COX FINANCIAL SERVICES, LLC
With You Every Step of the Way — An Independent Company

Confidential Questionnaire

Date of Completion: ___________

Client Information

Client Name (1)	______________	**Client Name (2)**	______________
Home Address	______________	Home Address	______________
City, State, ZIP	______________	City, State, ZIP	______________
Home Phone	( ) -	Home Phone	( ) -
Work Phone	( ) -	Work Phone	( ) -
Mobile Phone	( ) -	Mobile Phone	( ) -
Fax (Hm or Wk)	( ) -	Fax (Hm or Wk)	( ) -
E-mail	______________	E-mail	______________
Date of Birth	______________	Date of Birth	______________

Primary Contact Person during business hours? ______________________

Contact me/us by (circle one) E-mail or Phone

Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	

Employment

Client Employer (1)	______________	**Client Employer (2)**	______________
Title/Job	______________	Title/Job	______________
Number of years with this employer?	________	Number of years with this employer?	________
Anticipated employment changes?	________	Anticipated employment changes?	________
When do you plan to retire?	________	When do you plan to retire?	________
Salary	________	Salary	________
Self Employment Income	________	Self Employment Income	________
Bonus/Commissions	________	Bonus/Commissions	________
Other Earned Income	________	Other Earned Income	________
TOTAL (Current Year) =	________	**TOTAL (Current Year) =**	________

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

Who prepares your tax return?

- ❑ Self
- ❑ Paid Preparer

Preparer Name ______________________ Phone ( ) -
Address ______________________ Fax ( ) -
City, State, ZIP ______________________

Do you have estate planning documents?	Year Drafted	State Drafted
❑ Wills	________	________
❑ Living Trusts	________	________
❑ Powers of Attorney	________	________
❑ Living Wills	________	________
❑ Other Documents	________	________

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

Client 1	Client 2	1 = Most True, 5 = Least True
______	______	I would rather work longer than reduce my standard of living in retirement.
______	______	I feel that I/we can reduce our current living expenses to save more for the future if needed.
______	______	I am more concerned about protecting my assets than about growth.
______	______	I prefer the ease of mutual funds over individual securities.
______	______	I am comfortable with investments that promise slow, long term appreciation and growth.
______	______	I don’t brood over bad investment decisions I’ve made.
______	______	I feel comfortable with aggressive growth investments.
______	______	I don’t like surprises.
______	______	I am optimistic about my financial future.
______	______	My immediate concern is for income rather than growth opportunities.
______	______	I am a risk taker.
______	______	I make investment decisions comfortably and quickly.
______	______	I like predictability and routine in my daily life.
______	______	I usually pick the tried and true, the slow, safe but sure investments.
______	______	I need to focus my investment efforts on building cash reserves.
______	______	I prefer predictable, steady return on my investments, even if the return is low.

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Confidential Questionnaire, Continued

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

Advisor	**Satisfaction Rating** 1 = Dissatisfied				5 = Very Satisfied	
	1	**2**	**3**	**4**	**5**	**Not Applicable**
Financial Planner						
Broker						
Broker						
Accountant						
Tax Preparer						
Attorney						
Insurance Agent (1)						
Insurance Agent (2)						

Insurance	**Client (1) Coverage**	**Group**	**Individual**	**Client (2) Coverage**	**Group**	**Individual**
Health						
Disability						
Disability						
Life						
Life						
Homeowners						
Auto						
Auto						
Umbrella Liability						
Professional Liability						
Long Term Care						

Have you ever been turned down for Insurance? ❑ Yes ❑ No

Assets

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? ❑ Yes ❑ No

If yes, estimated monthly benefit is $ ____________ **at age** _______ **. COLA?** ❑ Yes ❑ No

Personal Property		**Estimated Value**
Primary Residence		____________
Furnishings (Liquidation Value)		____________
Vehicle	____________	____________
Vehicle	____________	____________
Other	____________	____________
Other	____________	____________

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided: ____

____

____

Personal Liabilities

Credit Cards	**Interest Rate**	**Avg. Monthly Payment***	**Current Balance**
____________	______%	$__________	$__________
____________	______%	$__________	$__________
____________	______%	$__________	$__________

(*If not paid in full each month)

Debts (Residence, Auto, Business, School)	**Term**	**Interest Rate**	**Payment**	**Approximate Balance**
____________		______%	$__________	$__________
____________	______	______%	$__________	$__________
____________	______	______%	$__________	$__________
____________	______	______%	$__________	$__________

Have you received a copy of your credit report recently? ❑ Yes ❑ No

Please comment on the advice you seek. ____

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Additional Information

These items, as well as others, may be needed should you engage our services:

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

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Westport, CT 06880
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OR E-mail: **Elizabeth@coxfinancialservices.com**