

Instructions to Complete Financial Reality Check Questionnaire

- Form must be printed and manually completed.
- Fill in as completely as possible. Leave questionable areas blank.
- Contact Big Wave Advisors for an appointment (630-682-5520). Any questions on the form can be addressed at that time.

BIG WAVE ADVISORS 2010

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Financial Realties Checksm Questionnaire

Personal Information

Today's date: _____

Client initials: _____

Name on cover page: _____

Contact Information

<u>Individual 1</u>	<u>Individual 2</u>
Full name: _____	Full name: _____
Date of Birth: _____	Date of Birth: _____
Age: _____	Age: _____
Retirement Age: _____	Retirement Age: _____
Social Security #: ____ - ____ - ____ (optional)	Social Security #: ____ - ____ - ____ (optional)

Address & Employment Information (optional)

<u>Individual 1</u>	<u>Individual 2</u>
Email: _____	Email: _____
Phone: _____	Phone: _____
Address: _____	Address: _____ (if different)
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____

Employment

<u>Individual 1</u>	<u>Individual 2</u>
Employer: _____	Employer: _____
Job Title: _____	Job Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Address: _____	Address: _____
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____
Employment Period: _____	Employment Period: _____

Risk

Risk Profile

Investment Attitude: Very Conservative Conservative Moderate Aggressive Very Aggressive

Investment Experience: None Very Little Moderate Significant Extensive

Estate

Check the box if you have any of the following:	<u>Individual 1</u>	<u>Individual 2</u>
Will	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Marital Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Qtip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Joint Revocable Trust	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>

Insurance

Insurance Information You may need to review your insurance policies in order to get this information.

	<u>Individual 1</u>	<u>Individual 2</u>
Permanent life insurance:	\$ _____	\$ _____
Term life insurance:	\$ _____	\$ _____
Cash values (less loans):	\$ _____	\$ _____
Long-term care insurance:	\$ _____	\$ _____

Pension, Earned Income & Social Security

Defined Pension Information Include information on pensions that provide an annual income level (i.e.: military pension, state pension, etc.)

	<u>Individual 1</u>		<u>Individual 2</u>	
	Pension 1	Pension 2	Pension 1	Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement:	_____ %	_____ %	_____ %	_____ %
Survivor benefit (%):	_____ %	_____ %	_____ %	_____ %

	<u>Individual 1</u>	<u>Individual 2</u>
Earned Income		
Earned income now:	\$ _____	_____
Social Security		
Age to start benefit:	_____	_____
Annual increase rate:	_____ %	_____ %
Estimated or current annual benefit:	\$ _____	\$ _____

Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc.
Do not include taxes.

Annual Living Expenses (today's dollars)		Annual inflation rates for living expenses	
Now:	\$ _____	Before Retirement:	_____ %
Current Surviving Household:	\$ _____	Surviving Household:	_____ %
During Retirement:	\$ _____	During Retirement:	_____ %
Single Retiree Survivor:	\$ _____	Single Retiree Survivor:	_____ %

Special Income/Expenses

Special Income/Expense List any other sources of income or special expenses to be paid from your capital accounts.

Description	Annual amount	Annual increase rate	Starting year	# of years
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____

Education Funding

Children's Education and Fund Expenses

Child's Name	Age	Age to start college	Cost per year*	# of years	Current college fund
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

Inflation rate to use for college planner: _____ %
 Rate of return on college funds: _____ %
 College fund account types (529,UGMA,Ect): _____

**In today's dollars*

Assets

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

No.	Asset name	Current value*	Annual Additions	Account description (i.e. stock, 401k, bank account, etc)	Owner
1	_____	\$ _____	\$ _____	_____	_____
2	_____	\$ _____	\$ _____	_____	_____
3	_____	\$ _____	\$ _____	_____	_____
4	_____	\$ _____	\$ _____	_____	_____
5	_____	\$ _____	\$ _____	_____	_____
6	_____	\$ _____	\$ _____	_____	_____
7	_____	\$ _____	\$ _____	_____	_____
8	_____	\$ _____	\$ _____	_____	_____
9	_____	\$ _____	\$ _____	_____	_____
10	_____	\$ _____	\$ _____	_____	_____
11	_____	\$ _____	\$ _____	_____	_____
12	_____	\$ _____	\$ _____	_____	_____
13	_____	\$ _____	\$ _____	_____	_____
14	_____	\$ _____	\$ _____	_____	_____
15	_____	\$ _____	\$ _____	_____	_____
16	_____	\$ _____	\$ _____	_____	_____
17	_____	\$ _____	\$ _____	_____	_____
18	_____	\$ _____	\$ _____	_____	_____
19	_____	\$ _____	\$ _____	_____	_____
20	_____	\$ _____	\$ _____	_____	_____
21	_____	\$ _____	\$ _____	_____	_____
22	_____	\$ _____	\$ _____	_____	_____
23	_____	\$ _____	\$ _____	_____	_____
24	_____	\$ _____	\$ _____	_____	_____
25	_____	\$ _____	\$ _____	_____	_____

Additional Assets/Debts

Other Asset Values	Owner	Other Debts/Liabilities	Owner
Residence value: \$ _____	_____	Residence mortgage: \$ _____	_____
Personal property: \$ _____	_____	Credit card balances: \$ _____	_____
Autos: \$ _____	_____	Autos loans: \$ _____	_____
Boats, RVs, etc: \$ _____	_____	Boats, RVs, etc. loans: \$ _____	_____
Other assets: \$ _____	_____	Other loans: \$ _____	_____

**In today's dollars*

Risk Assessment Questionnaire

Your name _____

1. I am more concerned about protecting my assets than about growth.
2. I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3. Professional advisors and mutual funds may achieve higher growth than I can.
4. I am comfortable with investments that promise slow, long-term appreciation and growth.
5. I don't brood over bad investment decisions I have made.
6. I feel comfortable with aggressive growth investments.
7. I do not like surprises.
8. I am optimistic about my financial future.
9. My immediate concern is for income rather than growth opportunities.
10. I am a risk taker.
11. I make investment decisions comfortably and quickly.
12. I like predictability and routine in my daily life.
13. I usually pick the tried and true, the slow, safe but sure investments.
14. I need to focus my investment efforts on reserve funds and insurance rather than growth.
15. I prefer predictable, steady returns on my investments, even if the return is low.

