

Schaefer Financial Management, Inc.

FINANCIAL PLANNING QUESTIONNAIRE

Client

Date

DOCUMENTS TO BE ATTACHED

Please be aware that there is no substitute for accurate information in the financial planning process. In all cases it is my strong preference that you provide me with original documents rather than attempting to transfer information from your records to the Questionnaire. The review of original documents allows me to develop questions and get answers that I would otherwise miss. Please take the time to provide this information to me in as complete a form as possible.

1. Cash and Equivalents

Please provide the latest statements on each of the following:

- ___ Checking Account
- ___ Savings Account
- ___ Credit Union
- ___ Money Market Account
- ___ Certificate of Deposit

2. Notes Receivable

Please provide a copy of the note, record of payments received, and the current balance, if available, for any loans you have made to others:

- ___ Notes Receivable

3. Securities

Please provide the latest statements for all investment accounts; include copies of securities if held personally, and a **purchase/confirmation statement showing how the securities were acquired and the cost (or other basis if gift or inheritance)** for each of the following:

- ___ Bonds
- ___ Stocks
- ___ Mutual Funds
- ___ Unit Investment Trusts
- ___ Variable Annuities
- ___ Variable Life Insurance

4. Limited Partnerships

Please provide a prospectus, documentation of purchase price, number of units, and current value if known:

- ___ Real Estate
- ___ Oil and Gas
- ___ Equipment Leasing
- ___ Venture Capital
- ___ Other

5. Insurance Contracts

Please provide policies and any current policy statements/reports for each of the following, if applicable:

- Single Premium Annuities
- Flexible Premium Annuities
- Single Premium Life Insurance
- Universal Life Insurance
- Whole Life Insurance
- Term Life Insurance
- Medical Insurance
- Disability Insurance
- Homeowner's or Renter's Insurance
- Automobile Insurance
- Umbrella Liability
- Professional Liability

6. Personal Assets

Please provide documentation showing the original purchase price, closing papers (if applicable), and current market value for each of the following:

- Primary Residence
- Second Residence
- Rental Real Estate
- Automobiles (copy of auto title)
- Boats (copy of boat title)
- Personal Property such as Home Furnishings, Jewelry, Art, etc.

7. Liabilities

Please provide the original document setting forth the liability, as well as statements showing the most recent balance, for each of the following:

- Mortgages
- Personal Notes
- Credit Cards and Lines of Credit

8. Retirement Plans

Please provide the most recent statement and beneficiary information from the following retirement plans, if applicable:

- IRA
- IRA/Rollovers
- Keogh
- SEP
- Thrift Plan/403(b)/TSA/401(k)
- Profit Sharing Plan
- ESOP or PAYSOP
- Stock Purchase Plan
- Pension Plan

9. Tax, Personal, and Business Documents

- Personal Tax Returns for the Past Three Years
- Business Tax Returns for the Past Three Years
- Retirement Plan Tax Returns for the Past Three Years
- Payroll Stubs Showing Current Earnings
- Current Will(s)
- Current Trust Agreement(s)
- Divorce Decree(s)
- Prenuptial Agreements(s)

- _____ Business Interests
- _____ Buy/Sell Agreements
- _____ Deferred Compensation
- _____ Stock Options/Bonus Plan

10. Questionnaires and Other Items

- _____ Completed Monthly Expense Records
- _____ Completed Questionnaire

-

-

11. Miscellaneous Items, Notes, and/or Questions

Other Issues

Have you requested a benefits estimate from the Social Security Administration?

Do you maintain a safe deposit box?

Have you or your spouse ever filed for bankruptcy protection?

Risk Tolerance and Investing

Assessing risk tolerance is one of the most important tasks that every investor, and advisor, must complete. To assist in this process, we have included a set of risk tolerance questions. In addition, a narrative description of your risk tolerance will help us to appreciate your unique concerns.

1. **In how many years do you estimate that you will begin to need the money you are investing?**
 - Immediately.
 - Within the next 3 Years.
 - From 3 to 7 Years.
 - From 7 to 12 Years.
 - Longer than 12 Years.

2. **Once you begin making withdrawals, over how many years do you expect to draw down assets from this portfolio?**
 - Over five to ten years.
 - Over less than five years.
 - Lump sum.
 - Over more than ten years.

3. **If you will be adding to your portfolio, what percentage of your current portfolio's value will you expect to add annually over the next five years?**
 - I am not sure.
 - None.
 - 1-2%
 - 3-5%
 - 6-10%
 - 10% or greater.

4. **If a unique circumstance were to require an amount of capital equal to at least one-fourth the value of this portfolio, where would you obtain the money?**
 - I cannot envision a circumstance occurring that would require that much capital.
 - All from this portfolio.
 - The majority from this portfolio.
 - From other savings/investments.
 - Less than half from this portfolio, and the remainder from other savings and investments.

5. **If you use withdrawals from your portfolio for living expenses, what lifestyle changes (if any) would you make if your portfolio declined substantially?**
 - Not applicable, I am not making any withdrawals from this portfolio.
 - Would cut spending sharply.
 - Would keep spending the same but would cut withdrawals from this portfolio and use other assets to fund spending in the meantime.
 - Reduce spending slightly.
 - No changes—would continue to spend the same amount.
 - I cannot allow my portfolio to decline substantially.

6. **Do you generally find yourself more comfortable investing in things that have done well the last few years?**
 - Not sure/depends.
 - No.
 - Yes.

- 7. When you review your portfolio, do you focus more on the individual positions or the overall portfolio?**
- I am only concerned with the overall portfolio performance.
 - While overall portfolio performance is important, I tend to focus on the performance of individual positions in the portfolio.
- 8. You are given a choice between two portfolios. The total values of BOTH portfolios fluctuate by roughly the SAME amount, but the fluctuations in value of the individual positions is much wider. Which portfolio would you be most comfortable with?**
- A portfolio with an annualized return of 10% where the returns of the individual holdings range from 0% to 15%.
 - A portfolio with a slightly higher annualized return of 11% but where the returns of the individual holdings range from a 10% loss to a 20% gain.
- 9. Which is closest to the largest percentage amount you ever lost on a single investment?**
- Never lost money.
 - 25%
 - 50%
 - 75%
 - 100%
- 10. Which of the following statements best describes what you did during the most recent investment losses you suffered?**
- Bought more.
 - Sold quickly to avoid further losses.
 - Continued to hold the investment.
 - Held too long then sold close to the bottom.
 - Not applicable.
- 11. Which best describes how you felt about steep losses you experienced?**
- Not applicable.
 - Denial. I was upset but tried not to look at the value, and hoped that eventually it would come back.
 - Initial frustration followed by acceptance.
 - High levels of anxiety and/or frustration.
 - Desire to find another high-risk investment to make up the loss.
 - Acceptance that losses are part of investing and that the risk I took was reasonable relative to the potential gain.
- 12. Is your ability to accept risk different now than it was before the stock-market weakness began in early 2000?**
- I am more concerned with risk today and inclined to invest more conservatively.
 - I can accept more risk today because the investment opportunities are better.
 - My willingness to take on risk is no different today than it was prior to the bear market.
- 13. Consider two investments. An expert, whom you trust, tells you they are equally risky. If one of those investments is more difficult to understand, are you likely to view it as riskier?**
- Yes.
 - No.
- 14. Which of the following best describes your expectations for performance?**
- My performance should at least equal the stock market.
 - I am willing to accept a little lower return than the stock market in exchange for a little greater safety.
 - I don't care what the stock market does as long as I can beat inflation at low risk.

- My level of return doesn't matter as long as I don't lose money over any more than a few months.
- I want to beat the stock market and am willing to assume above-average risk in pursuit of capital growth.

15. Investments generate returns in different ways. Which of the following more closely describes your view?

- Dividend yields and interest is better suited for meeting living expenses.
- Overall return is my primary concern; it doesn't matter where it comes from or how it is employed to meet any cash flow needs I may have.

16. How would you most likely react to losses in your portfolio?

- As long as the losses are in the range of what I knew was possible, I feel it is important to have the stomach to stay the course and that my long-term success will probably be compromised if I don't.
- I am not sure how I would react.
- During difficult periods I have a harder time sticking to my guns and feel safer taking a temporary defensive position until things improve.

17. Describe the kind of risk with which you are comfortable:

- I could handle being down over a three-year period, but not longer.
- I could handle a one-year loss, but do not want to pursue a strategy that could result in longer periods of loss.
- I could handle losses over one or two quarters, but would not be comfortable subjecting myself to longer down periods.
- I don't want to lose any money ever. I could handle only a very small loss over a few months at most.
- I could accept being down over longer than three years if my long-term return potential was above average.

18. In terms of magnitude, indicate the level of the likely worst-case return you could accept in pursuit of above-average returns?

- Zero return over one year.
- 5% loss over one year.
- 10% loss over one year.
- 15% loss over one year.
- 20% loss over one year.

**FAMILY
INFORMATION**

1. Personal :

	Client	Spouse
a. Name	_____	_____
b. Home address	_____	_____
	_____	_____
c. Home phone	_____	_____
d. Employer	_____	_____
Business address	_____	_____
	_____	_____
e. Business phone	_____	_____
f. Business fax	_____	_____
g. Email	_____	_____
h. Other residences	_____	_____
	_____	_____
h. Birth Date	_____	_____
i. Place of birth (citizenship)	_____	_____
j. Social Security number	_____	_____
l. If married, date and place of marriage	_____	_____
m. If divorced, prior marriages (name of former spouse(s), date and place of divorce(s))	_____	_____
n. If unmarried, and living with another person, name and age of that person	_____	_____

Are you an office, director or 10% shareholder of a publicly traded company? _____

How do you prefer to be contacted by our office? _____

2. Your Children :*

	Birth Date	Social Security #
Name and Address	**	***
a. -----	-----	-----
b. -----	-----	-----
c. -----	-----	-----
d. -----	-----	-----

3. Particulars regarding your grandchildren :*

Names of		Social	
Their Parents	Grandchildren *	Birth Date**	Security #
a. -----	(1) -----	-----	-----
-----	(2) -----	-----	-----
	(3) -----	-----	-----
b. -----	(1) -----	-----	-----
-----	(2) -----	-----	-----
	(3) -----	-----	-----

 *Indicate if any children or grandchildren are stepchildren, adopted children or are from a prior marriage.

**Children under the age of 14 are taxed at the parental rate on investment income over \$1,600 per year.

***Children must have Social Security numbers in order to be claimed as dependents effective for tax years after 1995

4. Parents

	Husband	Wife
Father:	----- Name	----- Name
	----- Address	----- Address
	----- Date of Birth/Date of Death	----- Date of Birth/Date of Death
Mother:	----- Name	----- Name
	----- Address	----- Address
	----- Date of Birth/Date of Death	----- Date of Birth/Date of Death

5. Other dependent persons--names, addresses, relationships, degree of dependency, and date of birth

6. Health Issues or Special Needs - Do you, your spouse, or any of your family members have special medical needs which should be considered as part of your financial planning?

7. Financial Dependents - Is anyone other than your minor children financial dependent upon you? Do you anticipate this changing in the future?

ADVISERS

Names, addresses, and telephone numbers:

1. Attorney:-----
2. Accountant:-----
3. Life insurance adviser:-----
4. Banker and trust officers:-----
5. Stockbrokers:-----
6. Executor:-----
7. Trustee:-----
8. Designated guardian for children:-----
9. Physician:-----
10. Clergyman:-----
11. Casualty insurance agent:-----

DISTRIBUTION OBJECTIVES

1. Upon your death, how and to whom do you want your assets distributed?

2. (a) If you and your spouse both die prematurely, should children receive property at age of majority or should it be held until they reach a more mature age?

(b) Do you or any of your children have special educational, medical or financial needs?-----

3. Is there anyone in your family that you consider to be a good money manager?-----

4. Who do you want to manage your estate from an investment standpoint?-----

To whom would that person look for management help?-----

5. Is reducing or eliminating estate taxation of great importance to you?-----

6. Is minimizing income taxes of great importance to you?-----

7. Do you contemplate making future gifts?-----

Furnish details:-----

8. Do you wish to make bequests to a religious organization or order or to any other charitable

organization?-----

In cash or in kind?-----

Furnish details:-----

9. If none of your children are living at the time of your spouse's death, do you want your estate to go to:

Your family?-----

Spouse's family?-----

Elsewhere?-----

10. Does your spouse have employment skills? Do you expect that the survivor will work?-----

11. Will your spouse live in your present home?-----

12. Who will serve as your personal representative?-----

13. Do you presently have wills?_____ If so, how old are they?_____

14. Do you have durable powers of attorney, living wills, or health care powers of attorney?_____

15. Have you discussed the location of your will and other important documents with your family?

ASSETS

1. Have you lived in any other state or foreign country? If so, where and for how long?

2. Did you or your spouse own any substantial separate property before marriage?

3. Have any gifts or inheritances been received by either you or your spouse separately or do you expect any in the future?

CASH AND PERSONAL EFFECTS

	Bank	Amount	Form of Ownership and with Whom
Bank accounts:			

Certificates of Deposit:			

Other (money market funds, etc.):			

Total \$=====

Fair Market Value

Automobiles (state whether leased or owned)	-----
Club memberships	-----
Aircraft	-----
Household furnishings	-----
Boats	-----
Jewelry	-----
Furs	-----
Collections (Art, etc.)	-----
Others (describe)	-----
-----	-----
-----	-----
-----	-----
-----	-----

\$
=====

LIFE INSURANCE POLICIES (AND ANNUITIES)

Life Insurance Provided by Employer

	Policy #1	Policy #2	Policy #3
Company	-----	-----	-----
-			
Policy #	-----	-----	-----
-			
Type (Term, whole life, endowment or universal life)	-----	-----	-----
-			
If non-term, date policy was entered into***/	-----	-----	-----
-			
Insured	-----	-----	-----
-			
Owner	-----	-----	-----
-			
Beneficiary	-----	-----	-----
-			
Contingent Beneficiary	-----	-----	-----
-			
Face Value	-----	-----	-----
-			
Amount of Loan*/	-----	-----	-----
-			
Settlement Terms	-----	-----	-----
-			
Employee's Contribution	-----	-----	-----
-			

Other Life Insurance

	Policy #1	Policy #2	Policy #3
Company	-----	-----	-----
-			
Policy #	-----	-----	-----
-			
Type (Term, whole life, endowment, modified endowment, or universal life)	-----	-----	-----
-			
Insured**/	-----	-----	-----
-			
Owner	-----	-----	-----
-			
Beneficiary	-----	-----	-----
-			
Contingent Beneficiary	-----	-----	-----
-			
Face Value	-----	-----	-----
-			
Current Cash Surrender Value	-----	-----	-----
-			
Amount of Loan*/	-----	-----	-----
-			
Settlement Terms	-----	-----	-----
-			
Annual Premium	-----	-----	-----
-			

*/Interest on loans under life insurance contracts is generally not deductible after 1990

**/Include policies on life of spouse and children.

***/Some investment-oriented policies (e.g., single premium) entered into on or after June 21, 1988, may be subject to special tax rules (under which amounts received, including loans, are treated first as income and a 10% penalty tax may apply).

TREASURY BONDS, NOTES AND BILLS

Ownership	Date of Purchase	Cost	Maturity*/	Current Yield	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total \$ _____

*/Final maturity for Series E savings bonds is 40 years. No interest is earned after this point.

MUNICIPAL BONDS, NOTES AND BILLS

Issuer	AMT*/	Non-AMT	Purchase Date of	Maturity	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*/Private purpose municipals may be subject to the Alternative Minimum Tax (AMT).

CORPORATE BONDS AND NOTES

Issuer	Date of Purchase	Maturity	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES AND MORTGAGES

Debtor	Type of Debt and Maturity	Security	Present Value
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

REAL ESTATE

	Property 1	Property 2
Legal Description (Please Attach)	-----	-----
Location	-----	-----
Type of property (residential, commercial, vacant land, etc.)	-----	-----
Owned in Names of	-----	-----
	-----	-----
Form of Ownership	-----	-----
Date of Acquisition	-----	-----
How Acquired (gift, purchase, etc.)	-----	-----
Cost (note cost of improvements)	-----	-----
Accumulated Depreciation*	-----	-----
Current Market Value	-----	-----
Encumbrances: (names of mortgagee, lienors, etc.)	-----	-----
Amount	-----	-----

Monthly payments (principal & interest)	-----	-----
Interest Rate	-----	-----
Remaining Period of Loan	-----	-----
Purpose of loan/use of \$100,000 equity loan amount	-----	-----
Annual Interest	-----	-----
Annual Taxes	-----	-----
Annual Income (gross)*	-----	-----
Annual Depreciation*	-----	-----
Annual Costs (maintenance, etc.*)	-----	-----
Annual Net Income*	-----	-----
Farm Property**	-----	-----

*Income-producing property only

**Excess of value of property when put to highest and best use over value as operating farm

CLOSELY HELD BUSINESS INTERESTS

(Use separate sheet for each business interest)

Name-----Percent Owned-----

Type of entity: C Corporation----- Partnership----- Sole Proprietorship-----S Corporation----- LLC-----

Is interest jointly owned with spouse?-----

Has your spouse participated in the business?-----

Your estimate of the fair market value of your interest-----

Your tax basis for your interest-----

Do you have any plans to dispose of business interest during your lifetime?
If so, please describe-----

What are your wishes as to disposition of ownership after death or during your lifetime:

Transfer to family-----

Sale to co-owner of business-----

Sale to key-employee-----

Other-----

Is there a buy/sell or redemption agreement? Yes-----No-----

If "yes," please furnish copy for review under Code Sec. 2703 (RRA '90). Have you considered disincorporating?-----

Please provide financial statements and tax returns for the previous 5 years and a copy of any buy/sell or redemption agreements.

RETIREMENT, DISABILITY AND DEATH BENEFITS

(Include Keogh plans, IRAs and deferred compensation plans)

Type of plan	Joint v. survivor annuity	Name of beneficiary	Form of payment	Present vested benefits
----- -	-----	-----	-----	-----
----- -	-----	-----	-----	-----
----- -	-----	-----	-----	-----
----- -	-----	-----	-----	-----
----- -	-----	-----	-----	-----

OTHER ASSETS

Description	Fair Market Value	Basis
-----	-----	-----
Incentive stock options (include option price):		
-----	-----	-----
-----	-----	-----
Nonqualified stock options (include option price):		
-----	-----	-----
-----	-----	-----
Property received for services which is subject to a substantial risk of forfeiture:		
-----	-----	-----
-----	-----	-----
Stock appreciation rights:		
-----	-----	-----
Copyrights or patents:		
-----	-----	-----
-----	-----	-----
Accounts receivable:		
-----	-----	-----
-----	-----	-----
Notes receivable:		
-----	-----	-----
-----	-----	-----
-----	-----	-----

GIFT DATA

Gifts Made

Have you made any gifts--other than to charities--in any one year to any one or more persons which exceeded in value \$10,000* if made by you alone (\$3,000 if before 1982) or \$20,000* (\$6,000 if before 1982) if both you and your spouse consented to gift splitting?

Yes----- No-----

Did you make any gifts to pay for medical or education expenses?***

Yes----- No-----

If gift tax returns were filed, please furnish Federal and State tax returns and appraisals. If gift tax returns were not filed, describe the gift, date, fair market value, and to whom given:

Have gifts been made by creating a trust? Yes----- No-----

If so, provide trust document.

Did you set up a Clifford trust before March 2, 1986?*** Yes----- No-----

Did you set up a spousal remainder trust before March 2, 1986?** Yes----- No-----

Have gifts been made under the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act? Yes----- No-----

Have you made any transfer to Section 529 Plans?

If you or your wife is the custodian, please give details on the property.

Have any gifts been made within the past 3 years?
If so, what was subject of gifts?

Income Tax Planning

1. What is your current marginal federal income tax rate?

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 25% | <input type="checkbox"/> 33% |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 28% | <input type="checkbox"/> 35% |

2. Do you expect your federal income tax rate to change in the next three years? If so, please explain how your tax rate will change.

3. What do you expect your marginal federal income tax rate will be in retirement?

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 25% | <input type="checkbox"/> 33% |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 28% | <input type="checkbox"/> 35% |

4. Are you subject to the Federal Alternative Minimum Tax (AMT)? Yes No

5. If not, do you expect to be subject to the AMT in the future? Yes No

6. What are your year-to-date capital gains (losses) from your taxable investment accounts?

Short-term (1 year or less)	\$ _____
Long-term (more than 1 year)	\$ _____

7. Do you have a capital loss carry forward from last year? Yes No

If so, please specify amounts:

Short-term	\$ _____
Long-term	\$ _____

8. Do you prepare your own tax returns? _____

REMARKS

*The dollar values apply to gifts of a present interest. If the gift is of a future interest, the exclusions do not apply. If in doubt as to whether a gift is of a present or a future interest, so indicate in Remarks.

**There's an unlimited gift tax exclusion for amounts used to pay for qualified medical or education expenses.

***Benefits for such trusts set up after March 1, 1986 have been eliminated.

INCOME SOURCES

Employment Income	(H) Client	(W) Spouse	Joint
Gross Salary	_____	_____	_____
Bonus	_____	_____	_____
Commissions	_____	_____	_____
Self Employment	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Investment Income	_____	_____	_____
Taxable Interest	_____	_____	_____
Tax Free Interest	_____	_____	_____
Dividends	_____	_____	_____
Net Rental Income	_____	_____	_____
Partnership Distributions	_____	_____	_____
Annuity Income	_____	_____	_____

Describe your employment outlook for the next three to five years?

Do you have a household budget?

Do you have a list of the contents of your wallet or purse?

MONTHLY EXPENDITURES

	Monthly	Comments
Fixed Expense		
Home Mortgage	_____	_____
Other Mortgages	_____	_____
Real Estate Taxes	_____	_____
Maintenance Fees	_____	_____
Auto Insurance	_____	_____
Homeowners Insurance	_____	_____
Medical Insurance	_____	_____
Life Insurance	_____	_____
Disability Insurance	_____	_____
Other Insurance	_____	_____
Subscriptions	_____	_____
Dues, Licenses, Fees	_____	_____
Bank Loans	_____	_____
Other Notes	_____	_____
Credit Cards	_____	_____
Total Fixed Expenses	_____	_____
Variable/Fixed Expense		
Food	_____	_____
Heat	_____	_____
Gas/Electric	_____	_____
Telephone	_____	_____
Cable TV	_____	_____
Water, Sewer, Garbage	_____	_____
Laundry, Dry Cleaning	_____	_____
House Help - Child Care, etc.	_____	_____
Basic Clothing	_____	_____
Medical Expenses	_____	_____
Auto Operating Expenses	_____	_____
Parking, Tolls, etc.	_____	_____
Repairs for Auto	_____	_____
Household Expense	_____	_____
Other	_____	_____
Other	_____	_____
Total Fixed/Variable Expenses	_____	_____
Discretionary Expenses		
Entertainment	_____	_____
Vacations	_____	_____
Education	_____	_____
Discretionary Clothing	_____	_____
Contributions	_____	_____
Recreation	_____	_____
Health Care/Beauty Care	_____	_____
Incidentals	_____	_____
Others	_____	_____
Others	_____	_____
Total Discretionary Expenses	_____	_____

Borrowing and Credit Considerations

Do you or your spouse have a line of credit with any financial institution?

Are you aware of how credit bureaus rate your personal credit?

Do you have any plans to alter the amount of credit you use in the near future?

Have you or your spouse considered leasing a personal automobile?

ANNUAL INVESTMENTS

(Exclude principal payments on home, voluntary contributions to retirement plans)

Savings Accounts	\$ -----
Cds	-----
Stocks	-----
Bonds	-----
Mutual Funds	-----
Municipals	-----
Treasuries	-----
Other	-----
Total \$	-----

LIVING WILL AND MEDICAL DIRECTIVES

Do you and/or family members wish to direct medical care or removal of medical care through the use of a living will, durable power of attorney, springing power of attorney, health care proxy or other form of medical directives?

AUTHORIZATION TO RELEASE INFORMATION

I (We) hereby authorize _____ to release information to [Schaefer Financial Management, Inc.](#) for the purpose of assisting them in the implementation of an investment strategy for me (us).

A photographic, facsimile or carbon copy of this authorization bearing the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

SIGNATURE

DATE

NAME (PRINTED)

SIGNATURE

DATE

NAME (PRINTED)

GENERAL INSURANCE INVENTORY

Medical, Dental, Long-Term Care Insurance

Insured	Company	Policy Number	Policy Maximum	Deductible	Co-Insurance	Out-of-Pocket Maximum	Premium	Special Limitations

Vehicle Insurance

Vehicle	Company	Policy Number	Liability Maximum	Medical Maximum	Un(Under)-Insured Motorist Maximum	Collision /Comprehensive Deductible	Premium	Special Considerations

Residence/Real Estate Insurance

Real Estate	Company	Policy Number	Liability Maximum	Medical Maximum	Property Insurance Maximum	Replacement Cost	Premium	Special Riders

Comprehensive Personal Liability Insurance “Umbrella” Policy

Insured	Company	Policy Number	Liability Maximum	Deductible	Special Features	Remarks	Premium	Special Considerations

Personal Liability Insurance

Insurance Company/ Insured	Policy Number	Liability Maximum	Deductible	Claims Made /Occurrence	Remarks	Premium
1						
2						
3						