



GUIDANCE CAPITAL

— Confidential —

Questionnaire

2020 High Wickham Place,
Louisville, KY 40245

(502) 813-2100
Fax (502) 245-7234

[Submit by Email](#) →

CONFIDENTIAL QUESTIONNAIRE

Please complete by filling in your information below.

FAMILY INFORMATION

Name (Spouse 1):

Date of Birth:

Social Security Number:

Driver's License #:

State: Issue Date: / / Exp Date: / /

Please provide copies of driver's license if possible

Name (Spouse 2):

Date of Birth:

Social Security Number:

Driver's License #:

State: Issue Date: / / Exp Date: / /

Name (Child 1):

Date of Birth:

Social Security Number:

Name (Child 2):

Date of Birth:

Social Security Number:

Name (Child 3):

Date of Birth:

Social Security Number:

Name (Child 4):

Date of Birth:

Social Security Number:

Father's Name & Age:

Mother's Name & Age:

Do they have special needs? Yes No

Are they in good health? Yes No

Are they financially dependent? Yes No

Father's Name & Age:

Mother's Name & Age:

Do they have special needs? Yes No

Are they in good health? Yes No

Are they financially dependent? Yes No

Home Address:

Mailing Address:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

E-mail:

E-mail:

Referred By:

Referred By:

Additional Information:

OCCUPATION

Job Title (Spouse 1):

Employer:

Target Retirement Date:

Years Employed:

Work Address:

Work Phone:

Are you changing employers? Yes No

Are you a business owner? Yes No

Job Title (Spouse 2):

Employer:

Target Retirement Date:

Years Employed:

Work Address:

Work Phone:

Are you changing employers? Yes No

Are you a business owner? Yes No

INCOME & ANNUAL SAVINGS

Salary:

Other Income:

Annual Savings (Qualified):

Annual Savings (Non-Qualified):

Salary:

Other Income:

Annual Savings (Qualified):

Annual Savings (Non-Qualified):

RETIREMENT INCOME

Social Security:

Pension:

Cost of Living Adjustment? Yes No

Other Income:

Social Security :

Pension :

Cost of Living Adjustment? Yes No

Other Income:

RETIREMENT ASSUMPTIONS

Current Living Expenses:

Retirement Living Expenses:

Desired Age of Retirement (Spouse 1):

Desired Age of Retirement (Spouse 2):

Are you expecting any large lump sum payments in the future? (E.g. Sale of business, Inheritance, etc.)

Year:

Amount:

Is there any additional information you would like us to know regarding your income or income expectations in retirement?

REAL ESTATE & PERSONAL PROPERTY

Primary Residence Value:	\$	Secondary Residence	\$
Mortgage Amount:	\$	Mortgage Amount:	\$
Mortgage Rate:		Mortgage Rate:	
Mortgage Term:		Mortgage Term:	
Date of Origination:		Date of Origination:	
		Address:	
Automobiles:	\$	Checking Account:	\$
Household Belongings:	\$	Savings Account:	\$
Art & Collectibles:	\$	Certificate of Deposit:	\$
Jewelry:	\$	Gold/Silver Bullion:	\$
Other Valuable	\$		

LIFE INSURANCE

	Owner/Insured:	Beneficiary:	Death Benefit:	Cash Value:	Premium:
Whole/Universal Life:			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Term Life:			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Variable Life:			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Please include copies of any insurance policies mentioned above so that we may better understand your insurance needs.

Is there any additional information you would like us to know regarding your personal property or insurance needs?

ASSETS

	Investment Firm:	SPOUSE 1:	SPOUSE 2:
Qualified Plans <small>(401k, 403b, etc.)</small>	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	\$ <hr/>	\$ <hr/>
IRA	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	\$ <hr/>	\$ <hr/>
Roth IRA	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	\$ <hr/>	\$ <hr/>
Brokerage <small>(stocks, mutual funds, etc.)</small>	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	\$ <hr/>	\$ <hr/>
Annuities	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	\$ <hr/>	\$ <hr/>
Money Market/Other	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	<hr/>	<hr/>

Please provide copies of account statements so that we may review holdings and performance

Are any of these assets held inside of a trust?

Yes

No

If so, please provide a copy of the trust document

Are brokerage or money market accounts held jointly?

Yes

No

Is there any additional information you would like us to know regarding your assets?

LIABILITIES

	Rate:	Term:	SPOUSE 1:	SPOUSE 2:
Personal Loan Debt:	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
Credit Card Debt:	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
All Other Debt:	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
	<hr/>	<hr/>	\$ <hr/>	\$ <hr/>

Is there any additional information you would like us to know regarding your liabilities?

PRIORITIZE YOUR GOALS

SPOUSE 1 - Rank your top 6 goals from 1-6

- ☐ Planning for Retirement
- ☐ Saving for College
- ☐ Managing a Budget
- ☐ Minimizing Taxes
- ☐ Insuring Your Income
- ☐ Providing a Legacy
- ☐ Contributing to Charity

- ☐ Creating Retirement Income
- ☐ Saving for Major Purchase
- ☐ Maximizing Investments
- ☐ Insuring Your Life
- ☐ Insuring Your Assets
- ☐ Caring for Parents
- ☐ Planning for a Business

SPOUSE 2 - Rank your top 6 goals from 1-6

- ☐ Planning for Retirement
- ☐ Saving for College
- ☐ Managing a Budget
- ☐ Minimizing Taxes
- ☐ Insuring Your Income
- ☐ Providing a Legacy
- ☐ Contributing to Charity

- ☐ Creating Retirement Income
- ☐ Saving for Major Purchase
- ☐ Maximizing Investments
- ☐ Insuring Your Life
- ☐ Insuring Your Assets
- ☐ Caring for Parents
- ☐ Planning for a Business

Are there any additional financial goals you would like us to know about or help you plan for?

RISK TOLERANCE QUESTIONNAIRE

1. What is your investment experience with stocks or stock mutual funds?
☐ none ☐ a fair amount
☐ a little ☐ a great deal
☐ some
2. What is your investment experience with bonds or bond mutual funds?
☐ none ☐ a fair amount
☐ a little ☐ a great deal
☐ some
3. What is your primary investment goal?
☐ retirement ☐ saving for a major purchase
☐ more current income ☐ other _____
4. What do you expect to be your next major expenditure?
☐ buying a house ☐ providing for retirement
☐ paying for college ☐ other _____
☐ capitalizing a new business
5. How many years until this expense is incurred?
☐ less than 5 years ☐ more than 10 years
☐ 5 to 10 years
6. What are your major objectives for your investments?
☐ current and future income ☐ keeping ahead of inflation
☐ preserving capital ☐ increasing returns
☐ building wealth for heirs
7. When do you expect to use the bulk of the money you are accumulating in your investments?
☐ in less than 1 year ☐ in 1-5 years
☐ in 6-10 years ☐ in 11 or more years
8. Over the next several years, what do you expect your household annual income to do?
☐ stay about the same ☐ decrease moderately
☐ grow moderately ☐ decrease substantially
☐ grow substantially
9. From September 2008 through November 2008, stocks lost over 31%. If you owned a stock investment that lost 31% in 3 months, what would you do? (If you owned stocks during this period, what did you do?)
☐ sell the investment
☐ hold it and wait for it to climb back up then sell
☐ hold it
☐ buy more at the new lower price

10. Some people need their investment portfolio to generate current income to meet on-going needs. This typically tilts the investment portfolio toward alternatives, bonds and dividend paying stocks. How accurately does this describe your objectives?

☐ very accurate

☐ moderately accurate

☐ slightly accurate

☐ not accurate at all

11. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 on one of the three scenarios below. Which do you choose?

☐ take the money and run

☐ a 50% chance of winning
\$22,000

☐ a 30% chance of winning \$36,000

☐ a 10% chance of winning
\$125,000

12. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

☐ 10% decline (portfolio value is \$90,000)

☐ 20% decline (portfolio value is \$80,000)

☐ 30% decline (portfolio value is \$70,000)

☐ 40% decline or greater (portfolio value is \$60,000 or less)

☐ 50% decline or greater (portfolio value is \$50,000 or less)

13. By what percentage do you expect our portfolio to grow annually over the long term? (10+years)

☐ 4% - 6%

☐ 6% - 8%

☐ 8% - 10%

☐ 10% - 12%

ADDITIONAL REMARKS

Are there any additional financial goals you would like us to know about or help you plan for?

SIGNATURES

SPOUSE 1

SPOUSE 2

Name (Print):

Name (Print):

Signature:

Date:

Signature:

Date:
