DISCOVERY

QUESTIONNAIRE

HOFF
FINANCIAL SERVICES LLC
Educate • Empower • Enhance

Thank you for requesting a consultation. This questionnaire is intended to help you gather your financial information into one place, as well as generate thoughts, questions, and opinions about your personal financial goals and situation. The completion of this document will allow us to have a meaningful and productive conversation about your financial future. When filling this out, estimates and approximate figures are perfectly acceptable. Please complete this questionnaire to the best of your knowledge and return it via fax (844-455-4633) or bring it with you to your appointment.

All information you divulge, whether verbal or written, will remain completely and permanently confidential.

Date: _____

SELF

Full legal name _____

Preferred name _____

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address _____

Mailing address (if different) _____

Home phone _____ Cell phone _____

Email _____

Birth date _____

Employment status ☐ Retired ☐ Semi-retired ☐ Self-employed ☐ Employed ☐ Unemployed

Employer _____ Work phone _____

Address _____

SPOUSE/PARTNER

Full legal name _____

Preferred name _____

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address _____

Mailing address (if different) _____

Home phone _____ Cell phone _____

Email _____

Birth date _____

Employment status ☐ Retired ☐ Semi-retired ☐ Self-employed ☐ Employed ☐ Unemployed

Employer _____ Work phone _____

Address _____

CHILDREN

	Name	Birth date	Dependent
1.	_____		☐ Yes ☐ No
2.	_____		☐ Yes ☐ No
3.	_____		☐ Yes ☐ No
4.	_____		☐ Yes ☐ No
5.	_____		☐ Yes ☐ No

OTHER DEPENDENTS

	Name	Birth date	Relationship
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

Do you anticipate future financial dependency from any relatives? ☐ Yes ☐ No

OTHER PROFESSIONALS (I.E. CPA, ATTORNEY, INSURANCE PROVIDER, ETC.)

Name _____ Profession _____

Business name _____ Phone _____

Email _____

Name _____ Profession _____

Business name _____ Phone _____

Email _____

Name _____ Profession _____

Business name _____ Phone _____

Email _____

Name _____ Profession _____

Business name _____ Phone _____

Email _____

Name _____ Profession _____

Business name _____ Phone _____

Email _____

Name _____ Profession _____

Business name _____ Phone _____

Email _____

INCOME AND EXPENSES

Self

Annual earned income $_____

Annual income from investments $_____

Social Security income $_____

Pension income $_____

Other income $_____

Describe _____

Do you have an emergency fund? ☐ Yes ☐ No

Emergency fund balance $_____

Estimated monthly expenses $_____

Spouse/Partner

Annual earned income $_____

Annual income from investments $_____

Social Security income $_____

Pension income $_____

Other income $_____

Describe _____

Do you have an emergency fund? ☐ Yes ☐ No

Emergency fund balance $_____

Estimated monthly expenses $_____

BANK ACCOUNTS

Self

Bank name _____

Account type ☐ Savings ☐ Checking ☐ CD

Interest rate _____%

Estimated balance $_____

Bank name _____

Account type ☐ Savings ☐ Checking ☐ CD

Interest rate _____%

Estimated balance $_____

Spouse/Partner

Bank name _____

Account type ☐ Savings ☐ Checking ☐ CD

Interest rate _____%

Estimated balance $_____

Bank name _____

Account type ☐ Savings ☐ Checking ☐ CD

Interest rate _____%

Estimated balance $_____

RETIREMENT ACCOUNTS

Self

Institution name _____

Type of account (401(k), IRA, etc.) _____

Account value $_____

Institution name _____

Type of account (401(k), IRA, etc.) _____

Account value $_____

Spouse/Partner

Institution name _____

Type of account (401(k), IRA, etc.) _____

Account value $_____

Institution name _____

Type of account (401(k), IRA, etc.) _____

Account value $_____

INVESTMENT ACCOUNTS

Self

Institution name _____

Type of account (joint, 529, etc.) _____

Intended purpose _____

Account value $_____

Institution name _____

Type of account (joint, 529, etc.) _____

Intended purpose _____

Account value $_____

Annuities $_____

Limited partnerships $_____

Spouse/Partner

Institution name _____

Type of account (joint, 529, etc.) _____

Intended purpose _____

Account value $_____

Institution name _____

Type of account (joint, 529, etc.) _____

Intended purpose _____

Account value $_____

Annuities $_____

Limited Partnerships $_____

ADDITIONAL ASSETS

Primary residence value $_____

Second home value $_____

Rental real estate $_____

Automobiles (do not include primary vehicle(s)) $_____

Jewelry $_____

Art $_____

Collectibles (coins, stamps, etc.) $_____

Business partnerships $_____

Other (describe) _____

_____

_____

Do you expect to receive any inheritances? _____

_____

_____

	Holder	Current balance	Monthly payment	Interest rate
Mortgages				
Auto Loans				
Student loans				
Credit Cards				
Other liabilities				

Notes _____

_____

_____

_____

INSURANCE (PLEASE MARK ALL CURRENT INSURANCE POLICIES)

	Self	Amount/Coverage	Spouse/ Partner	Amount/Coverage
Term life	☐	_____	☐	_____
Whole life	☐	_____	☐	_____
Short-term disability	☐	_____	☐	_____
Long-term disability	☐	_____	☐	_____
Medical	☐	_____	☐	_____
Long-term care	☐	_____	☐	_____
Homeowners	☐	_____	☐	_____
Auto	☐	_____	☐	_____
Errors & Omissions/ Malpractice	☐	_____	☐	_____

ESTATE PLANNING (PLEASE MARK ALL COMPLETED DOCUMENTS)

	Self	Spouse/ Partner
Will	☐	☐
Living trust	☐	☐
Power of attorney	☐	☐
Living will	☐	☐
Life insurance trust	☐	☐
Charitable trust	☐	☐

What are your personal financial goals? _____

What are your personal financial concerns? _____

What type of services would the ideal financial planner provide? _____

What are the most important aspects you seek from a financial planner when creating a relationship? _____

What can we do to make your experience with us the best it can be? _____

DOCUMENT CHECKLIST

Please bring a copy of the following documents with you to our first meeting.

- ☐ Insurance policies (life, health, home, auto, disability, liability, other)
- ☐ Most recent bank statements for all accounts
- ☐ Most recent investment account statements
- ☐ List or copy of savings bonds (held in paper form)
- ☐ List or copy of stock and bond certificates (held in paper form)
- ☐ Most recent employer sponsored retirement plan statements (i.e. 401(k))
- ☐ Most recent compensation plan statement
- ☐ Other employer-sponsored benefit plan statements
- ☐ Most recent pension/Social Security statements
- ☐ Most recent paystub
- ☐ Will
- ☐ Durable power of attorney
- ☐ Living trust
- ☐ Living will
- ☐ Mortgage agreement
- ☐ Auto loan agreement
- ☐ Other loan agreement
- ☐ Most recent credit card statements
- ☐ Other legal documents
- ☐ Other documents: _____

_____

_____

NOTES

NOTES

Reset Form

WealthPort Risk Tolerance Questionnaire

Please print, preferably in capital letters and black ink. All information requested is **required** unless *optional* is indicated.

_____ | | | | | | | | | ☐ Social security number or ☐ Tax ID

Client name

_____

Street address (do not use P.O. box)

_____

City, state zip

1. Your age is an important factor in your ability to take on investment risk. Your age is:
   ☐ 35 or under (Score 6) ☐ 36-45 (Score 4) ☐ 46-55 (Score 3) ☐ 56-64 (Score 2) ☐ 65 or over (Score 0)
   ☐ Client is not an individual (Score half a point .50)
2. What is your time horizon for this investment portfolio?
   ☐ Less than two years (Score 0)
   ☐ Two to five years (Score 2)
   ☐ Five to 10 years (Score 4)
   ☐ More than 10 years (Score 6)
3. What is your risk tolerance? It is important to understand that the less short-term risk you are willing to take on, the lower your long-term returns are likely to be.
   ☐ I consider myself conservative - Investor is seeking to preserve principal in their account with minimal risk. These investors are willing to accept lower income or returns, and their account may not keep pace with inflation. (Score -2)
   ☐ I consider myself to be moderate-conservative - Investor is willing to accept low risk to their initial principal, including low volatility, to seek a modest level of portfolio returns. (Score -1)
   ☐ I consider myself to be moderate - Investor is willing to accept some risk to their initial principal and tolerate some volatility to seek higher returns. These investors understand money invested could be lost due to market fluctuation. (Score 2)
   ☐ I consider myself to be moderate-aggressive - Investor is willing to accept significant risk to their initial principal, including high volatility, to seek higher returns over long-term investing. These investors may endure large losses in favor of potentially higher long-term returns. (Score 4)
   ☐ I consider myself to be aggressive - Investor is willing to accept maximum risk to their initial principal to aggressively seek maximum returns. These investors understand that most, or all, of the money invested potentially could be lost. (Score 7)
4. What is your return objective?
   ☐ I do not have a high return objective. I am willing to accept lower long-term returns in order to preserve capital in bad market environments. (Score -2)
   ☐ When stocks are performing well, I want some participation, but I am also somewhat concerned with short-term risk. (Score -1)
   ☐ I am looking for high long-term returns and only mildly concerned with short-term risk. (Score 2)
   ☐ I am looking for high returns and I am not concerned with short-term risk. (Score 4)
   ☐ I am looking for maximum returns and I am not concerned with short-term risk or being out of sync with equity markets. (Score 6)
5. Once withdrawals begin for this investment portfolio, how long should they last?
   ☐ Lump sum withdrawal (Score 0) ☐ Less than one year (Score 1) ☐ One to five years (Score 2) ☐ Six to 10 years (Score 4)
   ☐ 11 or more years (Score 6)

What is my Risk Tolerance Score?

To calculate your risk tolerance score, use the following spaces to list the point values associated with each of your responses. Add the values together to calculate your risk tolerance score. Point values can be found at the end of each of your answers. A total score of 31 represents the highest tolerance for risk and a negative 4 represents the lowest.

1) _____
2) _____
3) _____
4) _____
5) _____

<0-6.5	Conservative
7-11.5	Moderate-Conservative
12-17.5	Moderate
18-22.5	Moderate-Aggressive
23-31	Aggressive

Total Score _____

Hoff Financial Services, LLC

Completion of this questionnaire is for informational and planning purposes only and it will not change the records of any identified account custodian/trustee, company-sponsored retirement plan administrators, life insurance policy providers, or annuity policy providers. It does not supersede any data or information reported on official Cambridge forms. Neither Cambridge nor its affiliates offer legal or tax advice. Please see your legal or tax consultant for these services. V.CIR.0214