

I.S.S.U.E.® INC.
Investment Strategies Simply Understood Executed®
Comprehensive Financial Client Questionnaire

Adviser Contact Information:

4333 NW 43rd St.
Topeka, KS 66618-3402
Phone: (785) 224-0186
Email: investools101@gmail.com
Website: <http://investescent.com/>

Client's Financial Information: To effectively advise you on your financial affairs, the Adviser must have complete information about your current financial situation. In order to facilitate the review process by the Adviser, data collection is the important first step for the Client to perform. Doing so helps the Client familiarize themselves with their financial situation and saves time for both the Client and the Adviser. Before completing this questionnaire, gather all the pertinent documents from the list below. Make copies for the Adviser. Using these documents, fill in the questionnaire. For any issues or responses for which you are uncertain, add your remarks in the "Notes to Your Adviser" section at the end of the questionnaire. Detailed, current, and accurate information is vital for the Adviser to ensure the most appropriate recommendations are made to the Client. In addition, this questionnaire can be used as excellent summary tool for the Client. Completed questionnaire should be returned to the Adviser no later than 1 week before scheduled appointment.

Confidentiality: Maintaining the privacy of Client's information is a fiduciary part of the Code of Ethics subscribed to by the Adviser. No information will be divulged unless by specific written consent of the Client or as required by legal process.

Important Documents:

- Latest Federal Income Tax Return
- Latest State Income Tax Return
- Recent Pay Stub for Each Employed Person
- 401k Plan documents that describe the choices in the 401k or retirement plan
- Recent Retirement Plan Statement
- Recent 401k Plan Statement
- Stock Option Plan Documents
- Stock Option Statement of Award and Vesting
- Employee Stock Purchase Plan Statement
- Recent IRA Statement
- Will
- Durable Power of Attorney
- Health Care Proxy or Living Will

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Trust Documents or Statements
 Latest Annual Statement on Life Insurance Policies
 Group Benefits Statement or Booklet
 Home Owner/Renter Insurance Policy Coverage Sheet
 Auto Policy Coverage Sheet
 Investment Account, Mutual Funds, Brokerage Accounts, and Annuity Statements
 Social Security Benefit Statements

Date completed:

Client(s) – Personal and Contact Information:

| | Client 1 | Client 2 |
|---|----------|----------|
| Full Name | | |
| Nickname | | |
| Home Street Address | | |
| City, State, Zip | | |
| Home Telephone | | |
| Fax | | |
| Email | | |
| Work Telephone | | |
| Fax | | |
| Email | | |
| Preferred Contact (e.g. home email, work telephone, etc.) | | |

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Date of Birth
 Social Security Number
 U.S. Citizen (Yes / No)
 Gender
 Marital Status [Single, Married, Divorced, Widow(er)]
 Employment
 Occupation / Job Title
 Self-Employed (Yes/No)
 Employer Name
 Employer Address
 Years w/ Current Employer

| Client 1 | Client 2 |
|----------|----------|
| | |
| NA | NA |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Client 1 – Parents & Children*:

Parents

Full Name
 DOB/DOD

| Mother | Father |
|--------|--------|
| | |
| | |

Children & Dependents

Full Name
 Relationship
 DOB/DOD

| 1 | 2 |
|---|---|
| | |
| | |
| | |

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SSN

Marital Status [Single, Married, Divorced, Widow(er)]

Spouse / Partner Name

Spouse / Partner - DOB/DOD

Children names & DOB/DOD

| 1 | 2 |
|----|----|
| NA | NA |
| | |
| | |
| | |
| | |

Children & Dependents

Full Name

Relationship

DOB/DOD

SSN

Marital Status [Single, Married, Divorced, Widow(er)]

Spouse / Partner Name

Spouse / Partner - DOB/DOD

Children names & DOB/DOD

| 3 | 4 |
|----|----|
| | |
| | |
| NA | NA |
| | |
| | |
| | |
| | |

* List additional names or details on a separate page

Client 2 – Parents & Children*:

Parents

Full Name

DOB

| Mother | Father |
|--------|--------|
| | |
| | |

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Children & Dependents

Full Name

Relationship

DOB/DOD

SSN

Marital Status [Single, Married, Divorced, Widow(er)]

Spouse / Partner Name

Spouse / Partner - DOB/DOD

Children names & DOB/DOD

| 1 | 2 |
|----|----|
| | |
| | |
| NA | NA |
| | |
| | |
| | |
| | |

Children & Dependents

Full Name

Relationship

DOB

SSN

Marital Status [Single, Married, Divorced, Widow(er)]

Spouse / Partner Name

Spouse / Partner - DOB/DOD

Children names & DOB/DOD

| 3 | 4 |
|----|----|
| | |
| | |
| NA | NA |
| | |
| | |
| | |
| | |

* List additional names or details on a separate page

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Family Professionals:

| | Phone | Fax | Email |
|----------------------------|-------|-----|-------|
| Accountant or Tax Preparer | | | |
| Attorney | | | |
| Insurance Agent | | | |
| Trust Officer or Trustee | | | |
| Other | | | |

Estate Planning (Y/N):

| | Client 1 | Client 2 |
|--|----------|----------|
| Have you been previously married? (If divorced, please include a copy of divorce agreement) | | |
| *Do you have a Will? | | |
| *Do you have a durable power of attorney? | | |
| *Do you have a health care proxy? | | |
| *Have you established any trusts? | | |
| *Are you the beneficiary of any trust? | | |

* If yes, please include a copy of the respective document(s).

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Insurance (Y/N):

| | Client 1 | Client 2 |
|---|----------|----------|
| Do you have any life insurance? <i>(If yes, please include a copy of the policies)</i> | | |
| Do you have medical insurance through | | |
| Current/Previous Employer? | | |
| Medicare? | | |
| Medicare Supplemental? | | |
| Dental? | | |
| Vision? | | |
| Do you have homeowner or renter insurance? <i>(If yes, please include a copy of the policy declarations pages)</i> | | |
| Do you have umbrella liability insurance? <i>(If yes, please include a copy of the policy declarations pages)</i> | | |
| Do you have auto insurance? <i>(If yes, please include a copy of the coverage selections pages)</i> | | |
| Do you have short-term disability insurance? <i>(If yes, please include a copy of the policy summary pages)</i> | | |
| Do you have long-term disability insurance? <i>(If yes, please include a copy of the policy summary pages)</i> | | |

Employer Stock Plans (Y/N):

| | Client 1 | Client 2 |
|--|----------|----------|
| *Do you participate in an employer stock option plan (non-qualified or incentive)? | | |
| *Do you participate in an employer stock grant plan (restricted stock)? | | |
| *Do you participate in an employee stock purchase plan (ESPP)? | | |

** If yes, please include a copy of the plan document(s) and statements of your grants or purchases.*

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Income:

What is your gross annual income?
(Please include a copy of your most recent Federal and State tax returns with all schedules, W2s, and 1099s.)

| Client 1 | Client 2 |
|----------|----------|
| | |

How often are you paid?
 (Please include a copy of a recent pay advice statement)

| | |
|--|--|
| | |
|--|--|

Are you considering a career change?

| | |
|--|--|
| | |
|--|--|

Do you expect any major changes in income during the next 3 years?*

| | |
|--|--|
| | |
|--|--|

* If yes, please describe the expected changes.

Retirement Planning:

At what age do you expect to retire?

What are your expected Monthly income needs in retirement?

How much do you contribute monthly to your retirement plan(s)?

How much does your employer contribute monthly to your retirement plan(s)?

| Client 1 | Client 2 |
|----------|----------|
| | |
| | |
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Retirement Planning - Continued:

| | Client 1 | Client 2 |
|---|----------|----------|
| During retirement how much Monthly income do you expect to receive from: | | |
| Social Security <i>(Please include a recent Social Security statement)</i> | | |
| Employer Pension(s) | | |
| % to Survivor | | |
| Others | | |
| _____ | | |
| _____ | | |
| _____ | | |

Please describe any special considerations regarding your retirement plans:

Goals and Objectives:

What are your areas of financial concern (check all that apply)

- Cash Flow and Budgeting
- Investment Review
- Tax Planning
- College Planning
- Retirement Planning

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Goals and Objectives - Continued:

| | | |
|-------------------------|-------|--|
| Estate Planning | _____ | |
| Insurance Review | _____ | |
| Housing | _____ | |
| Other (Please describe) | _____ | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |

What is your vision for financial security five years from now?

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Please list your major financial obligations and planned expenditures, dividing them into the present and the future.
Please estimate the cost of each item.

Present (within the next 2 years)

Future

How comfortable are you at managing your own finances?
(explain)

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How satisfied are you with the performance of your investments?

Are there any family health problems that may impact financial planning?

If yes please provide details.

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Average Monthly Expenditures (All Clients):

(Use Estimated Annual Figures / 12 If Necessary)
(Show Zero for an NA)

Fixed Loan Total (Details Below)
Home, Auto, HELOC, Student

Variable Loan Total (Details Below)
Credit Card

Medical Deductible/Coinsurance Total
Doctor/Dentist/Hospital
(Net after FSA/HAS Payroll Deductions)

Insurance Payments Total
Medical, Dental, Vision
Auto, Home, Umbrella, Renters
(Including payroll Deductions)

Utilities Total
Electricity, Gas, Propane
TV/Internet/Phone/Cell Phone(s)

Food Total
Groceries, Restaurants, Fast Food

Transportation Total
Fuel, Parking, Toll, Maintenance

Personal Total
Hair, Massage, Gym Memberships

Entertainment Total

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Average Monthly Expenditures (All Clients) - Continued:

(Use Estimated Annual Figures / 12 If Necessary)
(Show Zero for an NA)

| | |
|---|----------------------|
| Household Total | <input type="text"/> |
| Charitable Donations Total | <input type="text"/> |
| Savings Total Outside of Work Payroll Deductions | <input type="text"/> |
| Pet Total | <input type="text"/> |
| Clothing Total | <input type="text"/> |
| Lawn & Garden Total | <input type="text"/> |
| Gifts Total Birthday, Anniversary, etc. | <input type="text"/> |
| Vacation Total Transportation, Hotel, Food, etc. | <input type="text"/> |
| Other Total _____ | <input type="text"/> |
| Other Total _____ | <input type="text"/> |
| Planned Future Expenditures? Item/Year/Amount | <input type="text"/> |

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Statement of Net Worth:

ASSETS

Liquid Assets

| | Owned by Client 1 | Owned by Client 2 | Jointly Owned | Total |
|------------------------------|-------------------|-------------------|---------------|-------|
| Checking and Savings | | | | |
| Money Market funds | | | | |
| CDs | | | | |
| Treasury Bills | | | | |
| Cash value of Life Insurance | | | | |
| Other | | | | |
| Total Liquid Assets | | | | |

Taxable Investment Assets

| | Owned by Client 1 | Owned by Client 2 | Jointly Owned | Total |
|--|-------------------|-------------------|---------------|-------|
| Stocks, Bonds, Mutual Funds | | | | |
| Investment Real Estate | | | | |
| Other | | | | |
| Total Taxable Investment Assets | | | | |

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| | Client 1 | Client 2 | NA | Total |
|--|----------|----------|----|-------|
| <i>Retirement (Tax-Deferred) Assets</i> | | | | |
| Traditional IRA | | | | |
| Inherited Traditional IRA | | | | |
| Roth IRA | | | | |
| Inherited ROTH IRA | | | | |
| Rollover IRA | | | | |
| SEP IRA and Profit Sharing plans | | | | |
| 401(k), 403(b), 457, TSA | | | | |
| Money Purchase Pension | | | | |
| ESOP | | | | |
| Defined Benefit/Contribution Pension * (including Cash Balance Pension) | | | | |
| Federal or State Gov. plans | | | | |
| Non-qualified deferred compensation plans | | | | |
| Total Retirement (Tax-Deferred) Assets | | | | |

* If monthly benefit, x12, otherwise current value

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Tangible Assets

| Owned by Client 1 | Owned by Client 2 | Jointly Owned | Total |
|-------------------|-------------------|---------------|-------|
|-------------------|-------------------|---------------|-------|

Primary Residence

Vacation Property

Household Furnishings

Art and Antiques

Vehicles

Boats

Other

| | | | |
|--|--|--|--|
| | | | |
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Total Personal Assets

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

TOTAL ASSETS

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

LIABILITIES

| Owned by Client 1 | Owned by Client 2 | Jointly Owned | Total |
|-------------------|-------------------|---------------|-------|
|-------------------|-------------------|---------------|-------|

Primary residence mortgage (#1 below)

Second mortgage (#2 below)

Home Equity Loan (#3 below)

Student Loans

Credit Cards

Margin Loans

Retirement Plan (ex. 401k) Loans

| | | | |
|--|--|--|--|
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LIABILITIES (continued)

| | Owned by Client 1 | Owned by Client 2 | Jointly Owned | Total |
|--|-------------------|-------------------|---------------|-------|
| Life Insurance Loans | | | | |
| Taxes Owed | | | | |
| Other | | | | |
| TOTAL LIABILITIES | | | | |
| NET WORTH (Total Assets – Total Liabilities) | | | | |

Details of Liabilities

| Creditor | Original Amount | Current Balance | Interest Rate | Term of Loan | Monthly Payment |
|----------|-----------------|-----------------|---------------|--------------|-----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

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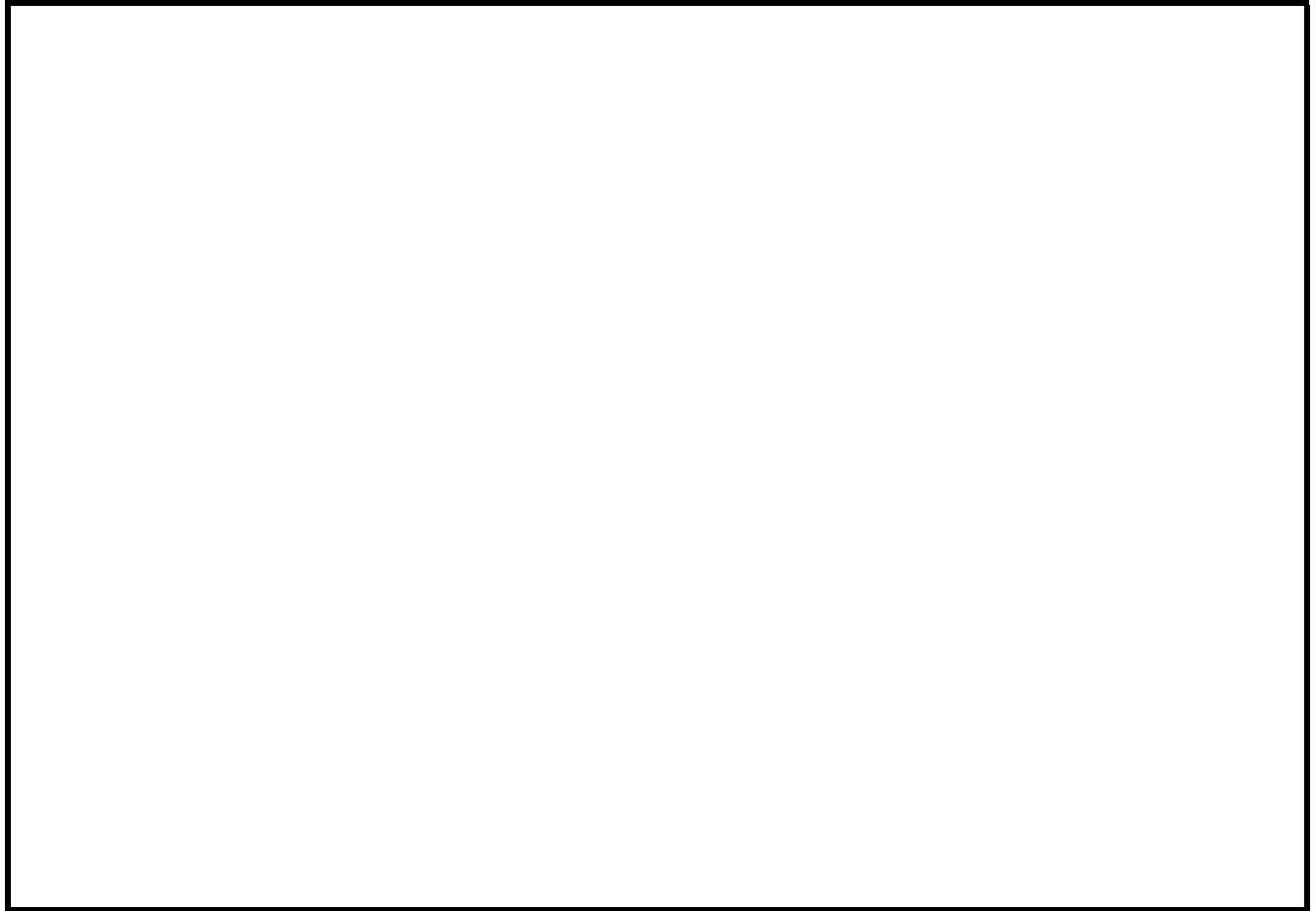
Details of Liabilities

| | Original Amount | Current Balance | Interest Rate | Term of Loan | Monthly Payment |
|--------|-----------------|-----------------|---------------|--------------|-----------------|
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| Totals | | | | | |

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Notes to Your Adviser:

(Please list any additional issues not already covered)

A large, empty rectangular box with a black border, intended for the user to write notes to their adviser. The box is currently blank.