Your Financial Questionnaire

CITRINCOOPERMAN
WEALTH MANAGEMENT, LP
Registered Investment Advisors

QUESTIONNAIRE

PERSONAL

DATE: ____________

	CLIENT 1	CLIENT 2
Name:		
Date of Birth:		
Social Security #:		
Citizenship:		
Home Address:		
Home Telephone #:		
Occupation/Title:		
Employer:		
Business Address:		
Business Telephone #:	( )	( )
Fax #:	( )	( )
Email Address:		

Relationship between Client 1 and Client 2: ____________

FAMILY

Name	Date of Birth	Marital Status	# of Children

If you or your spouse were previously married, please discuss children and any continuing obligations:

Are others financially dependent on you? ☐ YES ☐ NO
Do you anticipate future support obligations? ☐ YES ☐ NO

If yes, please describe ____________

Do you expect to receive any significant inheritances? ☐ YES ☐ NO
If yes, please give a brief description of property and expected value of inheritance ____________

EDUCATION

Have you set aside funds specifically for the education of your children? ☐ YES ☐ NO
If yes, please give amounts and how the funds are held (e.g. children's accounts, trust, segregated funds held by parents, 529 Plans.) ____________

ASSETS

C1 = Client 1 Owned
C2 = Client 2 Owned
J = Owned Jointly with Rights of Survivorship
T = Owned as Tenants in Common
O = Other

CASH AND EQUIVALENTS (Checking, CD's Money Markets & Treasury Bills)

Name of Institution	Ownership	Type of Account	Interest Rate	Maturity Date	Current Balance	Beginning Year Balance

STOCKS AND MUTUAL FUNDS, NON-QUALIFIED (Please attach copies of brokerage or mutual fund statements, including annuities)

Description	Ownership	Number of Shares	Date Acquired	Cost Basis	Annual Income	Estimated Current Value

RETIREMENT PLANS (IRA, Keogh, 401(K), Employer Plans, Qualified Annuities)

Type of Plan	Ownership	Beneficiary Designation	Annual Employer Contribution	Annual Employee Contribution	Estimated Current Value

PERSONAL PROPERTY (Furnishings, Jewelry, Autos, Art etc.)

Description	Ownership	Estimated Current Value

REAL ESTATE AND OTHER ASSETS (Primary residence, vacation home, rental properties, non-publicty traded investments, including hedge funds, private equity funds and closely held businesses)

LIABILITIES

Description	Ownership	Monthly Principal & Interest Payment	Date of Loan	Original Balance	Interest Rate	Fixed or Variable	Remaining Principal Balance
MORTGAGES:							
HOME EQUITY LOANS:							
INVESTMENT LOANS:							
OTHER (Charge Accounts, Auto Loans, etc.):							

INSURANCE

LIFE INSURANCE

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Name of Insured				
Ownership: Client 1, Client 2, Trust				
Insurance Company				
Policy #				
Primary Beneficiary				
Contingent Beneficiary				
Annual Premium				
Death Benefit				
Policy Loans Outstanding				
Cash Surrender Value				
Type of Policy (Term, Whole Life, Universal)				
Date of Issue				

Do you have Long Term Care Insurance? ☐ YES ☐ NO

Do you have Long Term Disability Insurance? ☐ YES ☐ NO

Do you have "Umbrella" liability coverage? ☐ YES ☐ NO

If yes, how much? ____________________

MISCELLANEOUS

Are you the Trustee of any Trust?	☐ YES	☐ NO
Are the beneficiary of any Trust?	☐ YES	☐ NO
Do you have a general Power of Attorney over any other person's assets?	☐ YES	☐ NO
Do any of your children (or grandchildren) have special needs?	☐ YES	☐ NO
Have you ever filed a Gift Tax Return? If so, please include a copy of the most recent Form 709	☐ YES	☐ NO
Are you currently making any annual exclusion gifts?	☐ YES	☐ NO
Do you have a Will? If so, in what year was it executed? ______________	☐ YES	☐ NO
Do you have an Irrevocable Trust? If so, in what year was it executed? ______________	☐ YES	☐ NO

When it comes to your investments, please describe your risk tolerance by circling a number

Most Conservative   Most Aggressive
1 2 3 4 5 6 7 8 9 10

DOCUMENTS

Please supply Citrin Cooperman Wealth Management, LP,
Mr. David B. Bruckman, J.D. MS Tax, with copies of the following documents

* **Wills, Trusts, Living Wills, Health Care Proxy, Power of Attorney**
* **Life Insurance contracts and recent policy statements**
* **Homeowner's Insurance Declaration page**
* **Last two years' Tax Returns**
* **Separation Agreement/Judgment of Divorce**
* **Pre or Post-Nuptial agreement**
* **Shareholder's Agreement, LLC Operating Agreement, Partnership Agreement or other agreements relating to business interests or any family partnership**
* **Brokerage and Bank Statements**
* **Annuity contracts and recent policy statements**
* **Beneficiary designation forms for IRAs, retirement plans, life insurance and annuities**
* **Deeds**

EXPENSES

	Non-Deductible Expenses: 20____ (Current Year)	20____ (Next Year)		Tax-Deductible Expenses 20____ (Current Year)	20____ (Next Year)
Education	________	____________	Real Estate Taxes	________	________
Debt Repayment	________	____________	Real Estate Taxes		
Mortgage Amortization	________	____________	2nd Home	________	________
Rent	________	____________	Mortgage Interest	________	________
Utilities	________	____________	Mortgage Interest	________	________
Food	________	____________	2nd Home	________	________
Clothing	________	____________	Personal Property Tax	________	________
Auto Expense	________	____________	Investment Interest	________	________
Transportation	________	____________	Charitable Contributions	________	________
Household Furnishings	________	____________	Alimony	________	________
Maintenance/Gardening	________	____________	Medical Net of		
Housekeeper	________	____________	Reimbursements)	________	________
Club Membership	________	____________	Other Deductions	________	________
Other Living Expenses	________	____________			
Insurance - Life	________	____________	**UNUSUAL OR ONE TIME EXPENSES**		
Insurance - Disability	________	____________			
Insurance - LTC	________	____________			
Vacations	________	____________	New Auto	________	________
Entertainment	________	____________	Home Improvements	________	________
Gifts (Non-charitable)	________	____________	Second Home	________	________
Child Support	________	____________	Other	________	________
Other	________	____________			

Income

Please list your current or expected sources of income other than from salary. Include social security, pension, trust distributions, deferred compensation, QDRO (qualified domestic relation order), life insurance cash value and annuity payments.

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Is there any information we did not ask for that is important for us to consider as we develop your financial plan?

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Please provide the name and phone numbers of your other advisors (none will be contacted without your approval)

1. Trust and Estate Attorney: ____________________
2. Other Attorney(s): ____________________
3. CPA: ____________________
4. Insurance Agents: ____________________
5. Banker ____________________
6. Financial Advisors: ____________________

Hobbies and Interests

What are your hobbies and interests (ex. golf, tennis, travel, dining, theater, cards, charity, etc)?

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Goals

What are your short term goals (ex. retire, purchase a home, run a marathon)?

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Citrin Cooperman Wealth Management, LP

37 North Avenue, **Norwalk**, CT 06851
(P) 203.847.4068 | (F) 203.849.0624

530 Morris Avenue, **Springfield**, NJ 07081
(P) 973.218.0500 | (F) 973.218.0511

529 Fifth Avenue, **New York**, NY 10017
(P) 212.697.1000 | (F) 212.697.1004

709 Westchester Avenue, **White Plains**, NY 10604
(P) 914.949.2990 | (F) 914.949.2910

1800 JFK Boulevard, **Philadelphia**, PA 19103
(P) 215.545.4800 | (F) 215.545.4810

www.ccwmlp.com

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