

Mayflower Capital
1000 Fremont Ave. Ste. 135, Los Altos, CA 94024 Telephone (650) 949-0775

Confidential Information

Name _____ Married Single Divorced Partnered

Home Address _____

E-Mail _____ Phone (H) _____

(W) _____ FAX _____ (Cell) _____

Age _____ Occupation _____ Employer _____

Years in Occupation ___ Years at Employer ___ Highest Degree _____ Referred By _____

Covered by Social Security? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer provided Retirement Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not a U.S. Citizen, what country is your Citizenship ?
Are you a Director, Officer, or 10% or more shareholder in a publicly traded company?	

Spouse / Partner / Co-Client

Name _____

E-Mail _____ Phone (H) _____

(W) _____ (Cell) _____

Age _____ Occupation _____ Employer _____

Years in Occupation ___ Years at Employer ___ Highest Degree _____

Covered by Social Security? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer provided Retirement Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
U.S. Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not a U.S. Citizen, what country is your Citizenship ?
Are you a Director, Officer, or 10% or more shareholder in a publicly traded company?	

Major Concerns

Client: What is important about money to you _____ ?

Co-Client: What is important about money to you _____ ?

Please attach a sheet of paper if there is not enough room to write your answers.

Objectives

PRESENT

Which of the following best describes your attitude toward your income needs?

_____ My present income is adequate for my needs.

_____ I need more current income.

_____ I can forego current income to be better able to provide for future income needs.

_____ Other issues: _____

What are your financial goals _____ ?

What steps will you take to meet these goals _____ ?

Rank the following objectives (1 most important, 8 least):

_____ Conserving Capital for Heirs

_____ Reduce Current Income Taxes

_____ Growth of Capital

_____ Reduce Estate Taxes

_____ Increase Current Income

_____ Children's Education

_____ Retirement Income

_____ Other: _____

Is there anything else that we should know to help plan your financial future _____ ?

Investment Attitude

Client

Co-Client

_____ % _____ % Capital conservation is important.

_____ % _____ % Some capital appreciation is important.

_____ % _____ % Investments with moderate risk; capital growth is important.

_____ % _____ % Investments with high risk; aggressive capital growth is important.

100% Total

100% Total

Risk Tolerance Analysis

Please answer the questions with a number from 1 to 5, as follows:
1 = Strongly Disagree; 5 = Strongly Agree

Number	Question	Response Client	Response Co-Client
1	Expected Return. Given historical returns on different kinds of investments, my desired level of investment return is above-average.		
2	Risk Tolerance. I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.		
3	Holding Period. I am willing to maintain investment positions over a reasonably long period of time (generally 10 years or more).		
4	Liquidity. I do not need to be able to readily convert my investments into cash. Aside from my portfolio, I have adequate liquid net worth to meet major near-term expenses.		
5	Ease of Management. I want to be very actively involved in the monitoring and decision-making required to manage my investments.		
6	Dependents. There are none or only a few dependents that rely on my income and my investment portfolio for support.		
7	Income Source. My major source of income is adequate, predictable and steadily growing.		
8	Insurance Coverage. I have an adequate degree of insurance coverage.		
9	Investment Experience. I have prior investment experience with stocks, bonds, and international investments. I understand the concept of investment risk.		
10	Debt/Credit. My debt level is low and my credit history is excellent.		

Dependents

Name	Year Born	Relationship (Son, parent, etc.)

Any dependents not covered by Social Security Survivor Benefits _____?

Children's Education

Are you sending/planning to send children to private school ___? What Age ___?

Annual Tuition _____

How much will you pay for their college _____?

What is the estimated cost of college including graduate school in today's dollars per child _____?

Any potential gifts/savings planned _____?

Retirement

Client: At what age do you want to retire _____? Co-Client: At what age do you want to retire _____?

How much before-tax income in today's dollars will you want at retirement _____?

What are current living annual expenses (excluding income tax and payroll tax) _____?

How do you track them _____?

How reliable do you feel your estimate of current expenses is _____?

How frequently do you replace your cars _____? Typical cost of cars you buy _____?

Any major one-time expenses and amount anticipated: home repair, medical, vacation _____?

How much do you save annually _____?

List any employer's Defined Benefit Pensions and expected income _____, start date _____,

COLA _____; Survivor's benefits _____?

Annuity income already receiving _____, or will receive _____?

Income

	Client	Co-Client
Annual salary or draw		
Est. raises	%	%
Investment income		
Gifts		

Other (Alimony, Royalty, Trusts, Consulting fees, part time employment, etc.) _____

Personal Property

	Client	Co-Client	Joint
Home Furnishings, etc.			
Autos			
Motorcycles, Jet Skis, boats, etc.			
Jewelry			
Antiques, collectables			
Other			

List of expense items needed:

<u>Items that may be tax deductible or have tax credits:</u>	<u>Amount per month</u>
401k/403b annual contribution by client	
401k/403b annual contribution by co-client	
IRA contributions by client	
IRA contributions by co-client	
Property tax on residence	
Mortgage payment (or rent if no mortgage)	
Income tax and payroll taxes (you may leave this blank)	
Child care	
Capital Loss carry forward from previous year's 1040	
Operating loss suspension carry forward from previous year's 1040	
Other special deductions/credits, unreimbursed business expenses	
Alimony	
Student Loan payment	
<u>Debts not tax deductible:</u>	
Car loan payment or other monthly debt	
HOA dues if live in a condo	
Spousal Support	
<u>Insurance:</u>	
Homeowners/Quake	
Cars	
Life	
Medical/Dental	
Other Insurance (LTC, DI)	
<i>*All other expenses:</i>	
Total all expenses	

**All other expenses:* (no tax deductible items, no debts, no insurance goes here)

Examples: Groceries, dining out, entertainment, vacations, car repair, home repair, furniture, personal care, fun things, pocket cash, misc.

If you own rental real estate or a business those properties should have their expenses listed separately from your personal expenses on a separate sheet of paper.

Retirement Assets (vested amounts)

Client:

IRA _____ Type of IRA _____ Annual Contribution _____

401k, 403b _____ Your Contribution _____ Employer Contribution _____

Other (lump sum value of pension) _____ Does your 401k or 403b have a "brokerage window"?
Any Unvested Retirement Assets _____?

Co-Client:

IRA _____ Type of IRA _____ Annual Contribution _____

401k, 403b _____ Your contribution _____ Employer contribution _____

Other (lump sum value of pension) _____ Does your 401k or 403b have a "brokerage window"?
Any Unvested Retirement Assets _____?

Please affirm that you have verified that retirement account (such as IRA, 401k, 403b, Roth, SEP, Keogh, ESOP, Def. Ben. Plan, etc.) beneficiary designations are correct and up to date and that you have kept copies. Client initial _____ Co-client initial _____

Residential Real Estate

Primary residence house/condo

Cost _____ purchase date _____ Homeowners Insurance Cost _____

Value _____ expected appreciation rate _____ % HOA Dues (if condo) _____

Owned by _____ Property tax annually _____

1st Mortgage

Original balance _____ Current balance _____ Start Date _____ Monthly payment _____

Rate _____ Terms (ARM, fixed, Neg-Am, Int. Only) _____ Original number of years _____

2nd Mortgage

Original balance _____ Current balance _____ Start Date _____ Monthly payment _____

Rate _____ Terms (ARM, fixed, Neg-Am, Int. Only) _____ Original number of years _____

Please mention if any unused zero balance home equity lines

2nd Home (not a rental property) house/condo

Cost _____ purchase date _____ Homeowners Insurance Cost _____

Value _____ expected appreciation rate _____ % HOA Dues (if condo) _____

Owned by _____ Property tax annually _____

Mortgage

Original balance _____ Current balance _____ Start Date _____ Monthly payment _____

Rate _____ Terms (ARM, fixed, Neg-Am, Int. Only) _____ Original number of years _____

When was the last time you checked your credit _____? What was the credit score _____?

Bank Accounts, etc.

	Client	Rate, term	Co-Client	Rate, term
Bank Accounts				
Money Market Fund				
CD's				
Other				

**Non-retirement account investments:
Stocks, Bonds, Mutual funds, LP Units, Notes Owned, Bullion**

Owner	Description	# shares	Cost (basis)	Value

Cash Value of Life Insurance _____ ?
 Employee stock options _____ type _____ Please attach sheet describing vesting/expiration date, strike price, estimated future stock value, etc.
 ESPP _____ ESOP _____
 Any investment / savings in children's name _____ ?
 Any year to date realized capital loss or gains _____ ?
 Any capital loss or NOL carry forward from last year _____ ?
 AMT credit unused from previous years _____ ?

Investment Real Estate

Owner	Address	Gross rent	Value	Est. future apprec.

Liabilities / Debts

Guarantor / co-sign for debts _____? Any unpaid taxes or unpaid liens _____?
 List any credit debts or unsecured debts (balance, payment, interest rate) _____?
 Auto loans: Original Balance _____ Current balance _____? Rate _____
 Payment _____ Start Date _____ Amortized for _____

Life Insurance

Owner	Insured	Beneficiary	Company	Death Benefit

If employer provided, can you keep the policy when you change jobs _____?

What amount of assets can your family afford to sell off and spend down if you did not have life insurance _____?

Survivor's Income

How much income needed if the breadwinner is not alive _____?
 When children become self-supporting, how much income would the survivor need _____?

Homeowner's Insurance

Property	Coverage	Liability amount	Company	Deductible

Do you have earthquake insurance _____?
 What is the annual cost of your automobile insurance _____?

Health Insurance

Please describe Policy, company, benefits, etc. Is it portable if change jobs ___?

Disability Insurance

Please describe Policy: who is insured, benefits, cost, elimination period, years covered; is policy portable if you change jobs?
 How much income needed if you become disabled _____?

Other Insurance

When were your policies last reviewed _____? Do you have (umbrella) excess liability coverage _____?

Do you have long-term care insurance _____? Please describe who is insured, does it have COLA, elimination period, years covered, cost, company.

Estate Planning

	Client	Co-Client
Do you have a Will?		
Have you named a guardian for your children in both a Will and in a POA?		
A Revocable Living Trust?		
Durable Power of Attorney?		
Medical Power of Attorney?		
Advanced Health Care Directive?		
Date that these were reviewed?		
Do you expect any inheritance?		
Irrevocable Life Insurance Trusts?		
Charitable Remainder Trusts, etc.?		
Special Needs Trusts?		

Gifts / Bequests

Please list any planned gifts or Bequests that you intend to make, including date, donor, donee, value, and gift tax paid

Business Ownership

Please list any business ownership, value, income, type of business.

Have you planned for a successor buyout in event of your death/disability ____?

Please List Your Advisors

Accountant / Firm	
Attorney / Firm	
Stockbroker / Firm	
Investment Advisor / Firm	
Insurance Agent	
Other	

Is there anything else we should know in order to evaluate your situation?

Signed: Client _____ Co-Client _____ Date Completed _____

Thank you for your time and effort to provide the requested information.

*Please do not email this document. You agree to keep Mayflower Capital informed of any changes in your situation during the period of this financial planning engagement.
For your security do not send this completed form by email.*