell Capital?  YES  NO
41. Have you provided Bicknell Capital copies of recent tax returns to acquaint us with your tax situation?  YES  NO

Comments and Notes regarding questions 1 through 41.

**CURRENT INCOME SOURCES: (Salary, Bonus, and Other Income)**

| Name | Income Source | Amount | Comment | Start / End Age |
|------|---------------|--------|---------|-----------------|
|      |               |        |         |                 |
|      |               |        |         |                 |
|      |               |        |         |                 |
|      |               |        |         |                 |
|      |               |        |         |                 |

**FUTURE INCOME SOURCES – NON LUMP SUM DISTRIBUTIONS: (Pension, Social Security, Annuities, Sale of Business, etc.)**

| Name | Income Source | Amount | Comment | Start / End Age |
|------|---------------|--------|---------|-----------------|
|      |               |        |         |                 |
|      |               |        |         |                 |
|      |               |        |         |                 |
|      |               |        |         |                 |
|      |               |        |         |                 |

**CURRENT ANNUALIZED EXPENSES:**

|                                 | Annual Amount |
|---------------------------------|---------------|
| Federal Income Taxes            |               |
| Social Security Taxes           |               |
| Medicare Payroll Taxes          |               |
| State Income Tax                |               |
| Food                            |               |
| Clothing                        |               |
| Cleaning, Laundry               |               |
| Grooming                        |               |
| Utilities                       |               |
| Home Mortgages                  |               |
| Home Insurance                  |               |
| Home Upkeep/Help                |               |
| Automobile Purchases            |               |
| Automobile Gas, Oil & Repair    |               |
| Automobile Insurance            |               |
| Life Insurance                  |               |
| Medical Insurance               |               |
| Disability Insurance            |               |
| Current Educational Costs       |               |
| Committed Savings for Education |               |
| Family Members Allowances       |               |
| Family Gifts, Birthdays, etc.   |               |
| Gifts to Friends                |               |
| Christmas Gifts                 |               |
| Vacations, Trips, etc.          |               |
| Charitable, Other Contributions |               |
| Entertainment                   |               |
| Other _____                     |               |
| Other _____                     |               |
| Other _____                     |               |

**Total Annual Living Expenses:** \_\_\_\_\_

**ANTICIPATED MAJOR EXPENSES: (Education, Weddings, Charity, Major Purchases, etc.)**

| Other Extraordinary Expenses<br>(Be Specific)* | Amount | Comment | Start / End Age |
|--|--------|---------|-----------------|
|  |        |         |                 |
|  |        |         |                 |
|  |        |         |                 |
|  |        |         |                 |
|  |        |         |                 |

\* Education, Weddings, Charity, Major Purchases

**CURRENT SAVINGS PLAN**

|   | Yes / No | Annual Amount: |
|---|----------|----------------|
| Do you contribute to a 401(K) or other retirement plan?                   |          |                |
| Company Match?  |          |                |
| Do you save non-qualified money in either an individual or joint account? |          |                |

|   | Yes / No | Annual Amount: |
|---|----------|----------------|
| Does your spouse contribute to a 401(K) or other retirement plan?                   |          |                |
| Company Match?  |          |                |
| Does your spouse save non-qualified money in either an individual or joint account? |          |                |

**BANK ACCOUNTS: CASH & CASH EQUIVALENTS (Checking, Savings, CDs, T-Bills)**

| Account Name | Account Type<br>(Checking, Savings,<br>CD,<br>Money Market) | See<br>Attached<br>Statement | Current Value | Ownership<br>H/W/JTWSR/TIE/<br>CP/TIC/TST* |
|--------------|---|------------------------------|---------------|--|
|              |   | <input type="checkbox"/>     |               |  |
|              |   | <input type="checkbox"/>     |               |  |
|              |   | <input type="checkbox"/>     |               |  |
|              |   | <input type="checkbox"/>     |               |  |
|              |   | <input type="checkbox"/>     |               |  |

\* H: Husband, W: Wife, JTWSR: Joint Tenants with Rights of Survivorship, TIE: Tenants in Entirety, CP: Community Property, TIC: Tenants in Common, TST: In Trust.

**PERSONAL PROPERTY (Art, Jewelry, etc)**

| Description | Current Value | Ownership<br>H/W/JTWS/TIE/CP/TIC/TST* |
|-------------|---------------|---------------------------------------|
|             |               |                                       |
|             |               |                                       |
|             |               |                                       |
|             |               |                                       |

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**REAL PROPERTY**

|                     | Fair Market | Value Tax Basis | Current Liability** | Mortgage Rate | # of Years Left | Ownership<br>H/W/JTWS/TIE/<br>CP/TIC/TST* |
|---------------------|-------------|-----------------|---------------------|---------------|-----------------|---|
| Primary Home        |             |                 |                     |               |                 |   |
| Secondary Home      |             |                 |                     |               |                 |   |
| Investment Property |             |                 |                     |               |                 |   |
| Other               |             |                 |                     |               |                 |   |

\* H: Husband, W: Wife, JTWS: Joint Tenants with Rights of Survivorship, TIE: Tenants in Entirety, CP: Community Property, TIC: Tenants in Common, TST: In Trust.

\*\* Mortgage and/or Home Equity

**INVESTMENTS - TAXABLE: (Non-Qualified Accounts)**

| Account Name | See Attached Statement   | Current Value | Ownership<br>H/W/JTWS/TIE/<br>CP/TIC/TST* |
|--------------|--------------------------|---------------|---|
|              | <input type="checkbox"/> |               |   |
|              | <input type="checkbox"/> |               |   |
|              | <input type="checkbox"/> |               |   |
|              | <input type="checkbox"/> |               |   |
|              | <input type="checkbox"/> |               |   |

\* H: Husband, W: Wife, JTWS: Joint Tenants with Rights of Survivorship, TIE: Tenants in Entirety, CP: Community Property, TIC: Tenants in Common, TST: In Trust.

**RETIREMENT ACCOUNTS – ELIGIBLE AS LUMP SUM DISTRIBUTIONS: (401K, IRA, Profit Sharing, Deferred Compensation, 403b, Pension)**

| Account Name | Account Type ** | See Attached Statement   | Current Value | Ownership<br>H/W* | Beneficiary |
|--------------|-----------------|--------------------------|---------------|-------------------|-------------|
|              |                 | <input type="checkbox"/> |               |                   |             |
|              |                 | <input type="checkbox"/> |               |                   |             |
|              |                 | <input type="checkbox"/> |               |                   |             |
|              |                 | <input type="checkbox"/> |               |                   |             |
|              |                 | <input type="checkbox"/> |               |                   |             |

\*\* Please indicate 401(K); IRA ; Profit Sharing; Deferred Compensation; 403(b); Pension; or SEP

\* H: Husband W: Wife

**CHILDREN'S ACCOUNTS: UGMA, 529, TRUST**

| Account Name | Account Type<br>(UGMA, 529, Trust) | See Attached Statement   | Current Value | Beneficiary |
|--------------|------------------------------------|--------------------------|---------------|-------------|
|              |                                    | <input type="checkbox"/> |               |             |
|              |                                    | <input type="checkbox"/> |               |             |
|              |                                    | <input type="checkbox"/> |               |             |
|              |                                    | <input type="checkbox"/> |               |             |
|              |                                    | <input type="checkbox"/> |               |             |

**ANNUITIES: FIXED, VARIABLE**

| Account Name | Annuity Type | Investment Company | See Attached Statement   | Cash Value (F/V) | Tax Basis (F/V) | Ownership H/W/JTWRs/TIE/CP/TIC/TST* | Anticipated Annuitization Age |
|--------------|--------------|--------------------|--------------------------|------------------|-----------------|-------------------------------------|-------------------------------|
|              |              |                    | <input type="checkbox"/> |                  |                 |                                     |                               |
|              |              |                    | <input type="checkbox"/> |                  |                 |                                     |                               |
|              |              |                    | <input type="checkbox"/> |                  |                 |                                     |                               |

\* H: Husband, W: Wife, JTWRs: Joint Tenants with Rights of Survivorship, TIE: Tenants in Entirety, CP: Community Property, TIC: Tenants in Common, TST: In Trust.

**ANNUITIES: IMMEDIATE**

| Account Name | Annuity Type | Investment Co. | Annual Payment | Exclusion Ratio | Ownership H/W/JTWRs/TIE/CP/TIC/TST* | Start / End Age |
|--------------|--------------|----------------|----------------|-----------------|-------------------------------------|-----------------|
|              |              |                |                |                 |                                     |                 |
|              |              |                |                |                 |                                     |                 |

\* H: Husband, W: Wife, JTWRs: Joint Tenants with Rights of Survivorship, TIE: Tenants in Entirety, CP: Community Property, TIC: Tenants in Common, TST: In Trust.

**STOCK OPTION WORKSHEET**

See Statement

| Grant Date | Grant Type | # Shares | Exercise Price (Options Only) | First Vesting Date | Vesting Frequency | # of Vesting Periods | Expiration Date |
|------------|------------|----------|-------------------------------|--------------------|-------------------|----------------------|-----------------|
|            |            |          |                               |                    |                   |                      |                 |
|            |            |          |                               |                    |                   |                      |                 |
|            |            |          |                               |                    |                   |                      |                 |
|            |            |          |                               |                    |                   |                      |                 |
|            |            |          |                               |                    |                   |                      |                 |
|            |            |          |                               |                    |                   |                      |                 |

**BUSINESS INTERESTS**

| Business Name | Fair Market | Value Tax Basis | Business Type | Percent Ownership | Spouse Active? | Children Involved? | Future Plans for Business |
|---------------|-------------|-----------------|---------------|-------------------|----------------|--------------------|---------------------------|
|               |             |                 |               |                   |                |                    |                           |
|               |             |                 |               |                   |                |                    |                           |

(For any business provide Insurance Documents)

**LONG TERM CARE INSURANCE**

| Insured | Insurance Company | Purchase Date | Daily Benefit | Annual Premium | Policy # | Waiting Period | Benefit Period | COLA Adjustment (Yes/No?) | Premium Due Date |
|---------|-------------------|---------------|---------------|----------------|----------|----------------|----------------|---------------------------|------------------|
|         |                   |               |               |                |          |                |                |                           |                  |
|         |                   |               |               |                |          |                |                |                           |                  |
|         |                   |               |               |                |          |                |                |                           |                  |

**LIFE INSURANCE**

|                                      | 1 | 2 | 3 | 4 |
|--------------------------------------|---|---|---|---|
| Insured                              |   |   |   |   |
| Insurance Company                    |   |   |   |   |
| Policy Type (Term; WL; VL; UL; etc.) |   |   |   |   |
| Purchase Date                        |   |   |   |   |
| Death Benefit                        |   |   |   |   |
| Annual Premium                       |   |   |   |   |
| Policy #                             |   |   |   |   |
| Cash Value                           |   |   |   |   |
| Owner                                |   |   |   |   |
| Beneficiary                          |   |   |   |   |
| Premium Due Date                     |   |   |   |   |

**DISABILITY INSURANCE**

|                                       | <b>1</b> | <b>2</b> |
|---------------------------------------|----------|----------|
| Insured                               |          |          |
| Insurance Company                     |          |          |
| Policy Type (Individual; BOE; Buyout) |          |          |
| Purchase Date                         |          |          |
| Monthly Benefit                       |          |          |
| Annual Premium                        |          |          |
| Policy #                              |          |          |
| Waiting Period                        |          |          |
| Benefit Period                        |          |          |
| COLA Adjustment<br>( Yes / No ?)      |          |          |

**OTHER INSURANCE POLICIES: (Automotive, Homeowner's, Umbrella Policy)**

| Type of Insurance<br>(Auto, Home,<br>Umbrella) | Carrier | Policy # | Amount | Premium | Deductible |
|--|---------|----------|--------|---------|------------|
|  |         |          |        |         |            |
|  |         |          |        |         |            |
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