



**PARKHURST FINANCIAL  
MANAGEMENT, LLC**

*Confidential Client Questionnaire*

**Date Completed: / / 2009**

Note: Please 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.

| CQ01  | Client #1 Data   | Client #2 Data (spouse)  |
|---|--|--|
| Name  |  |  |
| Home Address  |  |  |
| Home Phone  |  | Home Fax:  |
| Cell Phone  |  |  |
| Email Address   |  |  |
| Date of Birth   |  |  |
| Credit Report in Past 12 Months?  | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            |
| Lawsuits Pending?   | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            |
| Bankruptcies?   | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            |
| U.S. Citizen?   | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:            |
| Alimony   | <input type="checkbox"/> Paid Out <input type="checkbox"/> Received Notes: | <input type="checkbox"/> Paid Out <input type="checkbox"/> Received Notes: |
| Child Support   | <input type="checkbox"/> Paid Out <input type="checkbox"/> Received Notes: | <input type="checkbox"/> Paid Out <input type="checkbox"/> Received Notes: |
| Employer  |  |  |
| Year Started  |  |  |
| Title/Job   |  |  |
| Work Phone  |  | Fax:   |
| Year You Plan to Retire   |  |  |
| Primary contact person during business hours:   |  | Date Married:  |
| 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)   |  |  |
| CQ02: Describe any major changes that you anticipate in the next 12 months (e.g. employment changes, expecting baby, retirement, inheritance, starting business, schooling, etc.), major health care issues or other issues that might affect your financial situation. |  |  |

| <b>CQ02: Dependents</b>   |                  |                    |             | <b>Dependent #1</b> |           | <b>Dependent #2</b> |             | <b>Dependent #3</b> |  |
|---|------------------|--------------------|-------------|---------------------|-----------|---------------------|-------------|---------------------|--|
| <b>Name</b>   |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Relationship (son, daughter, etc.)</b>   |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Date of Birth</b>  |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Where Does Dependent Currently Reside?</b>   |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Year In School (7th grade, freshman, etc.)</b>   |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Dependent for Taxes (Yes/No)</b>   |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Life Insurance (company/type/amount) and Trusts</b>  |                  |                    |             |                     |           |                     |             |                     |  |
| <b>College Questions About Dependents</b>   |                  |                    |             | <b>Dependent #1</b> |           | <b>Dependent #2</b> |             | <b>Dependent #3</b> |  |
| 1. Month & year child plans to enter college?   |                  |                    |             |                     |           |                     |             |                     |  |
| 2. Years of college to plan for (nat'l average is 5 years)?   |                  |                    |             |                     |           |                     |             |                     |  |
| 10. What percent of your child's total basic college expense (room, board, tuition and books) do you want to have in savings by the first year of the child's entry into college? |                  |                    |             |                     |           |                     |             |                     |  |
| 11. How much is currently earmarked for your child's college education?   |                  |                    |             |                     |           |                     |             |                     |  |
| 12. How much will grandparents and others contribute to your child's college education?   |                  |                    |             |                     |           |                     |             |                     |  |
| 13. How important is it that college funds are controlled by you (versus child having control)?   |                  |                    |             |                     |           |                     |             |                     |  |
| 16. Comments  |                  |                    |             |                     |           |                     |             |                     |  |
| <b>Assets of Dependents (type: checking, savings, money market, CDs, savings bonds, 529 accounts, etc.)</b>   |                  |                    |             |                     |           |                     |             |                     |  |
|   | <b>Dependent</b> | <b>Institution</b> | <b>Type</b> | <b>Value</b>        |           | <b>Institution</b>  | <b>Type</b> | <b>Value</b>        |  |
| <b>1</b>  |                  |                    |             | \$                  | <b>2</b>  |                     |             | \$                  |  |
| <b>3</b>  |                  |                    |             | \$                  | <b>4</b>  |                     |             | \$                  |  |
| <b>5</b>  |                  |                    |             | \$                  | <b>6</b>  |                     |             | \$                  |  |
| <b>7</b>  |                  |                    |             | \$                  | <b>8</b>  |                     |             | \$                  |  |
| <b>9</b>  |                  |                    |             | \$                  | <b>10</b> |                     |             | \$                  |  |

| CQ03: Financial Opinions/Preferences (indicate your preferences on a scale of 1 - 5) |                          |                          |                          |                               |                          |                          |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Client #1  |                          | Client #2                |                          | 1 = Least True; 5 = Most True |                          |                          |                          |                          |                          |  |
| 1  | 2                        | 3                        | 4                        | 5                             | 1                        | 2                        | 3                        | 4                        | 5                        |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable with our current level of spending.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel that we can reduce our current living expenses to save more for the future if needed.         |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable with the rate at which we are putting aside money in savings.                       |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable with our current amount of life insurance coverage.                                 |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel that we have not adequately planned for the possibility that we will need long-term care.     |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I would rather work longer than reduce my standard of living in retirement.                          |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We plan to maintain our current lifestyle during retirement.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am more concerned about protecting our assets than about growth of our assets.                     |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My biggest concern is that our investments generate enough income to live on now.                    |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We need to focus our investment efforts on building cash reserves for short-term needs.              |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I prefer the ease of owning a few mutual funds rather than many individual stocks.                   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable with investments that have slow, long-term appreciation and growth.                 |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel comfortable with aggressive growth investments.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I brood over bad investment decisions I have made.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am optimistic about our financial future.  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I make investment decisions comfortably and quickly.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I like predictability and routine in my daily life.  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am a risk taker.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I prefer having a trusted advisor make my investment decisions for me instead of making them myself. |

| CQ04: 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                       | Company Name & Comments |
| Financial Planner   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| Broker #1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| 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"/> |                         |

| CQ05: Estate Planning Documents (DPOA = durable power of attorney) |       |                               |                         |
|--|-------|-------------------------------|-------------------------|
|  | Notes | Client #1: Year/State Drafted | Client #2: - Year/State |
| Will   |       |                               |                         |
| Health Care DPOA   |       |                               |                         |
| General Financial DPOA   |       |                               |                         |
| Living Will  |       |                               |                         |
| Trust #1   |       |                               |                         |
| Trust #2   |       |                               |                         |
| Other  |       |                               |                         |
| Other  |       |                               |                         |



Note: if you have a printout of your assets and/or liabilities in another format, feel free to attach a copy instead of entering them on this form.

| CQ09: Assets – Bank Accounts (type: checking, savings, money market, CDs, savings bonds, etc.) |             |      |                |                 |
|--|-------------|------|----------------|-----------------|
| A#   | Institution | Type | Who Owns Acct? | Average Balance |
| 1  |             |      |                | \$              |
| 2  |             |      |                | \$              |
| 3  |             |      |                | \$              |
| 4  |             |      |                | \$              |
| 5  |             |      |                | \$              |
| 6  |             |      |                | \$              |
| 7  |             |      |                | \$              |
| 8  |             |      |                | \$              |
| 9  |             |      |                | \$              |

| CQ10: Assets – Real Estate and Personal Property |                    |                 |
|--|--------------------|-----------------|
| Description                                      | Who Owns Property? | Estimated Value |
| Primary Residence                                |                    | \$              |
| Furnishings (liquidation value)                  |                    | \$              |
| Vehicle #1:                                      |                    | \$              |
| Vehicle #2:                                      |                    | \$              |
| Vehicle #3:                                      |                    | \$              |
| Other #1:  |                    | \$              |
| Other #2:  |                    | \$              |

| CQ11: Assets - Retirement Accounts (401k, 403b, IRAs, annuities, etc.) |             |             |                 |                 |
|--|-------------|-------------|-----------------|-----------------|
| A#   | Institution | Description | Who Owns Asset? | Estimated Value |
| 1  |             |             |                 | \$              |
| 2  |             |             |                 | \$              |
| 3  |             |             |                 | \$              |
| 4  |             |             |                 | \$              |
| 5  |             |             |                 | \$              |
| 6  |             |             |                 | \$              |
| 7  |             |             |                 | \$              |
| 8  |             |             |                 | \$              |
| 9  |             |             |                 | \$              |

| CQ12: Other Assets (brokerage accounts, mutual funds, annuities, business, valuables, etc.) |             |             |                 |                 |
|---|-------------|-------------|-----------------|-----------------|
| A#  | Institution | Description | Who Owns Asset? | Estimated Value |
| 1   |             |             |                 | \$              |
| 2   |             |             |                 | \$              |
| 3   |             |             |                 | \$              |
| 4   |             |             |                 | \$              |
| 5   |             |             |                 | \$              |
| 6   |             |             |                 | \$              |
| 7   |             |             |                 | \$              |

| CQ13: Liabilities – Credit Cards |           |               |                      |                 |
|----------------------------------|-----------|---------------|----------------------|-----------------|
| Credit Card Company              | Card Name | Interest Rate | Avg. Monthly Payment | Current Balance |
|                                  |           | %             | \$                   | \$              |
|                                  |           | %             | \$                   | \$              |
|                                  |           | %             | \$                   | \$              |
|                                  |           | %             | \$                   | \$              |
|                                  |           | %             | \$                   | \$              |

| CQ14: Liabilities – Other Debts (residence, autos, business, school, farm, etc.) |                 |            |               |  |                 |
|--|-----------------|------------|---------------|--|-----------------|
| Description (institution and type of loan)                                       | Term (in years) | Years Left | Interest Rate | Monthly Payment (Principal & Interest) | Current Balance |
|  |                 |            | %             | \$                                     | \$              |
|  |                 |            | %             | \$                                     | \$              |
|  |                 |            | %             | \$                                     | \$              |
|  |                 |            | %             | \$                                     | \$              |
|  |                 |            | %             | \$                                     | \$              |

| CQ15: Types of Advice You Seek (check all that apply)       |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Retirement Planning - Accumulation | <input type="checkbox"/> Estate Planning Advice          | <input type="checkbox"/> Annuity Management Advice    | <input type="checkbox"/> Funding Business Startup Advice   |
| <input type="checkbox"/> Retirement Planning - Distribution | <input type="checkbox"/> Life Insurance Advice           | <input type="checkbox"/> Stock Options Advice         | <input type="checkbox"/> Career Change Planning & Advice   |
| <input type="checkbox"/> Retirement Funds Rollover Advice   | <input type="checkbox"/> Disability Insurance Advice     | <input type="checkbox"/> Budgeting Advice             | <input type="checkbox"/> Divorce-Related Financial Advice  |
| <input type="checkbox"/> Investment Portfolio Advice        | <input type="checkbox"/> Long-Term Care Insurance Advice | <input type="checkbox"/> Home Mortgage Advice         | <input type="checkbox"/> Funding Child's College Education |
| <input type="checkbox"/> Cash Flow Analysis & Planning      | <input type="checkbox"/> Umbrella Insurance Advice       | <input type="checkbox"/> Credit History Report Review | <input type="checkbox"/> Funding Child's Wedding           |
| <input type="checkbox"/> Minimizing Income Tax Advice       | <input type="checkbox"/> Health Insurance Advice         | <input type="checkbox"/> Debt Management Advice       | <input type="checkbox"/> Investment Cost Basis Advice      |
| <input type="checkbox"/> Other:                             | <input type="checkbox"/> Other:                          |   |  |
| Comments:   |  |   |  |

| Please send a completed copy of this form to us so that we receive it at least 3 weeks before our Initial Meeting. |   |
|--|---|
| <b>Email</b>   | Email completed form as an attachment to Brandon@parkhurstfinancialmanagement.com |
| <b>Fax</b>   | Fax to (972) 265-7973   |
| <b>Mail</b>  | Mail to 6860 N. Dallas Parkway, Suite 200, Plano, TX 75024                        |