



MURRAY FINANCIAL, INC.

Registered Investment Advisor (RIA)

13603 Gladwyn Court ~ Chantilly, VA 20151
Tel: 703-810-8424 ~ Fax: 703-991-5519

Confidential Financial Questionnaire

Date Completed: _____

Personal Information

Client

Full Legal Name (First, Middle, Last)

Birthdate Social Security#

Occupation Annual Compensation

Employer

Office Phone

Employer Street Address

City State Zip Code

Mobile Phone

E-mail Address

Driver's License Number

Home Street Address

City State Zip Code

Financial Planning Priorities

In order of importance, what are your most critical financial issues?

How did you hear about MFI?

Co-Client (if Applicable)

Full Legal Name (First, Middle, Last)

Birthdate Social Security #

Occupation Annual Compensation

Employer

Office Phone

Employer Street Address

City State Zip Code

Mobile Phone

E-mail Address

Driver's License Number

Children

(Write additional info on back with note below.)

Full Legal Name

Gender Birthdate Social Security #

Full Legal Name

Gender Birthdate Social Security #

Full Legal Name

Gender Birthdate Social Security #

Full Legal Name

Gender Birthdate Social Security #

Twenty Questions

- | | Yes | No | | Yes | No |
|---|-----------------------|-----------------------|---|-----------------------|-----------------------|
| 1. Have you met with a Certified Financial Planner™ (CFP®) or a Registered Investment Advisor (RIA) before?
If so, when? _____? | <input type="radio"/> | <input type="radio"/> | 13. Have you ever been declined or rated down for life or disability insurance?
Your spouse? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you have a:
Will: Dated: _____
Trust: Dated: _____
Durable Power of Attorney:
Dated: _____
Advanced Medical Directive:
Dated: _____ | <input type="radio"/> | <input type="radio"/> | 14. Do you smoke?
Does your spouse smoke? | <input type="radio"/> | <input type="radio"/> |
| 3. At what age do you plan to retire? _____
Co-Client's Age? _____ | | | 15. Do you prepare your own taxes? | <input type="radio"/> | <input type="radio"/> |
| 4. At retirement, do you plan on relocating? <input type="radio"/> <input type="radio"/>
If so, where? _____
Will the cost of living be higher, lower,
or the same as your current location? _____ | <input type="radio"/> | <input type="radio"/> | 16. Do you routinely receive a large income tax refund? | <input type="radio"/> | <input type="radio"/> |
| 5. Are you satisfied with your financial progress to date? | <input type="radio"/> | <input type="radio"/> | 17. Do you have a/an: NAME | | |
| 6. Do you plan to make a significant financial change in the next 5 years?
(If so, describe on back.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Accountant _____ | | |
| 7. Do you expect an inheritance? <input type="radio"/> <input type="radio"/>
If so, how much? _____
Would you like to leave an inheritance? <input type="radio"/> <input type="radio"/>
If so, how much? _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Attorney _____ | | |
| 8. Do you expect your adult children or grandchildren to be dependent on you for financial support?
If yes, please explain on back. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Banker _____ | | |
| 9. Do you expect your parents to be dependent on you for financial support?
If yes, please explain on back. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Broker _____ | | |
| 10. Have you ever owned:
individual Stocks? <input type="radio"/> <input type="radio"/>
mutual funds? <input type="radio"/> <input type="radio"/>
real estate limited partnerships? <input type="radio"/> <input type="radio"/>
fixed annuities? <input type="radio"/> <input type="radio"/>
variable annuities? <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Financial Planner _____ | | |
| 11. Do you have plans to start a business?
If yes, when and what capital do you foresee needing? _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Insurance Agent _____ | | |
| 12. Do you plan to pay for your children's or grandchildren's college education?
If yes, how many years? _____
In-state, out of state, or private? (circle) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Investment Advisor _____ | | |
| | | | <input type="radio"/> Trustee _____ | | |
| | | | <input type="radio"/> Other: _____ | | |
| | | | 18. Do you have a/an: | | |
| | | | <input type="radio"/> Homeowner's policy | | |
| | | | <input type="radio"/> Personal automobile policy | | |
| | | | <input type="radio"/> Umbrella policy | | |
| | | | <input type="radio"/> Long Term Care policy | | |
| | | | <input type="radio"/> Health insurance policy | | |
| | | | <input type="radio"/> Disability insurance policy | | |
| | | | <input type="radio"/> Term Life insurance policy | | |
| | | | 19. What effect do you believe the following have on a portfolios performance? | | |
| | | | Security Selection _____% | | |
| | | | (Which stocks, bonds, funds to buy) | | |
| | | | Market Timing _____% | | |
| | | | (When to get in and out of the market) | | |
| | | | Asset Allocation _____% | | |
| | | | (How much cash v. bonds v. stocks) | | |
| | | | TOTAL | 100% | |
| | | | 20. What are your long-term financial goals? | | |
| | | | _____ | | |
| | | | _____ | | |
| | | | _____ | | |
| | | | _____ | | |

Assets (Attach supporting statements)

Cash Equivalents

Checking Accounts	\$
Savings Accounts	\$
Certificates of Deposit	\$
Life Insurance Cash Value	\$
Annuities	\$

Stocks/Bonds/Mutual Funds

(Attach separate statements listing individual securities/funds.)

	\$
	\$
	\$
	\$

Retirement Funds

(Attach separate statement listing individual funds.)

IRA Accounts	\$
Pension Plan	\$
Profit Sharing Plan	\$
401(k) or Thrift Plan	\$
Tax Shelter Annuity	\$
403(b) Plan	\$
Deferred Compensation Plan	\$
ESOP or Stock Option Plan	\$

Real Estate

Home	\$
Other Real Estate	\$

Business Interests

	\$
	\$
	\$

Other Assets

Accounts Receivable	\$
Gold or Precious Metals	\$
Oil and Gas Interests	\$
Coin/Stamp/Other Collections	\$
Venture Capital	\$

Total Assets \$

Liabilities

Home Mortgage	\$
Terms:	Date Secured:
Home Equity Line of Credit	\$
Terms:	Date Secured:
Second Mortgage	\$
Terms:	Date Secured:
Other Mortgages	\$
Terms:	Date Secured:
Auto Loans/Leases	\$
Terms:	Date Secured:
Other Installment Loans	\$
Terms:	Date Secured:
Business Loans	\$
Terms:	Date Secured:
Taxes Due	\$
Credit Card	\$
Terms:	
Credit Card	\$
Terms:	
Student Loans	\$
Terms:	
Personal Debt	\$
Terms:	

Total Liabilities \$

Net Worth (Assets minus Liabilities) \$

In order to determine the amount of assets that will be utilized to generate income for retirement it is required to subtract out those assets that will not be income producing.

Real Estate Equity	\$
Other non-retirement assets	\$

Retirement Assets

(Net worth minus non-retirement assets) \$

Insurance – Client

Life Insurance #1:

Insurance Company: _____
Term: _____ Year Purchased: _____
Annual Premium: \$ _____
Face/Benefit Amount: \$ _____

Life Insurance #2:

Insurance Company: _____
Term: _____ Year Purchased: _____
Annual Premium: \$ _____
Face/Benefit Amount: \$ _____

Disability Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Benefit Amount: \$ _____
Length of Coverage: _____
Elimination Period: _____

Long-term Care Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Benefit Amounts: _____
Nursing Home \$ _____
- Elimination Period _____
- Benefit Period _____
Home Health Care \$ _____
- Elimination Period _____
- Benefit Period _____
Guaranteed renewable? _____
Inflation adjustment? _____

Auto Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Liability Coverages: _____
- Bodily Injury per accident: \$ _____
- Bodily Injury each accident: \$ _____

Home Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Liability Coverages: _____
- Each occurrence: _____

Umbrella Policy:

Insurance Company: _____
Annual Premium: \$ _____
Liability Coverage per occurrence: _____

Notes: _____

Insurance – Co-Client

Life Insurance #1:

Insurance Company: _____
Term: _____ Year Purchased: _____
Annual Premium: \$ _____
Face/Benefit Amount: \$ _____

Life Insurance #2:

Insurance Company: _____
Term: _____ Year Purchased: _____
Annual Premium: \$ _____
Face/Benefit Amount: \$ _____

Disability Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Benefit Amount: \$ _____
Length of Coverage: _____
Elimination Period: _____

Long-term Care Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Benefit Amounts: _____
Nursing Home \$ _____
- Elimination Period _____
- Benefit Period _____
Home Health Care \$ _____
- Elimination Period _____
- Benefit Period _____
Guaranteed renewable? _____
Inflation adjustment? _____

Auto Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Liability Coverages: _____
- Bodily Injury per accident: \$ _____
- Bodily Injury each accident: \$ _____

Home Insurance:

Insurance Company: _____
Annual Premium: \$ _____
Liability Coverages: _____
- Each occurrence: _____

Umbrella Policy:

Insurance Company: _____
Annual Premium: \$ _____
Liability Coverage per occurrence: _____

Notes: _____

Personal Cash Flow

(Annualize all monthly entries by multiplying by 12)

Monthly or Annual

SOURCES OF INCOME

Taxable:

Salary (Client)	\$ _____	\$ _____
Salary (Co-client)	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Self-Employment (Client)	\$ _____	\$ _____
Self-Employment (Co-Client)	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Spousal Support (or Alimony)	\$ _____	\$ _____
Other	\$ _____	\$ _____

Non-Taxable:

Social Security	\$ _____	\$ _____
Rental Property/Investment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Municipal Bonds	\$ _____	\$ _____
Other	\$ _____	\$ _____

TOTAL INCOME

\$ _____ or \$ _____

Income Taxes (last year or annualized for current year)

Federal Income Tax (Client)	\$ _____	\$ _____
Federal Income Tax (Co-client)	\$ _____	\$ _____
State Income Tax (Client)	\$ _____	\$ _____
State Income Tax (Co-client)	\$ _____	\$ _____
FICA (Client)	\$ _____	\$ _____
Medicare (Client)	\$ _____	\$ _____
FICA (Co-Client)	\$ _____	\$ _____
Medicare (Co-Client)	\$ _____	\$ _____
Self-Employment Tax (Client)	\$ _____	\$ _____
Self-Employment Tax (Co-Client)	\$ _____	\$ _____

Total Taxes Paid

\$ _____ or \$ _____

Typical Federal Tax Refund	\$ _____	\$ _____
Typical State Tax Refund	\$ _____	\$ _____

Net Income After Taxes

\$ _____ or \$ _____

Please provide recent pay stub to support this data.

Personal Cash Flow

(Annualize all monthly entries by multiplying by 12)

Monthly or **Annual**

Mortgage or Rent	\$ _____	\$ _____	
Home equity expense	\$ _____	\$ _____	
Property taxes	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Utilities/Cable	\$ _____	\$ _____	
Maintenance	\$ _____	\$ _____	
Housing Total	\$ _____	\$ _____	
Auto Loan Payments	\$ _____	\$ _____	
Auto Insurance	\$ _____	\$ _____	
Auto Gas/Maintenance	\$ _____	\$ _____	
Auto License Fees	\$ _____	\$ _____	
Auto Property taxes	\$ _____	\$ _____	
Mass transit	\$ _____	\$ _____	
Transportation Total	\$ _____	\$ _____	
Food/Beverages	\$ _____	\$ _____	
Clothing & Apparel	\$ _____	\$ _____	
Furnishings	\$ _____	\$ _____	
Personal Care	\$ _____	\$ _____	
Medical/Dental/Medications	\$ _____	\$ _____	
Life Insurance	\$ _____	\$ _____	
Health Insurance	\$ _____	\$ _____	
Liability (Umbrella Policy) Insurance	\$ _____	\$ _____	
Disability Insurance	\$ _____	\$ _____	
Personal Insurance Total	\$ _____	\$ _____	
Education & Self-Improvements	\$ _____	\$ _____	
Installment Payments for Other Debt	\$ _____	\$ _____	
Dining Out	\$ _____	\$ _____	
Recreation	\$ _____	\$ _____	
Gifts	\$ _____	\$ _____	
Entertainment Total	\$ _____	\$ _____	
Vacations & Holidays	\$ _____	\$ _____	
Charitable Contributions	\$ _____	\$ _____	
Miscellaneous & Cash Expenditures	\$ _____	\$ _____	
Total Living Expenses	\$ _____	\$ _____	

Needed Documents

PLEASE **ATTACH COPIES** OF THE FOLLOWING DOCUMENTS:

- Wills and instructions to executor
- Powers of Attorney
- Advanced Medical Directives
- Past two year's personal and business tax returns
- Recent pay stub or income statement
- Trust agreements
- Information on insurance policies (life, long term care, disability, health, auto, home, umbrella), including summary pages or certificates, informational booklets, policy illustrations, benefit statements, health co-pay requirements, etc...
- Employer benefit booklets and information pertaining to health insurance benefits, to include group life insurance availability and retirement benefit explanations
- Retirement plan description and investment program summaries
- Social Security Estimate of Benefits document
- Partnership agreements, formal business arrangements
- Articles of incorporation

LATEST STATEMENT FROM:

- Checking accounts
- Savings accounts
- Brokerage accounts
- Money Market accounts
- Certificate of Deposits (CDs)
- Investment accounts
- Cash value life insurance policies
- Any household budget
- Listing of any extensive collectables

I understand that the financial planning and investment advice recommendations provided by Murray Financial, Inc. will depend heavily on accurate information provided by the client. By my signature below, I acknowledge the completeness and accuracy of the data provided in this Financial Questionnaire.

Signature of Client

Date

Signature of Co-Client

Date