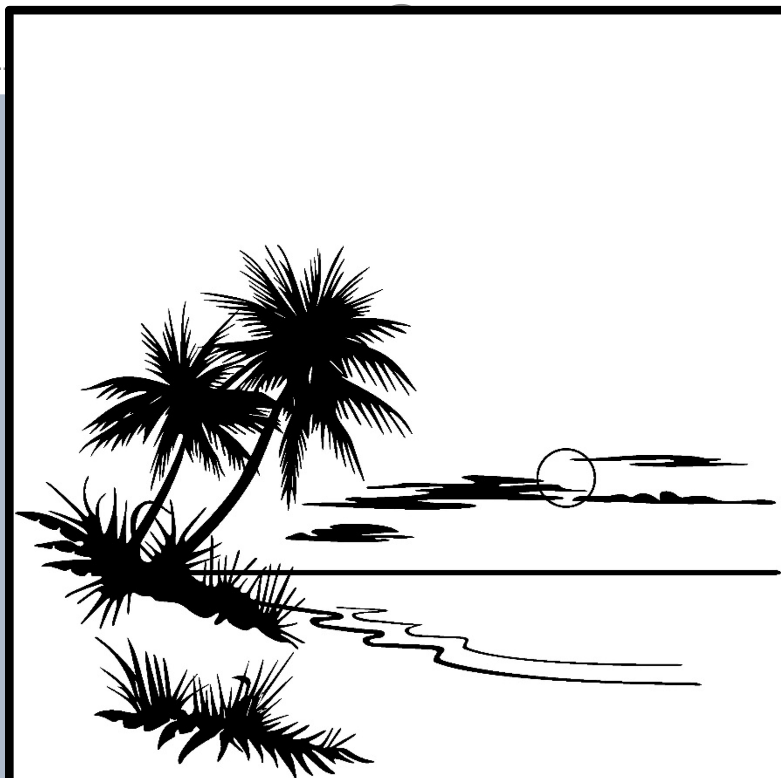
PLAN

to

Relax



HAVE GREATER CONFIDENCE ONCE YOUR FINANCIAL PLANS ARE IN ORDER

SEIDEL WEALTH STRATEGIES

P.O. Box 1183 ● 761 N Main Street● Meadville, PA 16335
814-336-1133 ● 800-893-3831 ● rich.seidel@raymondjames.com

I have found relationships with constructive input from both parties often correlate into successful partnerships. The ability to openly and effectively communicate with one another is essential. This questionnaire will serve as the foundation from which we will begin our journey together. Keep in mind, life changes constantly and many goals may need to be modified accordingly. This process allows for such changes and in some cases will help you address life-style decisions.

The end result of this questionnaire is the confidence it will provide you and your family that your financial plans are in order. Whether it is planning for retirement and deciding how, when, and where to generate monthly income, or planning to pass your estate to your children, grandchildren and/or charity in the most cost effective manner, the concerns and potential issues that confront most families will be identified and addressed.

The information provided in this questionnaire and the supporting documents (i.e., tax returns, investment statements, etc.) will be handled with the highest degree of confidentiality.

I look forward to building a long–term relationship with you *and* your family.

Rich Seidel Branch Manager, RJFS
Seidel Wealth Strategies

RAYMOND JAMES®

Family/Personal Information

Name: ______________________________ ______________ ____________________
First M. Last — Date of Birth — Social Security #

Address: ____________________________________ __________ ________________
Street — State — Zip

_____________________________ ____
Preferred Telephone/type — Preferred Email Address

Employer : ___________________________ ______________
Name — Job title

Employer Address: _________________________________ __________ ___________
Street — State — Zip

Spouse/Partner: _________________________ _____________ ________________
First M. Last — Date of Birth — Social Security #

_____________________________ ____
Preferred Telephone/type — Preferred Email Address

Spouse/Partner Employer: ________________________ ______________________
Name — Job title

Employer Address: _________________________________ __________ ___________
Street — State — Zip

Child's Name: __________________ _____________ __________________
Date of Birth — Social Security #

Child's Name: __________________ _____________ __________________
Date of Birth — Social Security #

Child's Name: __________________ _____________ __________________
Date of Birth — Social Security #

Are you a veteran? ☐ Yes ☐ No

Priorities

	Husband	Wife
What age would you like to retire?	______________	______________
If currently retired, date retired?	______________	______________

The following objectives are most important to me in order by number (number by priority 1 through 5, with 1 being your highest priority):

	Husband	Wife
Accumulating wealth to fund my retirement	______________	______________
Provide income for my current lifestyle	______________	______________
Accumulating wealth for children/grandchildren's education	______________	______________
Protect assets from nursing home costs/estate taxes	______________	______________
Preservation of current capital	______________	______________

Primary Source of Wealth:

☐ Employment income ☐ Business ownership ☐ Gift/Inheritance

Tax Bracket: ☐ 0-24% ☐ 25% +

(Raymond James and its advisors do not offer tax or legal advice. You should discuss any tax or legal matters with the appropriate professional.)

Income/Expenses/Liabilities

Income	**Husband**	**Wife**
Gross Salary, Commissions, Bonuses	$__________	$__________
Self-Employment Earnings (provide tax return copy)	$__________	$__________
Estimated Pension Income (provide copies)	$__________	$__________
Estimated Social Security (provide copies)	$__________	$__________
Real Estate/Rental Income	$__________	$__________
Other Income	$__________	$__________
Total annual Income:	$__________	$__________

Expenses

Total estimated annual expenses: $__________

Liabilities	Pay Off Date	Balance	Interest Rate (%)
1. Mortgage	__________	$__________	__________
2. Home Equity Loan	__________	$__________	__________
3. Home Equity Line of Credit	__________	$__________	__________
4. Auto Loan	__________	$__________	__________
5. Credit Card	__________	$__________	__________
6. Other Loans	__________	$__________	__________

Assets

	Purchase Price /Cost Basis	Estimated Market Value	Joint	Husband	Wife
Personal Residence	$	$			
Vacation Home	$	$			
Other Real Estate	$	$			
Auto 1	$	$			
Auto 2	$	$			
Personal Property	$	$			
Other	$	$			

Retirement Accounts (IRAs, 401k, Annuities, 403b, etc.) (please bring copies of statements)

Location (Bank Brokerage Firm, Employer)	Type (IRA, 401 k, Annuity, etc.)	Ownership (husband/wife)	Balance
1.			$
2.			$
3.			$
4.			$
5.			$

Non-Retirement Accounts (Bank, savings/checking, CDs, Mutual Fund, etc.)

Location (Bank, Brokerage firm, Mutual fund)	Type (Savings, CD, etc.)	Ownership (Husband, Wife, Joint)	Maturity Date	Interest Rate	Balance
1.					$
2.					$
3.					$
4.					$
5.					$

Insurance/Estate Planning

Life Insurance (please provide copies)

Company	Owner	Insured	Type (term, whole life, etc.)	Annual Premium	Death Benefit	Cash Value
1.________	_______	________	_______________	$________	$_________	$__________
2. ________	_______	________	_______________	$________	$_________	$__________
3. ________	_______	________	_______________	$________	$_________	$__________
4. ________	_______	________	_______________	$________	$_________	$__________

	Husband	Wife
Do you own long-term care insurance?	__________________	___________________
Do you own disability insurance?	__________________	___________________
Do you have a current will?	__________________	___________________
Do you have a current Living Trust?	__________________	___________________
Are your parents living?	__________________	___________________
Do you have a durable power of attorney?	__________________	___________________
Do you anticipate an inheritance?	__________________	___________________
Is this inheritance insured/protected?	__________________	___________________

How important is passing your estate to your family/charity?

____1. Although mindful of others, I/we wish to spend down our estate during our lifetime.
____2. I/We would like to protect our estate and implement strategies to maximize the amount passed to my/our family/charity.

Mission Statement

We believe *in earning people's trust and confidence upon which long-term relationships are built.*

We believe *people do business with people—not company names.*

We believe *the purpose of listening to customers is to better understand them—not to give them a quick reply.*

We believe *most customers are given away due to lack of service, rather than taken away because of price.*

We believe *a person's word and handshake are more binding than any legal contract.*

We believe *in confidentiality.*

We believe *success is dependent upon hard work, integrity, competency and the ability to never compromise the principles that guide ones way of life.*

These beliefs serve as the foundation of our mission:

To work hard in building personal relationships, understand our customer's needs and provide a level of service that enhances the life and legacy of our customers.