Confidential Client Questionnaire

NEWMYER
WEALTH MANAGEMENT

This questionnaire is designed to establish a personal relationship with you. Based on the information provided, we will work collectively with you to analyze and develop strategies and plans to accumulate, manage and preserve your wealth. Completion of this questionnaire does not commit you to any services provided by Newmyer Wealth Management. All of the information obtained from this questionnaire will be held in strict confidence and in compliance to the Privacy Policy of Newmyer Wealth Management. If you have any questions, please do not hesitate to contact us directly.

SHARE WITH US YOUR GENERAL INFORMATION

Personal Information 1

Legal Name:
Social Security Number:
Address:
Date of Birth:
City:
State:
Zip:
Email Address:
Home Phone Number:
Cell Phone Number:

Employment Information 1

Employer Name:
Title:
Address:
Years of Service:
City:
State:
Zip:
Annual Compensation: $
Office Phone Number:

Personal Information 2

Legal Name:
Social Security Number:
Address:
Date of Birth:
City:
State:
Zip:
Email Address:
Home Phone Number:
Cell Phone Number:

Employment Information 2

Employer Name:
Title:
Address:
Years of Service:
City:
State:
Zip:
Annual Compensation: $
Office Phone Number:

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GENERAL QUESTIONS ABOUT YOUR CURRENT SITUATION AND PREFERENCES

Income Stability: Is your major source of income sufficient, predictable and stable?

Not Stable/Predicable ○ ○ ○ ○ ○ Stable/Predictable

Cash Flow: Do you have enough disposable income after all necessary expenses?

Insufficient ○ ○ ○ ○ ○ Sufficient

Dependents: Do you have any dependents that rely on your income?

Several ○ ○ ○ ○ ○ None

Current Savings Rate: Do you currently have a savings/investment plan that is sufficient for all of your needs?

Insufficient ○ ○ ○ ○ ○ Sufficient

Expected Return: What are you expectations for investments to perform above or below average?

Below Average ○ ○ ○ ○ ○ Above Average

Risk Tolerance: What is your willingness to accept the risk that accompanies a portfolio seeking above average returns?

Very Unwilling ○ ○ ○ ○ ○ Very Willing

Investment Decisions: Do you want to take an active role in decision-making for all of your investments?

Less Active ○ ○ ○ ○ ○ More Active

Management of Investments: Are you willing to have your investments professionally managed?

None at All ○ ○ ○ ○ ○ All Investments

Insurance Protection: Do you believe you have enough insurance coverage for your life and health?

Insufficient ○ ○ ○ ○ ○ Sufficient

Debts: Do you have a high or low level of debt?

Low Debt ○ ○ ○ ○ ○ High Debt

Debt Tolerance: What is your tolerance toward debt?

Necessary ○ ○ ○ ○ ○ Never Needed

Add any comments about your responses above here:

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SHARE WITH US YOUR FINANCIAL EXPERIENCE, OBJECTIVES AND GOALS

Investment Experience

Years of Experience investing with:

Stocks		Mutual Funds	
Bonds		Options	

Average Annual Trades of:

Stocks		Mutual Funds	
Bonds		Options	

Investment Objectives (may be 1 or more) :

Please check the appropriate box(es) below

- ☐ Speculation
- ☐ Income
- ☐ Aggressive Growth
- ☐ Capital Preservation
- ☐ Growth

Risk Tolerance to meet objectivess:

Please check the appropriate box below

- ☐ Competely Risky
- ☐ Conservative
- ☐ Above Average Risk
- ☐ Very Conservative
- ☐ Average Risk

Investment Purposes/Needs (may be 1 or more):

Please check the appropriate box(es) below

- ☐ Near-term Expenses
- ☐ Education
- ☐ Pay-off Debts
- ☐ Retirement
- ☐ Home Purchase

Your Financial Goals:

	Description of Goal:	Amount of Goal:
1.		$
2.		$
3.		$

Investment Experience

Years of Experience investing with:

Stocks		Mutual Funds	
Bonds		Options	

Average Annual Trades of:

Stocks		Mutual Funds	
Bonds		Options	

Investment Objectives (may be 1 or more) :

Please check the appropriate box(es) below

- ☐ Speculation
- ☐ Income
- ☐ Aggressive Growth
- ☐ Capital Preservation
- ☐ Growth

Risk Tolerance to meet objectives:

Please check the appropriate box below

- ☐ Competely Risky
- ☐ Conservative
- ☐ Above Average Risk
- ☐ Very Conservative
- ☐ Average Risk

Investment Purposes/Needs (may be 1 or more):

Please check the appropriate box(es) below

- ☐ Near-term Expenses
- ☐ Education
- ☐ Pay-off Debts
- ☐ Retirement
- ☐ Home Purchase

Your Financial Goals:

	Description of Goal:	Amount of Goal:
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PROVIDE YOUR CURRENT ASSETS AND LIABILITIES

Current Annual Income

Salary $ _____ Interest/Dividends $ _____

Incentive/Bonus $ _____ Other: _____ $ _____

Current Assets

Checking Accounts $ _____ Automobiles $ _____

Saving Accounts $ _____ Primary Home $ _____

Investment Accounts $ _____ Other Real Estate $ _____

Stock Options $ _____ Retirement 401K $ _____

Insurance: Cash Val $ _____ Retirement IRAs $ _____

Annuities $ _____ Other: _____ $ _____

Current Liabilities

Credit Cards $ _____ Installment Loans $ _____

Auto Loans $ _____ Other _____ $ _____

Mortgage Loan $ _____

Net Worth

Estimated Net Worth $ _____

SHARE WITH US YOUR CURRENT AND FUTURE RETIREMENT PLANS

How much do you currently contribute to a retirement plan (ie 401K, IRA, etc)? $ _____

How much does your employer currently match of your retirement contributions? $ _____

At what age do you plan to retire? _____ _____

How much money do you expect to need at retirement? $ _____

Approximately what percentage of you current income wiil provide you a level of comfort during retirement? _____

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SHARE WITH US YOUR CURRENT RISK PROTECTION

Do you have life insurance protection? _____ Current death benefit: $ _____

Do you have a will? _____ When was the last review of your will? _____

Do you have beneficiaries up-to-date for your retirement accounts? _____

How important is it to you to provide financial resources to others in the event of your death? _____

Do you have any annuities or variable universal life insurance policies? _____

How long could you live on your current assets in the event you become disabled or suffer long illness? _____

Do you have a power of attorney or medical directive in the event of medical need or emergency? _____

SHARE WITH US YOUR POTENTIAL EDUCATION NEEDS AND PLANS

Do you have future needs to fund the educational needs for you or others? _____

If YES, how much do you plan to need: $ _____ How much have you saved? $ _____

SHARE WITH US YOUR SHORT-TERM LIFE EVENTS

Do you anticipate any of the following life events to occur within the next nine to twelve months?

- ☐ Change of employer/employment
- ☐ Child birth/adoption
- ☐ Purchase of a vehicle
- ☐ Moving to a new city
- ☐ Purchase of a new home
- ☐ Retirement
- ☐ Marriage
- ☐ Other: explain below

Provide any comments about future life events:

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SHARE WITH US OTHER ADVISORS YOU SEEK ADVICE AND COUNSEL

Newmyer Wealth Management works with many other professional advisors such as accountants, estate planners, tax professionals, attorneys and others for whom our clients seek advice and counsel with their personal affairs.

Do you have other advisors? ☐

If YES, Please list below:

Name:		Relationship:		Phone #:	
Name:		Relationship:		Phone #:	
Name:		Relationship:		Phone #:	
Name:		Relationship:		Phone #:	
Name:		Relationship:		Phone #:	

May we contact these advisors? ☐

SHARE WITH US ANY ADDITIONAL INFORMATION ABOUT YOU

Please share any further information which may be important for us to know about you:	

Thank you for completing this Confidential Client Questionnaire! We appreciate your thoroughness and response. All information provided will be held in strict confidence and in compliance with our Privacy Policy. Please save this questionnaire and either email, fax and/or mail this document. If you have any questions, please do not hesitate to contact us at any of the contact details below:

Mail: Newmyer Wealth Management
2200 Post Oak Blvd, Suite 1000
Houston, Texas 77056

Phone: (281) 214-2700 Email: steven.newmyer@newmyerwealth.com

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