



**CARTER CAPITAL
MANAGEMENT**
FINANCIAL PLANNING QUESTIONNAIRE

Thank you for taking the time to complete our financial planning questionnaire. The gathering of your financial information is a critical step in the financial planning process. Along with this questionnaire, please gather additional supporting information such as tax returns, wills, insurance documentation, bank and brokerage statements, and employer benefits information.

Please complete and answer all applicable questions to the best of your knowledge. If you do not know or have questions regarding parts of the questionnaire, continue on and call us upon completion. If you do not know the exact dollar amount, do not leave the question blank, but respond with your best estimate. This questionnaire is designed to gather important information about your financial well-being. Additional information may be necessary to adequately communicate to CARTER CAPITAL MANAGEMENT your particular financial situation. Provided on the final page of this questionnaire is a "miscellaneous section" for you to provide additional information.

Please feel free to call us if you need any assistance at all with this questionnaire. We look forward to meeting you with.



CARTER CAPITAL MANAGEMENT

FINANCIAL PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Date: ___ \ ___ \ _____

Client 1

Client 2

Name

Nickname

Social Security Number

Gender

M F

M F

Birthdate

Email Address

Home Phone

Business Phone

Cellular Phone

Street Address

City/State/Zip

Marital Status

U.S. Citizen?

EMPLOYMENT INFORMATION

Client 1

Client 2

Profession/Title

Employer

Years of Service

Business Phone

Business Email

FAMILY INFORMATION

Child Name	Birthdate	Funds Set Aside	Public/Private	In/Out of State	Grandchild
_____	_____	\$ _____	_____	_____	<input type="checkbox"/>
_____	_____	\$ _____	_____	_____	<input type="checkbox"/>
_____	_____	\$ _____	_____	_____	<input type="checkbox"/>
_____	_____	\$ _____	_____	_____	<input type="checkbox"/>

GOALS

Please indicate your goal priority from the list of goals below. 1 = Most Important, 5 = Least Important

- _____ Comfortable Retirement
- _____ Education Planning
- _____ Estate Planning
- _____ Survivor Protection
- _____ Disability Protection

Additional Notes:

GOALS

Client 1

Client 2

Current Age _____

Desired Retirement Age _____

If you are retired, enter current age. If left blank we will assume age 65 retirement age. If client 2 leaves question blank, we will assume same retirement as Client 1.

Desired Retirement Income \$ _____ \$ _____

Please indicate total income needs in today's dollars after taxes.

Desired Survivor Income \$ _____ \$ _____

Please indicate total income needs in today's dollars after taxes. For Client 1, indicate income desire if Client 2 passed away. For Client 2, indicate income desire if Client 1 passed away.

Future Inheritance \$ _____ \$ _____

PERSONAL ASSET INFORMATION

	Value	Amount Owed	Months Remaining	Interest Rate
Primary Residence	\$ _____	\$ _____	_____	_____
Second Residence	\$ _____	\$ _____	_____	_____
Automobiles 1	\$ _____	\$ _____	_____	_____
Automobiles 2	\$ _____	\$ _____	_____	_____
Personal Property i.e. furniture, clothing, jewelry	\$ _____	\$ _____	_____	_____

Other Personal Assets

Other Personal Liabilities

List	Value	List	Amount Owed
_____	\$ _____	Unsecured Credit (i.e. credit cards)	\$ _____
_____	\$ _____	Home Equity Loans	\$ _____
_____	\$ _____		
_____	\$ _____		

Percent Ownership of	Client 1 - %	+	Client 2 - %	+	Joint - %	=	Total 100%
Personal Assets	_____	+	_____	+	_____	=	100%

RETIREMENT ASSET INFORMATION

	Client 1		Client 2	
	Balance	Annual Contribution	Balance	Annual Contribution
Profit Sharing (i.e. 401(k) and other defined contribution plans) Describe:	\$ _____	\$ _____ (your contribution) \$ _____ (employer contribution)	\$ _____	\$ _____ (your contribution) \$ _____ (employer contribution)
Other Company Plans (i.e. SEP, SIMPLE's) Describe:	\$ _____	\$ _____ (your contribution) \$ _____ (employer contribution)	\$ _____	\$ _____ (your contribution) \$ _____ (employer contribution)
Other Company Plans (i.e. annuities, 403b, 457) Describe:	\$ _____	\$ _____ (your contribution) \$ _____ (employer contribution)	\$ _____	\$ _____ (your contribution) \$ _____ (employer contribution)
Deferred Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Self-employed Plans	\$ _____	\$ _____	\$ _____	\$ _____
SEP IRA accounts	\$ _____	\$ _____	\$ _____	\$ _____
Traditional IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Roth IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____	\$ _____
	Cost Basis	_____	Cost Basis	_____

INVESTMENT ASSET INFORMATION

Cash and Cash Equivalents	Amount		Amount
Checking Accounts	\$ _____	Near/Short-term Cash	\$ _____
Savings Accounts	\$ _____	Other Cash	\$ _____
Money Market	\$ _____		
Equities			
Common Stock	\$ _____	Convertible Stocks	\$ _____
Stock Mutual Funds	\$ _____	Other Equities	\$ _____
Fixed Income			
Corporate	\$ _____	CDs	\$ _____
Municipal	\$ _____	Preferred Stock	\$ _____
Government	\$ _____	Other Fixed Income	\$ _____
Other			
Receivables	\$ _____	Futures	\$ _____
Hard Assets (i.e. precious metals)	\$ _____	Real Estate (traded) (i.e. REITs)	\$ _____
Real Estate (income producing, net value)	\$ _____	Real Estate (Raw land) (net value)	\$ _____
Limited Partnerships	\$ _____	Other	\$ _____
Percent Ownership of Investment Assets	Client 1 - %	+ Client 1 - %	+ Joint - % = Total 100%
	+ _____	+ _____	= 100%

Employee Stock Options

Number of shares multiplied by current market price minus exercise price. (i.e., number of shares x (current market price - exercise price))

	Client 1		Client 2
Company Name	_____		_____
	Vested	Nonvested	Vested
Non-Qualified Stock Options	\$ _____	\$ _____	\$ _____
Incentive Stock Options	\$ _____	\$ _____	\$ _____
Current Market Price	\$ _____	per share	\$ _____
			per share

RETIREMENT BENEFITS

	Client 1		Client 2
Employer Spon. Pension	\$ _____ Per Mo., Age _____		\$ _____ Per Mo., Age _____
Cost of Living Adjusted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Survivor Benefit	\$ _____ Per Mo., Age _____		\$ _____ Per Mo., Age _____
Cost of Living Adjusted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____ Per Mo., Age _____		\$ _____ Per Mo., Age _____

DISABILITY BENEFITS

	Client 1		Client 2
Benefit Amount			
Employer Provided - paid by			
Employer	\$ _____ per month		\$ _____ per month
You	\$ _____ per month		\$ _____ per month
Personally Owned	\$ _____ per month		\$ _____ per month

ESTATE INFORMATION

	Client 1		Client 2	
Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a living trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your will have a unified credit provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIFE INSURANCE

	Client 1		Client 2	
Employer Provided	\$ _____	\$ _____		
Personally Owned	\$ _____	\$ _____		
Cash Value	\$ _____	\$ _____		
Amount spouse owns on you	\$ _____	\$ _____		
Cash Value	\$ _____	\$ _____		
Amount Owned by Others (i.e. trusts)	\$ _____	\$ _____		
Survivorship (second to die) policy	_____			

INCOME INFORMATION

	Client 1		Client 2	
Annual Income				
Gross Salary and Bonus	\$ _____	\$ _____		
Net Self-employment	\$ _____	\$ _____		
Pension	\$ _____	\$ _____		
Social Security	\$ _____	\$ _____		
Alimony Income	\$ _____	\$ _____		
Roth IRA Conversion Income	\$ _____	\$ _____		
Other Taxable Income	\$ _____	\$ _____		
Dividends	\$ _____	\$ _____		
Taxable Interest	\$ _____	\$ _____		
Tax-Free Interest	\$ _____	\$ _____		
Other Tax-Free Income*	\$ _____	\$ _____		
*Specify source of income	_____	_____		

TAX INFORMATION

Number of Household Dependents _____

Amount of Itemized deductions (if applicable) _____

Current Tax Bracket (i.e. 25%, 30%, 35%) _____

Amount of Tax Credits Taken _____

ADDITIONAL QUESTIONS**Attorney's Address**

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone(____) _____ ext. _____

Accountant's Address

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone(____) _____ ext. _____



INVESTMENT POLICY STATEMENT

Internal Use Only
Client:
Date Prepared:

THE PURPOSE OF YOUR INVESTMENT POLICY: Your investment policy is intended to provide a conceptual framework to determine the suitability of any particular investment in the context of your overall investment plan.

GOALS AND OBJECTIVE

- 1) What are your primary and secondary goal(s) you wish to accomplish through your investment portfolio?
2) At what age would you like to retire, or have enough income so that your job would be optional?
3) At retirement, how much income would you like your investments to provide in today's dollars, after taxes?
4) Generally, the higher the investment returns one desires, the greater the risk one must take to achieve that goal.
5) How did you arrive at your expected total return goal?
6) As an overall categorization of your investment objectives, please circle ONE of the following letters that most accurately represents your objectives.
7) Which of the corresponding alternatives is most important to you?
8) Currently, how much income do you want your investment portfolio to provide annually?
9) Other Goals and Objectives?



INVESTMENT POLICY STATEMENT

LIQUIDITY

- 10) Separate of any extraordinary cash needs, how much cash do you prefer to have on hand at any given time? _____
- 11) In the foreseeable future, do you have any extraordinary cash needs you feel may be important to your investment strategy?
What? _____ Cash Needed _____
- 12) Relative to your current investments, are any of them illiquid, non-reallocable, or you are reluctant to sell (for past performance, tax, family, personal preference, or other reasons)?

PAST EXPERIENCE AND EXPECTATIONS

- 13) If you have ever used a financial or investment manager in the past, what did you like or dislike about the services you received?
Liked _____
Disliked _____
- 14) What total return have you been getting in recent years? _____% Or (x)___ I don't know.
- 15) How would you describe your economic/investment outlook over the next 12 to 24 months for the following global regions? Very Positive, Somewhat Positive, Neutral, Somewhat Negative, Very Negative, Undecided/No Opinion
United States? _____ Foreign Markets _____
- 16) What are your expectations of your financial planner? _____

RISK TOLERANCE

- 17) How do you define investment risk? _____

- 18) The degree to which the value of an investment or portfolio moves up or down is referred to as its "volatility." In general, while volatile investments are more uncertain in the short-term, they have more long-term growth potential than more stable investments. Volatile investments may produce greater losses than less risky alternatives. With respect to your goals, how much volatility are you willing to accept?
a. Minimal
b. Some
c. Moderate
d. Considerable
- 19) Investors seeking to maximize safety sometimes earn less than the inflation rate. This means while no money is lost; there is a loss in purchasing power. With respect to your goals, which of the following is most true?
a. I am not willing to lose any principle even if I lose purchasing power.
b. I am willing to risk an occasional loss of principle so my investments may grow at about the same rate as inflation over time.
c. It is important that my investments grow faster than inflation. I am willing to accept some risk while trying to achieve this objective.
d. Over a long period of time, my assets should grow at a much faster rate than inflation. I am willing to take considerable risk while attempting to achieve this goal.



CARTER CAPITAL MANAGEMENT

INVESTMENT POLICY STATEMENT

- 20) Although the stock market (S&P 500) has averaged over 10% annually over the past 70 years, in any given one year period, the stock market has lost over 35%. If your investments totaled \$500,000, at what level of loss are you willing to accept?
 - a. -40% (\$300,000 account value)
 - b. -35% (\$350,000 account value)
 - c. -20% (\$400,000 account value)
 - d. -15% (\$425,000 account value)
 - e. -10% (\$450,000 account value)
 - f. -5% (\$475,000 account value)
 - g. No loss (\$500,000 account value)
- 21) In considering the risk of decline in value, what is the time horizon that you will use to determine if your investment return goals and risk parameters are being met?
 - a. One year
 - b. Three years
 - c. Five years
 - d. Other _____
- 22) Consider the following two hypothetical investments, X and Y. Investment X provides an annual return of 5% with minimal risk of principle loss. Investment Y provides an average annual return of 15%, but carries a potential principle loss of 40% or more in given year. If I could choose to invest between Investment X and Investment Y to meet my goal, I would invest my money as follows.

a. 100% in Investment X	0% in Investment Y
b. 80% in Investment X	20% in Investment Y
c. 50% in Investment X	50% in Investment Y
d. 20% in Investment X	80% in Investment Y
e. 0% in Investment X	100% in Investment Y

MANAGEMENT AND COMMUNICATION PROCEDURES

- 23) How would you prefer your investment decisions to be executed?
 - a. I will execute the investment decisions
 - b. Carter Capital Management will execute the investment decisions
 - c. Execution of investment decisions will take place on a case by case basis
- 24) How often would you like to hear from your financial planner?
 - a. Weekly b. Monthly c. Quarterly d. When Necessary
- 25) How often do feel you should receive a comprehensive monitoring report for your investment portfolio?
 - a. Annually b. Semi – Annually c. Quarterly
- 26) How do you prefer to receive your comprehensive reports?
 - a. Email b. Regular Mail

ADDITIONAL INFORMATION:

Client 1 Signature: _____ **Client 2 Signature:** _____

**ANNUALIZED CASH FLOW
FOR THE YEAR _____**

INCOME		
	Monthly	Annual
Salary		
Salary		
Bonus		
Commissions		
Dividends		
Interest (Taxable)		
Interest (Tax Exempt)		
Partnerships (Gross Income)		
Deferred Compensation Payout		
IRA/Keogh/Pension Payout		
Rental (Gross Income)		
Social Security		
Other One Time Income this Year		

AMOUNTS WITHHELD FROM PAYCHECK		
	Monthly	Annual
Income Tax		
Social Security		
Group Life Insurance		
Medical Insurance		
Disability Insurance		
Profit Sharing Plan		
401 (k) Plan		
Salary Deferral Plan		
Stock Purchase Plan		
ESOP		
Charitable Contributions		
Other:		



VARIABLE EXPENSES		
	Monthly	Annual
Household		
Furniture & Appliances		
Household Supplies		
Utilities		
Phone		
Maintenance & Repairs		
Lawn & Garden		
Domestic Help		
Pool		
Pets		
Home Improvement		
Food & Beverage		
Groceries		
Meals Away From Home		
Clothing & Personal Care		
Purchases		
Cleaning & Laundry		
Cosmetics & Toiletries		
Hair Styling		
Personal Allowances		
Transportation		
Gas & Oil		
Repairs		
Car Cleaning		
Licenses		
Parking		
Medical (not covered by insurance)		
Dentists		
Physicians		
Prescriptions		
Recreation & Education		
Entertainment		
Subscription		
Club Dues		
Camp		
Sporting Goods		
Lessons		
Vacations		
Hobbies		
Boat Maintenance		
Gifts & Contributions		
Church & Charity		
Personal Gifts		
Political Contributions		
Other Variable Expenses		



FIXED EXPENSES		
	Monthly	Annual
Rent/Mortgage Payments		
Principal		
Interest		
Taxes		
Insurance		
Personal Life Insurance		
Automobile Insurance		
Automobile Payments		
Debt Payments (excluding mortgage)		
Consumer Debt		
Investment Debt		
Other Debts		
Tuition		
Other College Related Expenses		
Alimony/ Child Support		
Support for Children		
Care of Relatives		
Partnership/Rental Property Expenses		
Principal/Capital Contributions		
Interest		
Insurance		
Taxes		
Maintenance		
Other		
Other Taxes (not listed previously)		
Unusual or One Time Expenses This Year		

