



Your Financial Questionnaire



CITRINCOOPERMAN[®]
WEALTH MANAGEMENT, LP
Registered Investment Advisors



**CCWM
 QUESTIONNAIRE**

PERSONAL

DATE: _____

CLIENT 1

CLIENT 2

Name: _____

Date of Birth: _____

Social Security #: _____

Citizenship: _____

Home Address: _____

Home Telephone #: _____

Occupation/Title: _____

Employer: _____

Business Address: _____

Preferred Telephone #: () _____ () _____

Email Address: _____

Relationship between Client 1 and Client 2: _____

FAMILY

<u>Name</u>	<u>Date of Birth</u>	<u>Marital Status</u>	<u># of Children</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Are others financially dependent on you?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you anticipate future support obligations?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have any special needs dependents?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If yes, please describe _____

Do you expect to receive any significant inheritances?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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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-publicly 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 coverage? \$ _____

ESTATE PLANNING

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

DOCUMENTS

Please supply Citrin Cooperman Wealth Management, LP,
 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

	<u>Non-Deductible Expenses:</u>		<u>Tax-Deductible Expenses</u>	
	20____ (Current Year)	20____ (Next Year)	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	_____	_____		
Insurance - Disability	_____	_____		
Insurance - LTC	_____	_____		
Vacations	_____	_____		
Entertainment	_____	_____		
Gifts (Non-charitable)	_____	_____		
Child Support	_____	_____		
Other	_____	_____		

UNUSUAL OR ONE TIME EXPENSES

New Auto	_____	_____
Home Improvements	_____	_____
Second Home	_____	_____
Other	_____	_____

Income

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

Please provide the name and phone numbers of your current 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: _____

MISCELLANEOUS

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

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

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

4) Are you interested in multigenerational planning? YES NO

5) Are your heirs prepared to receive their inheritance? YES NO

6) What percentage of your investments are you comfortable losing in the next stock market crash? (please circle one)

0% 10% 25% 26% or more

7) Are you interested in asset protection? YES NO

8) What do you seek from a financial advisor?

9) Do you use a digital/electronic "vault" for your personal and legal documents? YES NO

10) Do you have a so-called, "ethical will/letter of intention"? This document explains to heirs such matters as how family wealth was created, how it should be employed, and why it was left in trust....

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



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