REKOW MANAGEMENT, LLC

Investment Management and Advisory Services

Confidential Questionnaire

The financial planning process starts with gathering information. The following questionnaire is an example of the information we will collect from clients. The more we know about you and your goals/dreams the better we can assist you in reaching those goals/dreams.

- ☐ Last two years of tax returns
- ☐ Last two paycheck or retirement income statements
- ☐ Brokerage and mutual fund statemetnts
- ☐ Retirement account statements, IRA's, 401ks, etc.
- ☐ Annuity statements
- ☐ Social security benefit estimates
- ☐ Life insurance statements

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Personal and Family Information

Client's full name___________________________
Address_____________________________________
City, St ZIP_________________________________
Date of Birth________________________________
SS #____
Email _______________________________________
Home phone #_________________________________
Cell phone #_________________________________

Spouse's full name________________________________
Address____
City St ZIP_______________________________________
Date of Birth_____________________________________
SS#____
Email____
Home phone# _____________________________________
Cell phone # _____________________________________

Employment Information

Name of Employer___________________________
Address_____________________________________
Occupation__________________________________
Work phone# ________________________________
Annual Income ______________________________

Name of Employer__________________________________
Address ____
Occupation ______________________________________
Work phone #_____________________________________
Annual Income ___________________________________

Do you plan to retire at a specific age? When? ____
Do you plan to work part-time during retirement? ____

Children/Other Dependents

Name	Date of Birth	Relationship

Financial planning goals/concerns about your children (paying for your children's or grandchildren's education)

____
____

Financial Planning Priorities
(In order of Importance - Investment Objectives or Personal Objectives)

1. ____
2. ____
3. ____
4. ____
5. ____

Do you plan to make a significant financial change in the next five years?

____
____
____
____

Assets

Cash on Hand: $___________________________

Cash Accounts. Indicate current balance for each of the following:

Type of Account	You	Spouse	Joint with Spouse	Other
Checking Accounts	$	$	$	$
Savings Accounts				
Certificates of Deposit				
Money Market Funds				
Life insurance (cash value)				
US Savings Bonds				
Brokerage Accounts (Cash Only)				
TOTAL	$	$	$	$

Retirement Accounts

		Vested Value	
Type	**Description**	**You**	**Spouse**
Individual Retirement Acct.		$	$
401(k) or 403(b) Plan			
Keogh Plan			
Pension Plan			
Profit Sharing Plan			
Employee stock ownership plan			
Other (e.g. def comp, stock options)			

Assets/Personal Property/Real Estate: (Include all ownership)

	Cost	Approximate Market Value
Personal Residence	$________________________	$________________________
Vacation Home	$________________________	$________________________
Other RE	$________________________	$________________________
Accounts Receivable	$________________________	$________________________
Furniture and household goods	$________________________	$________________________
Jewelry and furs	$________________________	$________________________
Automobiles, trailers	$________________________	$________________________
Boats, aircraft	$________________________	$________________________
Other items of significant value	$________________________	$________________________

Liabilities

	Amount Owed		Monthly Payment	
	You	**Spouse**	**You**	**Spouse**
Loans				
Bank Loans				
Student Loans				
Insurance Policy Loans				
Personal Loans				
Installment Debt				
Major credit cards				
Store charges				
Other Unpaid Bills				
Brokers-margin accounts				
Alimony/support obligations				
Charitable pledges				
Other				

Do you make investment decisions individually or together, if married?
Have you estimated how much income you will have upon retirement?
Do you have a

- ☐ Will
- ☐ Living Will
- ☐ Trust
- ☐ Durable power of attorney
- ☐ Healthcare power of attorney

Do you have an:

- ☐ Attorney
- ☐ Insurance Agent
- ☐ Investment Advisor
- ☐ Financial Planner
- ☐ Accountant
- ☐ Broker
- ☐ Personal Banker
- ☐ Trustee

Do you have an:

- ☐ Homeowner's policy
- ☐ Personal automobile policy
- ☐ Umbrella
- ☐ Long term care policy
- ☐ Health insurance policy
- ☐ Disability insurance policy
- ☐ Term life insurance policy
- ☐ Permanent life insurance

Do you plan on doing any Legacy Planning?
What is your investment preference? Would you rule out any investments?
What is your overall experience in investing?