



**CLIENT DATA & ESTATE INVENTORY QUESTIONNAIRE**

We at IMCG believe that to provide effective advisory services we must approach asset management within the context of our clients’ overall financial and personal situation. The investment process does not exist in a vacuum, as it is dependent on, and effected by, many other aspects of our clients’ lives.

Completion of this worksheet will afford us the opportunity to have a comprehensive overview of your financial situation and thereby allow us to better understand how we may assist you in reaching your financial and estate planning goals. This data provides us an outline of your family, your objectives, and those components you currently have in place to achieve your goals. Our aim is to have a thorough understanding of your needs and investment parameters, so we can most appropriately advise you in constructing a comprehensive plan that addresses your unique situation.

With this information we can design an investment policy statement that reflects your needs, is coordinated with your other advisors, and is flexible enough to adapt to any changes that may occur in the future. We appreciate your taking the time to complete this inventory and data worksheet.

*The form is designed to help you describe information on joint basis if more than one client is completing the form, unless your assets and liabilities are divided substantially. If this is the case, separate inventories should be completed. Please enter “N/A” for items not applicable to our inventory.*

**PERSONAL RECORDS**

Name: \_\_\_\_\_  
(first) (middle) (last)

Spouse’s Name: \_\_\_\_\_  
(first) (middle) (last)

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_

**PARTNERS FOR A SECURE FUTURE**



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2<sup>nd</sup> Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widow \_\_\_\_\_ Widower \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
Soc. Sec. Number: \_\_\_\_\_ Spouse Soc. Sec. #: \_\_\_\_\_

Employment Information:  
Current Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Title / Position: \_\_\_\_\_ Title / Position: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Expected Retirement Date: \_\_\_\_\_ Expected Retirement Date: \_\_\_\_\_

**FAMILY MEMBERS**

(Please list any family members who someday may require *your* care, be involved in your care, *your family's* care, or *your* estate)

**PARENTS:**

Name and Relationship	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**CHILDREN & OTHER FAMILY MEMBERS:**

Name and Relationship	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TRUSTS AND WILLS**

An understanding as to the structure you presently have in place, your estate intentions, and your overall objectives, is extremely important to our review of your current status, as well as our future recommendations regarding your investment, risk management and estate planning.

**TRUSTS:**

Date Drafted: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_  
Trust Type:    Living                      Charitable                      Insurance

	Name	Address
Trustee:	_____	_____
Beneficiary:	_____	_____
Trustee:	_____	_____
Beneficiary:	_____	_____

General Objectives: \_\_\_\_\_  
\_\_\_\_\_

**WILLS: (YOU MAY LEAVE BLANK IF COPY OF WILL IS ATTACHED)**

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Date Drafted: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_

Personal Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

General Objectives: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL ADVISORS:**

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
Attorney:	_____	_____	_____
Accountant:	_____	_____	_____
Stockbroker:	_____	_____	_____
Banker:	_____	_____	_____
Insurance Agent:	_____	_____	_____

**RISK MANAGEMENT PORTFOLIO**

Our mission of providing integrated advisory services acknowledges that protecting assets is just as important as accumulating them. IMCG strives to make sure our clients leverage their investment portfolios to protect those assets that are necessary to adequately meet both ones' near and long term financial goals.

**ESTATE & LIFE INSURANCE: (YOU MAY LEAVE BLANK IF COPIES OF POLICIES ARE ATTACHED)**

<u>Insured</u>	<u>Company</u>	<u>Face Amount</u>	<u>Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH AND LONG TERM CARE: (YOU MAY LEAVE BLANK IF COPIES OF POLICIES ARE ATTACHED)**

<u>Insured</u>	<u>Company</u>	<u>Policy Type</u>	<u>Benefit Paid</u>
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**PERSONAL AND PROFESSIONAL LIABILITY INSURANCE** (auto, home, business, umbrella):  
*(YOU MAY LEAVE BLANK IF COPIES OF POLICIES ARE ATTACHED)*

<u>Policy Type</u>	<u>Company</u>	<u>Address</u>

**DISABILITY INSURANCE:** *(YOU MAY LEAVE BLANK IF COPIES OF POLICIES ARE ATTACHED)*

<u>Insured</u>	<u>Company</u>	<u>Policy Type</u>	<u>Benefit Paid</u>

**ASSETS, INVESTMENTS & SAVINGS OVERVIEW**

(\*\*Attach photocopies of statements or list any assets not already shown on IMCG statements.\*\*)

**RECORD OF SAVINGS ACCOUNTS & CD'S:**

*(YOU MAY LEAVE BLANK IF COPIES OF STATEMENTS ARE ATTACHED)*

<u>Bank or Credit Union</u>	<u>Account Type</u>	<u>Approximate Balance</u>

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**SECURITIES** (Include Mutual Funds & Annuities):

***(YOU MAY LEAVE BLANK IF COPIES OF STATEMENTS ARE ATTACHED)***

<u># Shares</u>	<u>Company</u>	<u>Date</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BONDS AND DEBENTURES:**

***(YOU MAY LEAVE BLANK IF COPIES OF STATEMENTS ARE ATTACHED)***

<u>Issuer / Description</u>	<u>Face Amount</u>	<u>Date Acquired</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REAL ESTATE:**

	<u>Primary Residence</u>	<u>Seasonal Home</u>
Description:	_____	_____
Location:	_____	_____
Mortgage Balance:	_____	_____
Acquisition Cost:	_____	_____
Current Value:	_____	_____
Income/Tax Benefits:	_____	_____

	<u>Investment Property 1</u>	<u>Investment Property 2</u>
Description:	_____	_____
Location:	_____	_____
Mortgage Balance:	_____	_____
Acquisition Cost:	_____	_____
Current Value:	_____	_____
Income/Tax Benefits:	_____	_____

**PENSION AND INCOME BENEFITS:**

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	<u>Company</u>	<u>Amounts Vested</u>	<u>Income</u>	<u>Survivor Benefit</u>
Pension Plan:	_____	_____	_____	_____
Social Security:	_____	_____	_____	_____
Veteran's Pension:	_____	_____	_____	_____
Disability Benefits:	_____	_____	_____	_____

**RETIREMENT ASSETS:**

Employer Plans (Profit Sharing, 401(k), 403(b), SEP, etc):

*(YOU MAY LEAVE BLANK IF COPIES OF STATEMENTS ARE ATTACHED)*

<u>Type</u>	<u>Owner</u>	<u>Annual Contribution</u>	<u>Current Balance</u>	<u>Vested Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Plans (IRA, Simple, SAR-SEP, etc.):

*(YOU MAY LEAVE BLANK IF COPIES OF STATEMENTS ARE ATTACHED)*

<u>Type</u>	<u>Owner</u>	<u>Annual Contribution</u>	<u>Current Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER INTERESTS:**

(Business interests, rents, royalties, expected inheritance, commissions, and other income sources)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SOURCES OF ANNUAL INCOME**

	<u>Client</u>	<u>Spouse</u>
W-2 or Self Employment:	\$ _____	\$ _____
Unearned or Investment:	\$ _____	\$ _____
Trusts:	\$ _____	\$ _____
Business or Asset Sale(s):	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

**MONTHLY EXPENSES**

**HOUSEHOLD EXPENSES:**

	<u>Client</u>	<u>Spouse</u>
Real Estate Taxes	\$ _____	\$ _____
Homeowner's/Renter's Insurance	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone/Communications	\$ _____	\$ _____
Housing Repair/Maintenance	\$ _____	\$ _____
Other Housing Expenses	\$ _____	\$ _____

**TRANSPORTATION EXPENSES:**

Motor Vehicle Insurance	\$ _____	\$ _____
Motor Vehicle Gas/Oil	\$ _____	\$ _____
Motor Vehicle Repair/Maint.	\$ _____	\$ _____
Other Transportation Expenses	\$ _____	\$ _____

**OTHER EXPENSES:**

Food/Grocery	\$ _____	\$ _____
Clothing/Personal	\$ _____	\$ _____
Medical/Dental/Health Care	\$ _____	\$ _____

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Credit Card Payments	\$	\$
Insurance/Life/Health/Disability	\$	\$
Entertainment/Gifts	\$	\$
Savings/Investments	\$	\$
Income Taxes	\$	\$
Social Security Taxes	\$	\$
Other Misc. Expenses*	\$	\$

\*Child Care, Child Support, Alimony, and etc.

**MORTGAGES/LOANS:**

	Mortgage 1	Mortgage 2	Mortgage 3
Location:			
Acquisition Date:			
Mortgage Balance:			
Acquisition Cost:			
Current Value:			
Interest Rate:			
Monthly Payment			
	Auto Loan	Personal Loan	Other Loan
Location:			
Acquisition Date:			
Mortgage Balance:			
Acquisition Cost:			
Current Value:			
Interest Rate:			
Monthly Payment			

**PORTFOLIO GOALS, INVESTMENT OBJECTIVES AND RISK TOLERANCE:**

To assist us in implementing an investment program consistent with your objectives, please provide us with the following information regarding your parameters:

**A) Please rank these objectives from 1 to 5 based on their importance to you:**

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- \_\_\_\_\_ **Current Income:**  
Preservation of capital with returns exceeding risk-free investments. The risk level should be low with minimal price volatility.
- \_\_\_\_\_ **Capital Preservation:**  
Modest growth of capital with the primary objectives being the generation of income.
- \_\_\_\_\_ **Moderate:**  
Primarily oriented toward growth of principal with a minor emphasis on portfolio income. Could include equities, debt instruments, cash.
- \_\_\_\_\_ **Growth:**  
Growth of capital. Portfolio will exhibit increased volatility while expecting to outperform equity indices over a market cycle.
- \_\_\_\_\_ **Aggressive Growth:**  
The portfolio may accept volatility associated with aggressive investments while expecting to outperform equity indices over a market cycle.

**B) Which of the following is indicative of how you view volatility (risk) and returns (reward) in your overall financial and investment plan?**

- A. Emphasis on preserving principal rather than growing assets.
- B. Emphasis on maintaining purchasing power while generating current income.
- C. Primary interest is increasing portfolio value, with small potential for loss.
- D. Opportunity for strong growth in assets with moderate fluctuation in value.
- E. Opportunities to maximize returns with high fluctuations in asset value.

**C) As an investor, where would you place yourself on the following scale? (circle one)**

{ <u>  </u> 1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u> 6 <u>  </u> 7 <u>  </u> 8 <u>  </u> 9 <u>  </u> 10 <u>  </u> }		
Minimize losses and fluctuation as much as possible  <i>Capital preservation oriented; Total return objectives with higher current income needs; Short term (3-5 yrs) horizon</i>	A balanced investment mix with some fluctuation and growth  <i>Capital appreciation oriented; Minimal income needs; Increasing equity exposure; Longer time horizon (&gt;5 yrs)</i>	Maximum accumulation of assets regardless of risk or fluctuation  <i>Aggressive growth oriented; No current income needs; Greater volatility than broad stock market; longest (&gt;10 yrs) horizon</i>

**D) The assets in this managed portfolio will eventually be used to:**

- A. Fund retirement
- B. Finance education of children or grandchildren

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