

Creative Financial Services
Korbitz Financial Advisors LLC
CONFIDENTIAL
QUESTIONNAIRE



Date: _____

CLIENT NAME (1): _____

CLIENT NAME (2): _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Fax: (circle: home or work) _____

Fax: (circle: home or work) _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-Mail: _____

Birth date: _____

Birth date: _____

Contact me by (circle one) E-mail or Phone
 Primary Contact Person during business hours is: _____

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides (Home) or (City & State)</u>
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

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: _____

401K, 403B, etc. (Y/N, Type) _____

401K, 403B, etc. (Y/N, Type) _____

Bonus/Commissions: _____

Bonus/Commissions: _____

Other Earned Income: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

TOTAL (Current Yr) = _____

What's the most important question (s) you're trying to answer in our session together?

What kind of help and support are you hoping to receive from me as your financial professional?

What outcomes do you expect from our work together?

Please list any other comments, thoughts and/or concerns you may want to discuss with me.

Who prepares your tax return?

Self

Paid Preparer

Do you have estate planning documents? When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected? _____

_____ **% Enter the Average Annual Rate of Return*** you want to earn on your portfolio to reach your financial goals.
* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Rate your working relationships with each of the following advisors:

Advisor	Satisfaction Rating					Not Applicable
	Dissatisfied		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Realtor	1	2	3	4	5	X

What is your estimated net worth?

Under \$50,000 \$50,000-100,000 \$100,000-250,000 \$250,000-500,000 \$500,000-1,000,000
 \$1,000,000-1,500,000 over \$1,500,000 (Please provide estimate of net worth:\$_____)

What is the amount of your investable or liquid net worth?

Under \$50,000 \$50,000-100,000 \$100,000-250,000 \$250,000-500,000 \$500,000-1,000,000
 \$1,000,000-1,500,000 over \$1,500,000 (Please provide estimate of liquid net worth:\$_____)

What is your marginal tax bracket?

15% 25% 28% 33% 35%

These items may be helpful for our initial meeting:

Prior Year Tax Return	Retirement Plan Account Statements
Brokerage Account Statements	Mutual Fund Account Statements

If you will be coming to our office for your financial consultation, please bring this completed form with you.
If we will be teleconferencing with you, please (1) keep a copy of your completed form,
(2) fax or mail a copy to us at the following address:

Creative Financial Services • 700 Pilgrim Parkway, Suite 300 • Elm Grove, WI, 53122
Phone: 262-780-0870 • Fax: (Call for the number)