



GUIDANCE CAPITAL

— Confidential —

Questionnaire

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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:

Father's Name & Age:

Mother's Name & Age:

Mother's Name & Age:

Do they have special needs? Yes

No

Yes

No

Are they in good health? Yes

No

Yes

No

Are they financially dependent? Yes

No

Are they financially dependent? Yes

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:

Salary:

Other Income:

Other Income:

Annual Savings (Qualified):

Annual Savings (Qualified):

Annual Savings (Non-Qualified):

Annual Savings (Non-Qualified):

RETIREMENT INCOME

Social Security:

Social Security :

Pension:

Pension :

Cost of Living Adjustment? Yes No

Cost of Living Adjustment? Yes No

Other Income:

Other Income:

RETIREMENT ASSUMPTIONS

Current Living Expenses:

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

Retirement Living Expenses:

Year:

Desired Age of Retirement (Spouse 1):

Amount:

Desired Age of Retirement (Spouse 2):

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 (401k, 403b, etc.)		\$	\$
		\$	\$
IRA		\$	\$
		\$	\$
Roth IRA		\$	\$
		\$	\$
Brokerage (stocks, mutual funds, etc.)		\$	\$
		\$	\$
Annuities		\$	\$
		\$	\$
Money Market/Other		\$	\$

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:			\$	\$
			\$	\$
Credit Card Debt:			\$	\$
			\$	\$
All Other Debt:			\$	\$
			\$	\$

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?

<input type="checkbox"/> none	<input type="checkbox"/> a fair amount
<input type="checkbox"/> a little	<input type="checkbox"/> a great deal
<input type="checkbox"/> some	

2. What is your investment experience with bonds or bond mutual funds?

<input type="checkbox"/> none	<input type="checkbox"/> a fair amount
<input type="checkbox"/> a little	<input type="checkbox"/> a great deal
<input type="checkbox"/> some	

3. What is your primary investment goal?

<input type="checkbox"/> retirement	<input type="checkbox"/> saving for a major purchase
<input type="checkbox"/> more current income	<input type="checkbox"/> other _____

4. What do you expect to be your next major expenditure?

<input type="checkbox"/> buying a house	<input type="checkbox"/> providing for retirement
<input type="checkbox"/> paying for college	<input type="checkbox"/> other _____
<input type="checkbox"/> capitalizing a new business	

5. How many years until this expense is incurred?

<input type="checkbox"/> less than 5 years	<input type="checkbox"/> more than 10 years
<input type="checkbox"/> 5 to 10 years	

6. What are your major objectives for your investments?

<input type="checkbox"/> current and future income	<input type="checkbox"/> keeping ahead of inflation
<input type="checkbox"/> preserving capital	<input type="checkbox"/> increasing returns
<input type="checkbox"/> building wealth for heirs	

7. When do you expect to use the bulk of the money you are accumulating in your investments?

<input type="checkbox"/> in less than 1 year	<input type="checkbox"/> in 1-5 years
<input type="checkbox"/> in 6-10 years	<input type="checkbox"/> in 11 or more years

8. Over the next several years, what do you expect your household annual income to do?

<input type="checkbox"/> stay about the same	<input type="checkbox"/> decrease moderately
<input type="checkbox"/> grow moderately	<input type="checkbox"/> decrease substantially
<input type="checkbox"/> 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?)

<input type="checkbox"/> sell the investment
<input type="checkbox"/> hold it and wait for it to climb back up then sell
<input type="checkbox"/> hold it
<input type="checkbox"/> 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?

<input type="checkbox"/> very accurate	<input type="checkbox"/> slightly accurate
<input type="checkbox"/> moderately accurate	<input type="checkbox"/> 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?

<input type="checkbox"/> take the money and run	<input type="checkbox"/> a 30% chance of winning \$36,000
<input type="checkbox"/> a 50% chance of winning \$22,000	<input type="checkbox"/> 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?

<input type="checkbox"/> 10% decline (portfolio value is \$90,000)
<input type="checkbox"/> 20% decline (portfolio value is \$80,000)
<input type="checkbox"/> 30% decline (portfolio value is \$70,000)
<input type="checkbox"/> 40% decline or greater (portfolio value is \$60,000 or less)
<input type="checkbox"/> 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)

<input type="checkbox"/> 4% - 6%	<input type="checkbox"/> 6% - 8%
<input type="checkbox"/> 8% - 10%	<input type="checkbox"/> 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:
