

Confidential Client Questionnaire



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 the 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:	<input type="text"/>	Social Security Number:	<input type="text"/>
Address:	<input type="text"/>	Date of Birth:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Phone Number:	<input type="text"/>	Cell Phone Number:	<input type="text"/>

Employment Information 1

Employer Name:	<input type="text"/>	Title:	<input type="text"/>
Address:	<input type="text"/>	Years of Service:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>
Office Phone Number :	<input type="text"/>	Annual Compensation: \$	<input type="text"/>

Personal Information 2

Legal Name:	<input type="text"/>	Social Security Number:	<input type="text"/>
Address:	<input type="text"/>	Date of Birth:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Phone Number:	<input type="text"/>	Cell Phone Number:	<input type="text"/>

Employment Information 2

Employer Name:	<input type="text"/>	Title:	<input type="text"/>
Address:	<input type="text"/>	Years of Service:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>
Office Phone Number :	<input type="text"/>	Annual Compensation: \$	<input type="text"/>

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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 your 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:

SHARE WITH US YOUR FINANCIAL EXPERIENCE, OBJECTIVES AND GOALS

Investment Experience

Years of Experience investing with:

Stocks	<input type="text"/>	Mutual Funds	<input type="text"/>
Bonds	<input type="text"/>	Options	<input type="text"/>

Average Annual Trades of:

Stocks	<input type="text"/>	Mutual Funds	<input type="text"/>
Bonds	<input type="text"/>	Options	<input type="text"/>

Investment Experience

Years of Experience investing with:

Stocks	<input type="text"/>	Mutual Funds	<input type="text"/>
Bonds	<input type="text"/>	Options	<input type="text"/>

Average Annual Trades of:

Stocks	<input type="text"/>	Mutual Funds	<input type="text"/>
Bonds	<input type="text"/>	Options	<input type="text"/>

Investment Objectives (may be 1 or more) :

Please check the appropriate box(es) below

- | | |
|--|---|
| <input type="checkbox"/> Speculation | <input type="checkbox"/> Income |
| <input type="checkbox"/> Aggressive Growth | <input type="checkbox"/> Capital Preservation |
| <input type="checkbox"/> Growth | |

Investment Objectives (may be 1 or more) :

Please check the appropriate box(es) below

- | | |
|--|---|
| <input type="checkbox"/> Speculation | <input type="checkbox"/> Income |
| <input type="checkbox"/> Aggressive Growth | <input type="checkbox"/> Capital Preservation |
| <input type="checkbox"/> Growth | |

Risk Tolerance to meet objectives:

Please check the appropriate box below

- | | |
|---|--|
| <input type="checkbox"/> Completely Risky | <input type="checkbox"/> Conservative |
| <input type="checkbox"/> Above Average Risk | <input type="checkbox"/> Very Conservative |
| <input type="checkbox"/> Average Risk | |

Risk Tolerance to meet objectives:

Please check the appropriate box below

- | | |
|---|--|
| <input type="checkbox"/> Completely Risky | <input type="checkbox"/> Conservative |
| <input type="checkbox"/> Above Average Risk | <input type="checkbox"/> Very Conservative |
| <input type="checkbox"/> Average Risk | |

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

Please check the appropriate box(es) below

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Near-term Expenses | <input type="checkbox"/> Education |
| <input type="checkbox"/> Pay-off Debts | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Home Purchase | |

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

Please check the appropriate box(es) below

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Near-term Expenses | <input type="checkbox"/> Education |
| <input type="checkbox"/> Pay-off Debts | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Home Purchase | |

Your Financial Goals:

	Description of Goal:	Amount of Goal:
1.	<input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	\$ <input type="text"/>

Your Financial Goals:

	Description of Goal:	Amount of Goal:
1.	<input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	\$ <input type="text"/>

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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 your current income will 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?

- | | |
|--|---|
| <input type="checkbox"/> Change of employer/employment | <input type="checkbox"/> Child birth/adoption |
| <input type="checkbox"/> Purchase of a vehicle | <input type="checkbox"/> Moving to a new city |
| <input type="checkbox"/> Purchase of a new home | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> 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:	<input type="text"/>	Relationship:	<input type="text"/>	Phone #:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone #:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone #:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone #:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone #:	<input type="text"/>

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 responses to all of the sections. 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:

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4801 Woodway Drive, Suite 300 East
Houston, Texas 77056

Phone:

(713) 964-2750

Email:

questionnaire@newmyerwealth.com