

Confidential Client Information and Questionnaire

**William N. Stant, BillStantSRI.com
Investment Advisor Representative, Cambridge Investment Research Advisors, Inc.
1614 Upper Schooner Road, P.O. Box 1700, Nashville, IN 47448
(812) 988-6793 office • (812) 345-1033 cell
billstant@emailsri.com • www.BillStantSRI.com**

Confidential Information/Questions:

This is a no-judgement-zone. The purpose of this questionnaire is to obtain information that may be necessary for setting reasonable goals and making suitable financial recommendations. You may be more comfortable providing some or all the information requested below in person. Estimates are OK at this stage. Not all the information is essential. Some of the questions may not apply to you. Please attach additional pages as needed.

Part 1 - Personal Information

1. Your age and date of birth:
2. Your partner's age and date of birth:
3. If applicable, do you and your partner manage your finances and file your taxes jointly, or separately?
4. Are you married?
5. Have you been married more than once?
6. Do you have children? If so, please provide names and ages:
7. Do any of your children have special needs?
8. Do you or your partner have grandchildren?
9. Do you plan to help your children, grandchildren, or anyone else pay for college?
10. Are your parents still living? Age(s)? Overall health?
11. Are your partner's parents still living? Age(s)? Overall health?
12. Are any parents now financially dependent, or likely to become financially dependent upon you?
13. Do you and/or your partner have adult children, other relatives or friends who are, or may become, financially dependent on you?
14. How is your health? Are you coping with any major, extraordinary, or chronic illnesses or other health conditions?
15. Are you disabled?

Part 2 – Work, Income, and Savings

1. Are you self-employed? Full time or part-time?
2. If you have self-employment income, please provide an estimate of last year's profit or loss after expenses:
3. Please describe your occupation:
4. Please provide an estimate of your current gross annual earned income from wages, salaries, tips, commissions, or bonuses:
5. Do you have employment compensation in the form of stock options or special incentive plans?
6. Any passive income such as rent or royalties?
7. Any other income?
8. What is your partner's occupation?
9. Please estimate your partner's current gross annual income & sources of income:
10. Do you have difficulty meeting your monthly bills/expenses?
11. Do you regularly save money monthly/annually in addition to retirement or college savings (how much/how often/where)?
12. Do you maintain a liquid, readily accessible, emergency fund? How much (default minimum recommended = three times monthly household income)?
13. Please provide an estimate of your annual health care spending:

Part 3 - Retirement

1. Your planned age @ retirement (default = 65):
2. Your partner's planned age @ retirement (default = 65):
3. Do you plan to live somewhere else when you retire?
4. Percent of current gross household income needed in retirement (default = 70%):

5. Do you have any special plans for retirement such as starting a business, travel, hobbies, collections or other plans?

Part 4 – Your Residence

1. Do you own your home, or do you rent? (If you rent or do not own your residence please skip to the next section)
2. Do you have a mortgage? If so, please describe its features (monthly payment, years remaining until maturity, interest rate, fixed or variable, balloon payments):
3. Do you have a Home Equity Loan/Line of Credit? Please describe:
4. Appraised value of your home (your best estimate is OK):
5. Dollar value of your equity in your home:
6. Amount of principal and interest you still owe on your home:
7. Does your monthly mortgage payment include escrow payments for insurance and/or property taxes?
8. Extra monthly amounts, if any, added to required minimum mortgage payment?
9. Do you plan to pay off your mortgage early? When (best estimate is ok)?

Part 5 – Assets Other Than Your Residence

1. Are you retired?
2. Are you now saving for retirement, or did you save for retirement in the past?
3. Is there a retirement plan where you work?
 - a. What type of plan is it? (401k, 403b, 457, SIMPLE IRA, SEP IRA, etc.)
 - b. Are you participating in your workplace retirement plan?

- c. What percent of your pay are you contributing?
 - d. Is there an employer matching contribution (please describe)?
 - e. What is the estimated value of your account?
4. Do you participate in an ESOP (Employee Stock Ownership Program) or an employee stock purchase plan?
5. Do you have retirement accounts from previous employment? If so, please provide an estimate of their combined value.
6. Do you have one or more IRAs (Individual Retirement Accounts)?
 - a. What kind (Traditional, Roth, Rollover, Inherited, SIMPLE, or SEP)?
 - b. Do you own an IRA in an annuity contract?
 - c. How much do you contribute to your IRA each year?
 - d. Please provide the type of each IRA and an estimate of the value for each IRA:
7. Do you own any non-qualified annuities?
8. Are you saving for college? (Please describe)
9. Do you own investments in non-retirement accounts? (Please describe)
10. Do you invest in or own real estate other than your home? (farm or forest land, rental houses, condominiums, apartments, Tenants in Common Programs)
11. Do you own or have you invested in non-publicly traded investments such as REITs, Limited Partnerships, Royalty Programs, or Oil and Gas Drilling?
12. Please describe any other assets:

Part 6 - Liabilities

1. Do you rent your current residence? If so, how much is your monthly rent?
2. Please provide estimates of amounts owed on:
 - a. credit card accounts:
 - b. car loans:
 - c. student loans:
 - d. installment loans:
 - e. personal loans:
 - f. other indebtedness:
3. Please describe any other financial obligations:

Part 7 – Insurance and Benefits

1. If you own a personal vehicle, is it insured in compliance with your state's requirements?
2. If you are a homeowner, is your home insured?
3. If you are a business owner, is your business insured or bonded against potential liabilities?
4. Are you (is everyone in your immediate family) covered by health insurance? What is the amount of your deductible and/or maximum annual out-of-pocket expense?
5. Do you have any of the following coverages through work?
 - a. group health plan:
 - b. group life insurance:
 - c. group disability income insurance:

- d. long term care insurance:
 - e. cafeteria plan:
 - f. employee funded voluntary benefits:
6. Other than workplace benefits:
- a. Do you own long term care insurance? How much? Who is covered? Type (traditional or hybrid)?
 - b. Do you own life insurance? How much? Who is covered? Type of policy (term or cash-value)?
 - c. Do you own disability insurance that protects against loss of income?

Part 8 – Churches, Charities, and Causes

1. Are you a religious person?
2. Do you donate (tithe) regularly to a church? If so, how much and how often? Planned increases/decreases?
3. Do you donate to any charities? If so, how much and how often? Are you planning any increases or decreases?

Part 9 – Other

1. Are there any planned changes impending that I should know about?
2. Are there moral, ethical, or spiritual issues, not included in your social and environmental investment policy, that I should take into consideration?
3. Do you have other pertinent information not yet asked for that you would like to share?

Name 1: _____

Name 2: _____

Address: _____

Telephone: _____

Cell: _____

Email: _____

Telephone: _____

Cell: _____

Email: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Nothing in this questionnaire is intended to recommend any investment in any particular security. Such a recommendation may only be made based on a proper suitability determination and/or by prospectus.

William N. Stant, Investment Advisor Representative
Cambridge Investment Research Advisors, Inc.
1614 Upper Schooner Road, P.O. Box 1700, Nashville, INDIANA 47448

(812) 988-6793 office

(812) 345-1033 cell

Web: www.BillStant.com

Email: billstant@emailsri.com

CONFIDENTIAL

*Securities offered through Registered Representatives of Cambridge Investment Research, Inc., Member FINRA/SIPC.
Advisory services through Cambridge Investment Research Advisors, Inc., a Registered Investment Advisor.
BillStantSRI.com and Cambridge are not affiliated.
Branch Office: 15 E. Main St., Suite 114, Westminster, MD 21157 • (866) 610-8752*