

Client Name: _____



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Target Timeline

1st Appt: _____

Mail HW by: _____ or ASAP

2nd Appt: _____ or TBD

Homework

Completing this homework package will allow us to better serve you. The more information you supply us with, the better the solutions we can provide for you. We believe a comprehensive multi-step process is a necessity for proper wealth management. It is essential for us to know your income, expenses, investable assets and anticipated date of retirement. This information will allow us to formulate a customized plan that will be tailored according to your future financial goals.

*** The confidentiality of your personal information will be protected. ***

Documents required:

We will be able to work to your best advantage when you provide documents along with this completed questionnaire. You may be sure that your documents will be professionally safeguarded under strict, confidential control during the analysis period. Your documents will be returned to you in the same condition as when you provided. If you prefer, duplicate copies of your financial papers are acceptable.

Personal Files

Latest Income Tax Returns
Social Security Statements
Wills
Trust Agreements
Other:

Employer

Payroll or Other Income Statements
Employee Benefits Booklets
Retirement Savings Plans Statements (401k, 403B, Def Comp, etc.)
Custodial Agreement & Beneficiary Information for Above
Pension Plan Calculation Worksheet
Other:

**Broker or Mutual
Fund, Bond or Stock**

Latest Monthly Statements
Beneficiary Designations for Above
Certificates Stock or Bond

Insurance Company

Life Insurance Statements
Annuity Account Statements
Disability Income Insurance Policy Information
Long-Term Care Policy Information
Other

Business

Buy-Sell Agreements
Deferred Compensation Agreements
Stock/Option/Bonus Plans
Other

Contact Information:

Part 1

Client A:

Name (Last/First/Middle Initial) _____ Date of Birth _____

Address _____

Email _____

Phone _____
Home Office Cell

Job _____
Title Employer Occupation

Retired Yes No *Employer Address* Expected Retirement Date/Age _____
Years There

Parents:

Mom Living Yes No Current Age or Age Passed _____

Dad Living Yes No Current Age or Age Passed _____

Do you anticipate receiving any portion of an estate in the future? Yes No \$ _____

Do you now or do you anticipate taking care of your parents in the future? Yes No

Client B:

Name (Last/First/Middle Initial) _____ Date of Birth _____

Address _____

Email _____

Phone _____
Home Office Cell

Job _____
Title Employer Occupation

Retired Yes No *Employer Address* Expected Retirement Date/Age _____
Years There

Parents:

Mom Living Yes No Current Age or Age Passed _____

Dad Living Yes No Current Age or Age Passed _____

Do you anticipate receiving any portion of an estate in the future? Yes No \$ _____

Do you now or do you anticipate taking care of your parents in the future? Yes No

Children:

Name _____ DOB _____ Live in WNY? Yes No

Name _____ DOB _____ Live in WNY? Yes No

Name _____ DOB _____ Live in WNY? Yes No

Name _____ DOB _____ Live in WNY? Yes No

Helping with or will help with college? Yes No \$ _____ per year

Any special needs children? Yes No

Is your family blended? Yes No

Children from you _____

Children from spouse _____

Risk Profile Questionnaire

This questionnaire is designed to gather information that helps identify your investment objectives, time horizon and investment risk profile, in order to assist your advisor in constructing a portfolio that is suited to meet your investment needs.

Instructions: Review each question and check the radio button next to the answer that is most applicable to you. Once you have completed the form, a Risk Analysis Score will be calculated for you. RiskPro will use that Risk Score in order to provide you with a Risk Budget - an Estimated Annual % Downside Tolerance Range, and an Estimated Annual \$ Downside Tolerance based on your account value. You will be provided with the option of overriding the results from the questionnaire, and selecting a different Risk Budget.

1. What is your age?

Over 66 (2.5)

56-65 (5)

45-55 (7.5)

Under 45 (10)

2. How much cash reserves do you have outside of your investment plan?

3 months (2.5)

6 months (5)

9 months (7.5)

Over 12 months (10)

3. Indicate approximately how many years from today until you need to reach your primary investment goals?

Within 1 to 4 years (2.5)

Within 5 to 10 years (5)

Within 11 to 20 years (7.5)

More than 20 years (10)

4. Which of the following statements best describes your reaction if the value of your portfolio suddenly declined by 15%?

I would be very concerned because I cannot accept fluctuations in the value of my portfolio (2)

I invest for long-term growth, and some income, but would be concerned about even a temporary decline (4)

I invest for long-term growth but would be very concerned if the downturn were more than 15% (6)

I invest for long-term growth and can accept some market fluctuation (8)

I invest for long-term growth and accept market fluctuations as normal market risk for an aggressive portfolio (10)

5. Which of the following statements most accurately reflects your feelings about the stock market?

I am uncomfortable investing in the stock market and would prefer money markets for investments (2.5)

While I would like the ability to participate in the stock market, I prefer more conservative positions and want a sizable portion of my holdings to be in fixed incomes (5)

I want to participate in the stock market but prefer a mix of fixed incomes and growth oriented equities (7.5)

I am committed to the stock market and am comfortable that, overtime, I should be rewarded for the extra risks involved in growth-oriented investing. (10)

6. When do you plan to begin withdrawing money from your investments?

Less than 3 years (2.5)

3 to 5 years (5)

6 to 10 years (7.5)

11 years or more (10)

7. How optimistic are you about the long-term prospects for the economy?

Pessimistic (2.5)

Unsure (5)

Somewhat optimistic (7.5)

Very optimistic (10)

8. How long are you prepared to wait for your account to return to its original value after a down market?

Less than 18 months (2.5)

Between 18 months and two years (5)

Between two and three years (7.5)

More than three years (10)

9. Which of the following best describes your investment objectives?

Preserving principal and earning a moderate amount of current income (0)

Generating a high amount of current income (2.5)

Generating some current income and growing my assets (5)

Moderately growing my assets (7.5)

Growing my assets substantially (10)

10. What is your current annual income requirement from this portfolio?

More than 4% (2.5)

2% to 4% (5)

0% to 2% (7.5)

I don't need current income (10)

SCORE:



Client Signature _____

Date _____

Client Signature _____

Date _____

Client Relationship Questionnaire

If we could solve one problem for you, what would it be?

If you do become a client, how often would you like a sit down review of your portfolio?

Please briefly identify your core concerns.

Please prioritize your core concerns. Number the above with 1 being the most important.

What role do you want your financial advisor to perform?

What are your key expectations of us?

I have savings and investments. I find it easy to add regularly to savings and investments over extended periods. Yes No

In the 2007 – 2009 stock market crash, the market was down over 50%. Stock markets are volatile. If/when the stock market drops again, at what percentage loss would you be concerned?

10% 20% 30% 40% 50% 60%

If you have a current advisor on a scale of 1 – 10, with 1 being low, and 10 being high, how has your current advisor met your expectations?

What has your current advisor failed to do?

Who helps you make your financial decisions, check all that apply

Spouse Accountant Attorney Insurance Agent Friend Other _____

I spend _____ hours per month managing my portfolio. Please list the resources you use.

Your Financial Personality: On a scale of 1 – 5 please rate the following.

1 = Strongly Disagree 2 = Somewhat Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

I feel I am confident when it comes to managing money and investing.

I feel I have adequately planned for retirement savings & security.

I feel confident that if something happened to me my spouse would be able to invest as well as I do.

I feel clear about my financial goals and my plans to achieve them.

I systematically add to my retirement and investments savings every month.

Current Income:

Monthly

Client A salary from _____ \$ _____
Client B salary from _____ \$ _____
Self Employment \$ _____
Rental Property 1 \$ _____ Address _____
Rental Property 2 \$ _____ Address _____
Rental Property 3 \$ _____ Address _____
Other \$ _____

Do you see a substantial change in your income during the next two years? Yes No

Do you anticipate receiving funds or property from an estate in the future? Yes No

If so, how much? _____

Savings

This section may not apply if you are retired

Client A

I save \$ _____ monthly to my retirement plan.
My employer contributes \$ _____ monthly.
I also save \$ _____ to my _____

Client B

I save \$ _____ monthly to my retirement plan.
My employer contributes \$ _____ monthly.
I also save \$ _____ to my _____

Projected Retirement Income

Client A

Soc Sec 62 _____
Soc Sec 66 _____
Pension 1 _____ Spousal Amount _____
Pension 2 _____ Spousal Amount _____
Rental 1 _____

Client B

Soc Sec 62 _____
Soc Sec 66 _____
Pension 1 _____ Spousal Amount _____
Pension 2 _____ Spousal Amount _____
Rental 1 _____

NOTE:

For an up to date Social Security account statement, visit ssa.gov and click "sign in or create an account"

Estimated Expenses:

Fixed Expenses

Current Mortgage/Rent	_____	Interest Rate	_____	Yr Paid Off	_____	Owed	_____
Home Equity	_____	Interest Rate	_____	Yr Paid Off	_____	Owed	_____
Property	_____	Interest Rate	_____	Yr Paid Off	_____	Owed	_____
Car 1	_____	Interest Rate	_____	Yr Paid Off	_____	Owed	_____
Car 2	_____	Interest Rate	_____	Yr Paid Off	_____	Owed	_____
Home Maintenance	_____						
Health Insurance	_____						
Real Estate Taxes	_____						
Home & Auto Insurance	_____						
Gas	_____						
Car Maintenance	_____						
Life/Disability Insurance	_____						
Utilities	_____						
Cell Phone 1	_____						
Cell Phone 2	_____						
Cable or Satellite	_____						
Internet	_____						
Food	_____						
Other	_____						

Subtotal A _____

Variable Expenses - Please complete all items on a monthly basis

Travel	_____						
Credit Cards	_____	Balance Owed				_____	
Dining/Entertainment	_____						
Charitable Gifts	_____						
Friends/Family	_____						
Leisure Activity/Hobby	_____						
Clothing	_____						

Subtotal B _____

Total Expenses _____

Subtotal A + Subtotal B

Current Assets:

Real Estate

Primary Residence _____
Property _____
Property _____

Retirement Plans - Tax Qualified

401K/403B/Def Comp/TSP

a) _____
b) _____
c) _____

IRAs (Individual, SIMPLE, Roth)

a) _____
b) _____
c) _____
d) _____

Pension Lump Sum

a) _____
b) _____

Non Retirement Funds

Brokerage Accounts

a) _____
b) _____
c) _____

Stocks/Bonds

a) _____
b) _____
c) _____
d) _____

DCs/Treasury Bills

a) _____
b) _____

Savings/Checking Accounts

a) _____
b) _____

Total Current Assets _____

NAME: _____

Additional Information

Person's Name Company Address Phone

Accountant/Tax Preparer _____

Auto/Home Insurance Agent _____

Realtor _____

Human Resource at work _____

Mortgage Broker _____
(If recent)

Attorney _____

Do you have a will? Yes No _____

Power of Attorney? Yes No _____

Health Care Proxy? Yes No _____

Do you have a trust? Yes No _____

What type of trust is it? _____

Who is the executor of the will or Trustee of Trust? _____

Who would take care of your children? _____

IMPORTANT: If you would like a referral to one of the above professionals, please mark below.

Accountant/ Auto/Home Realtor Human Mortgage Attorney
Tax Preparer Insurance Agent Resource Broker

Interests, Hobbies, Charities

Client A

Charities/Church _____

Hobbies/Clubs _____

Bills Fan Yes No Sabres Fan Yes No

Favorite Restaurant _____

Client B

Charities/Church _____

Hobbies/Clubs _____

Bills Fan Yes No Sabres Fan Yes No

Favorite Restaurant _____

How did you hear about us?

Check ALL that apply

Television Referred by _____

Radio Newspaper _____

Seminar Post Card _____

Direct Mail Other _____

Internet