



Financial Questionnaire

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A. GENERAL INFORMATION

Understanding the things that are important to you and your current financial situation is critical to us being able to help you achieve your goals. This questionnaire provides a format for you to communicate your financial information to us as well as a checklist of documents that we will need to prepare your financial plan. We will discuss and clarify this information in our meeting.

Client Name:	Date Prepared:
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This section is for general information about yourself, spouse and dependents, if applicable.

	Client	Co-Client
Name (First, MI, Last)		
Date of Birth		
Soc. Security Number		
US Citizen (Y/N)		
Street Address		
City, State, Zip		
Home Phone		
Cellular Phone		
Fax		
E-Mail		
Marital Status		
Anniversary Date		
Previous Marriage?		
Health		
Hobbies		

BUSINESS INFORMATION

	Client	Co-Client
Employer		
Department		
Street Address		
City, State, Zip		
Occupation		
Length of Employ		
E-mail		
Business Phone		
Fax		

CHILDREN AND OTHER DEPENDENTS

	1	2	3	4
Name				
Relationship				
Date of Birth				
Gender				
Health				
Living with you?				
Marital Status				
College Planned				
Soc.Security Number				

B. ADVISOR INFORMATION

List all professional advisors including your present financial advisor, if any.

	Name/Company	Full Address	Telephone
Accountant			
Attorney			
Life Insurance Agent			
Casualty Ins Agent			
Stockbroker			
Financial Advisor			

C. GOALS

What is your most pressing concern?

List other concerns or problems you would like us to address:

What are your expectations of Barnett Financial, Inc.?

D. GENERAL

Have you ever been dissatisfied with a financial advisor? If so, please state the source of your dissatisfaction:

On a scale of 1 to 5 (with 5 being most secure), please assign a value to your job security. _____

Do you anticipate any significant change to your income over the next five years? _____

Do you plan to move within the next five years? If yes, please explain. _____

Have you ever been or are you now involved in any litigation? _____

Do you have a computer at home? If so, what is the operating system? _____

Do you use a system to track your expenditures? _____ If so, what is the system?

E. REQUIRED DOCUMENTS Please provide a copy of the following:

- | | |
|--|--|
| <input type="checkbox"/> Recent Tax Return | <input type="checkbox"/> Wills/Other Estate Documents |
| <input type="checkbox"/> List of Liabilities, Type, Balance, Maturity, Rate, Company | <input type="checkbox"/> Powers of Attorney (General, Health) and Living Will |
| <input type="checkbox"/> Life Insurance Policies, Recent Statement | <input type="checkbox"/> Recent Pay Stub |
| <input type="checkbox"/> Home & Auto Recent Insurance Statement | <input type="checkbox"/> Taxable Investments, Recent Statements |
| <input type="checkbox"/> Disability Insurance Policies, Recent Statement | <input type="checkbox"/> Date of Purchase and Purchase Price of All Taxable Investments (Cost Basis) |
| <input type="checkbox"/> Employment Benefits Sheet or Booklet | <input type="checkbox"/> Recent Property Tax Statement |
| <input type="checkbox"/> Retirement Account Beneficiary List | <input type="checkbox"/> Retirement Account, Recent Statements |

F. INCOME CHECKLIST

		Monthly	OR	Annual
Employment	Salary			
	Client	\$	\$	
	Co-Client	\$	\$	
	Bonus			
	Client	\$	\$	
	Co-Client	\$	\$	
	Self Employment			
	Client	\$	\$	
	Co-Client	\$	\$	
	Commission			
	Client	\$	\$	
	Co-Client	\$	\$	
Retirement	Social Security			
	Client	\$	\$	
	Co-Client	\$	\$	
	Pension Income			
Client	\$	\$		
Co-Client	\$	\$		
Investment	Interest	\$	\$	
	Dividends	\$	\$	
	Capital Gains	\$	\$	
	Rental	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
Other	Alimony/Child Support	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
	_____	\$	\$	

G. EXPENSE CHECKLIST

		Monthly	OR	Annual
Living Expenses	Mortgage/Rent	\$		\$
	Utilities	\$		\$
	Home & Garden Maint.	\$		\$
	Auto Payments_____	\$		\$
	Auto Payments_____	\$		\$
	Auto Maintenance	\$		\$
	Auto Repair	\$		\$
	Groceries	\$		\$
	Household	\$		\$
	Entertainment	\$		\$
	Clothing	\$		\$
	Medical Expenses	\$		\$
	Vacations & Travel	\$		\$
	Personal Gifts	\$		\$
	Charitable Donations	\$		\$
	Alimony & Child Support	\$		\$
	Education	\$		\$
	Child Care	\$		\$
Furniture & Appliances	\$		\$	
_____	\$		\$	
Insurance	Life Insurance	\$		\$
	Disability	\$		\$
	Medical	\$		\$
	Home	\$		\$
	Auto	\$		\$
	Liability	\$		\$
	Long Term Care	\$		\$
	_____	\$		\$
Savings	Retirement Contributions	\$		\$
	Employee Savings Plan	\$		\$
	Non-Retirement Savings	\$		\$
Taxes	Fed. W/holding (FICA, SS)	\$		\$
	Estimated Taxes	\$		\$
	State	\$		\$
	Property	\$		\$

NOTES: Please include items charged on credit cards.

If you have this information in another format (such as a spreadsheet or Quicken), please provide.