

You Have all your financial plans in order.



DON'T YOU?

SEIDEL FINANCIAL, Inc.

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

I have found relationships with constructive input from both parties 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 Seidel Financial, Inc.

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Family/Personal Information

| Name: | | | | |
|--------------------|------------|--------------|---------------|-------------------|
| First | M. | Last | Date of Birth | Social Security # |
| Spouse/Partner: | | | | |
| First | М. | Last | Date of Birth | Social Security # |
| Address: | | | | |
| Street | St ate | Zip | Telephone | Email Address |
| Employer : | | | | |
| | Company | | Position | Telephone |
| Spouse/Partner Emp | - | | | |
| | C | Company | Position | |
| Child's Name: | | | | |
| | | | Date of Birth | Social Security # |
| Child's Name: | | | | |
| | | | Date of Birth | Social Security # |
| Child's Name: | | | | |
| | | | Date of Birth | Social Security # |
| Child's Name: | | | Date of Birth | Social Scourity # |
| | | | | Social Security # |
| Income of Accepto | | | Trusted Cont | act |
| Insurance Agent: | | | Name | |
| Attorney: | | | | |
| Accountant: | | | Address | |
| | | | Phone | |
| | | | Email | |
| What is your prefe | rred metho | d of contact | | one Other |
| · · | | | | |

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):

| 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 | |

Employer Name and Address

| Occupation | Years Employed there |
|------------|----------------------|
| City | State/Zip Code |
| | |
| | |
| | - |

any tax or legal matters with the appropriate professional.)

Income/Expenses/Liabilities

| Income | - | <u>Husband</u> | 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: | | | |
| <u>Expenses</u> | | | |
| Total estimated annual expenses: | \$ | | |
| <u>Liabilities</u> | 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 | | | |

| | Purchase Price / <u>Cost Basis</u> | Assets Estimated <u>Market Value</u> | <u>Joint</u> | <u>Husban</u> d | 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)

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

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

| Location (Bank, Brokerage firm, Mutual fund) | <u>Type</u> (Savings, CD, etc.) | <u>Ownership</u> (Husband, Wife, Joint) | <u>Maturity</u> <u>Date</u> | <u>Interest</u> <u>Rate</u> | <u>Balance</u> |
|--|---------------------------------------|---|--------------------------------|--------------------------------|----------------|
| 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 | | | | | | |
| | | | | <u>Husband</u> | | Wife |
| Do you own lo | ong-term ca | re insurance? | - | | | |
| Do you own | disability i | nsurance? | - | | | |
| Do you have | a current | will? | - | | | |
| Do you have | a current | Living Trust | ? | | | |
| Are your par | rents living | ? | - | | | |
| Do you have | a durable | power of atto | orney? | | | |
| Do you antic | ipate an in | heritance? | - | | | |
| Is this inheri | tance insu | red/protected | 1? _ | | | |

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.

<u>Mission Statement</u>

 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.

