



FINANCIAL PLANNING INFORMATION

Please complete this form prior to your appointment. If you are not certain on any question you may leave the blank incomplete. Please print clearly and feel free to approximate the amounts and include any relevant attachments. Please remember to sign and date the last page. Bring your most recent statements, trusts and tax return. This form is also available online at www.semmax.com.

PERSONAL INFORMATION

Ngî cñpco g _____

Nickname _____ Age _____ Date of Birth _____

Ur qwug'igi cñpco g _____

Nickname _____ Age _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ If Married Anniversary Date _____

Client Cell Phone _____ Spouse Cell Phone _____

Client Email _____ Spouse Email _____

How did you hear about Semmax Financial Group?

WSJS RUSH TRUTH FOX 8 News2 WXII A FRIEND OTHER

EMPLOYER INFORMATION

Client

Employer (last if retired): _____

Occupation: _____

Business Type: _____

City: _____ State: _____

Planned Retirement Date: _____

If Retired, Date: _____

Spouse

Employer (last if retired): _____

Occupation: _____

Business Type: _____

City: _____ State: _____

Planned Retirement Date: _____

If Retired, Date: _____

RISK ASSESSMENT QUESTIONNAIRE

The Risk Assessment Questionnaire helps to determine the best asset mix for a financial plan, based on the answers given to the questions below. This page must be completed for compliance purposes.

(Please Only Check One Box For Each Question)

Time Horizon - Your current situation and future income needs.

- | | |
|--|--|
| 1. What is your current age? | 2. When do you expect to start withdrawing income? |
| <input type="checkbox"/> Less than 45 | <input type="checkbox"/> Not for at least 20 years |
| <input type="checkbox"/> 45 to 55 | <input type="checkbox"/> In 10 to 20 years |
| <input type="checkbox"/> 56 to 65 | <input type="checkbox"/> In 5 to 10 years |
| <input type="checkbox"/> 66 to 75 | <input type="checkbox"/> Not now, but within 5 years |
| <input type="checkbox"/> Older than 75 | <input type="checkbox"/> Immediately |

Long-Term Goals and Expectations - Your views of how an investment should perform over the long term.

- | | |
|--|--|
| 3. What is your goal for this investment? | |
| <input type="checkbox"/> To grow aggressively | <input type="checkbox"/> To grow with caution |
| <input type="checkbox"/> To grow significantly | <input type="checkbox"/> To avoid losing money |
| <input type="checkbox"/> To grow moderately | |
4. Assuming normal market conditions, what would you expect from this investment over time?
- | |
|---|
| <input type="checkbox"/> To generally keep pace with the stock market |
| <input type="checkbox"/> To slightly trail the stock market, but make a good profit |
| <input type="checkbox"/> To trail the stock markets, but make a moderate profit |
| <input type="checkbox"/> To have some stability, but make modest profits |
| <input type="checkbox"/> To have a high degree of stability, but make small profits |
5. Suppose the stock market performs unusually poorly over the next decade, what would you expect from this investment?
- | | |
|---|--|
| <input type="checkbox"/> To lose money | <input type="checkbox"/> To make a modest gain |
| <input type="checkbox"/> To make very little or nothing | <input type="checkbox"/> To be little affected by what happens in the stock market |
| <input type="checkbox"/> To make out a little gain | |

Short-Term Risk Attitude - Your attitude toward short-term volatility.

- | | |
|---|---|
| 6. Which of these statements would best describe your attitudes about the next three years' performance of this investment? | |
| <input type="checkbox"/> I don't mind if I lose money | <input type="checkbox"/> I'd have a hard time tolerating any losses |
| <input type="checkbox"/> I can tolerate a loss | <input type="checkbox"/> I need to see at least some return |
| <input type="checkbox"/> I can tolerate a small loss | |
7. Which of these statements would best describe your attitudes about the next three months' performance of this investment?
- | |
|--|
| <input type="checkbox"/> Who cares? One calendar quarter means nothing |
| <input type="checkbox"/> I wouldn't worry about losses in that time frame. |
| <input type="checkbox"/> If I suffered a loss of greater than 10% I'd get concerned. |
| <input type="checkbox"/> I can only tolerate small short-term losses. |
| <input type="checkbox"/> I'd have a hard time stomaching any losses. |

Estimate your anticipated retirement expenses

Envision your life in retirement, and think about the expenses you will—or might—incur. Taking into account your lifestyle and goals, identify which expenses are essential (must have) to differentiate them from those that are discretionary (nice to have).

Record your estimated monthly retirement expenses and indicate whether it is essential and if it will vary.		AMOUNT (\$)		IS IT ESSENTIAL? YES	WILL IT VARY? YES	NOTES
		YOU	SPOUSE			
Housing	Homeowner ' s Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Household Improvements & Maintenance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Mortgage	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Property Tax	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Rent/Condo Fees	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities	Electric	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Oil/Gas	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Phone/Cable/Internet Fees	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Water/Sewer	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Personal	Clothing	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Groceries	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Laundry/Dry Cleaning	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Care (health & beauty)	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Health Care & Insurance	Dental, Vision, Hearing	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Medical Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Medicare Premiums & Expenses	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Medicare Supplemental Premiums	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (e.g., Out-of-Pocket Pharmacy Costs)	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Long-Term Care Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Premiums	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Disability Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance Premiums	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
SUBTOTAL		\$	\$			

Estimate your anticipated retirement expenses (continued)

Record your estimated monthly retirement expenses and indicate whether it is essential and if it will vary.		AMOUNT		IS IT ESSENTIAL?	WILL IT VARY?	NOTES
		YOU	SPOUSE	YES	YES	
Family Care	Support of Children/Grandchildren	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Support of Parents	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Obligations	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Transportation	Auto Loan/Lease Payments	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Excise Tax/Registration Fees	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Gasoline	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Auto Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Routine Maintenance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Commuting Expenses	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Recreation	Club Memberships	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Hobbies	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Travel & Vacations	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Entertainment	Dining Out	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Movies/Theater/Sporting Events	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Charitable Donations And Gifts	Charitable Donations	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifts	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Custom Expenses	Expense #1	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #2	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #3	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #4	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #5	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #6	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL		\$	\$			
SUBTOTAL From Page 4		\$	\$			
TOTAL		\$	\$			

FINANCIAL INFORMATION

Please provide information on all monthly income sources listed below.

Please enter all figures (with NO commas if using electronic form). Totals will automatically calculate.

Client

Monthly Salary: \$ _____

Social Security: \$ _____

Pension: \$ _____

Investments: \$ _____

Other: \$ _____

R.M.D.: \$ _____

Total Monthly: \$ _____

Spouse

Monthly Salary: \$ _____

Social Security: \$ _____

Pension: \$ _____

Investments: \$ _____

Other: \$ _____

R.M.D.: \$ _____

Total Monthly: \$ _____

What are your current monthly living expenses? \$ _____

ECONOMIC IMPACT OF LOSING A SPOUSE

Please enter all figures (with NO commas if using electronic form). Totals will automatically calculate.

Client

Amount at risk should _____ die first.

Social Security: \$ _____

Pension: \$ _____

Other: \$ _____

Total Monthly at Risk: \$ _____

“Total at Risk” represents a loss of \$ _____
per year and a loss of \$ _____ over 10 years.

Spouse

Amount at risk should _____ die first.

Social Security: \$ _____

Pension: \$ _____

Other: \$ _____

Total Monthly at Risk: \$ _____

“Total at Risk” represents a loss of \$ _____
per year and a loss of \$ _____ over 10 years.

ASSET INFORMATION**AMOUNTS IN BANKS, CREDIT UNIONS AND SAVINGS & LOANS (NON-IRA)
(i.e. Checking, Savings and Money Market)**

Please enter all figures (with NO commas if using electronic form). Totals will automatically calculate.

Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
			TOTAL	\$ _____

**IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS
(Please bring in your latest reports/statements)**

Account Type & Location (i.e. Bank, Broker, Employer, etc.)	Type (i.e. 401k, IRA, TSA, etc.)	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
		TOTAL

**STOCKS AND BONDS
(Where you hold the certificates yourself)**

Name of Stock or Bond	Number of Shares	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
		TOTAL

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Please bring in your latest reports/statements)

Please enter all figures (with NO commas if using electronic form). Totals will automatically calculate.

Name of Brokerage Firm/Mutual Fund	Number of Shares	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
	TOTAL	\$ _____

PROMISSORY NOTES & TRUST DEEDS
(Where someone owes or is paying you on a note)

Name of Debtor	Interest Rate	Approximate Balance of Note
1. _____	_____ %	\$ _____
2. _____	_____ %	\$ _____

RESIDENCE & OTHER REAL ESTATE OWNED
(Use another sheet if more space is needed)

Property Address	Original Cost	Approx. Value	Debt	Net Cash Flow
1. _____	\$ _____	\$ _____	\$ _____	\$ _____

2. _____	\$ _____	\$ _____	\$ _____	\$ _____

3. _____	\$ _____	\$ _____	\$ _____	\$ _____

4. _____	\$ _____	\$ _____	\$ _____	\$ _____

5. _____	\$ _____	\$ _____	\$ _____	\$ _____

LIMITED OR GENERAL PARTNERSHIPS

Please enter all figures (with NO commas if using electronic form). Totals will automatically calculate.

Name of Partnership	Type of Investment	Approximate Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL		\$ _____

LIFE INSURANCE

(Please bring in policies and latest statements)

Company	Name of Insured	Type of Insurance (Whole Life, Term)	Death Benefit	Loan Against?
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
TOTAL			\$ _____	\$ _____

ANNUITIES

(Please bring in contracts and latest statements)

Company	Annuitant/Owner	Interest Rate	Approx. Value	Date Purchased
1. _____	_____	_____ %	\$ _____	_____
2. _____	_____	_____ %	\$ _____	_____
3. _____	_____	_____ %	\$ _____	_____
4. _____	_____	_____ %	\$ _____	_____
TOTAL			\$ _____	

OTHER ASSETS

1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	
TOTAL		\$ _____

Please enter all figures (with NO commas if using electronic form). Totals will automatically calculate.

FINANCIAL QUESTIONNAIRE

Do you have a current will? Yes No **Living Trust?** Yes No

Are you concerned about possible Nursing Home expenses? Yes No

What are your approximate annual expenses? \$ _____

What are your primary financial concerns (list in order of importance)?

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

How would you improve your financial situation if you could? Why?

What are your primary hobbies or passions?

What charities or significant causes are you involved in?

Are you comfortable with your current cash flow? Y___ N___ Don't Know___

Do you expect any significant change in cash flow? Y___ N___ Don't Know___

Are you anticipating any major lifestyle changes
i.e. marriage, moving, buying another home, etc.?
Y___ N___ Don't Know___

Do you expect to make any large purchases within
the next three years?
Y___ N___ Don't Know___

IRA BENEFICIARIES ANALYSIS

Please complete the following form with the IRA owner's name, date of birth and approximate balance of all IRAs (including, 401k, 403b, 457 and TSA). List the beneficiaries by name, relationship and age.

IRA OWNER

Name _____ Date of Birth _____ IRA Value \$ _____

Name _____ Date of Birth _____ IRA Value \$ _____

BENEFICIARIES

Name	Date of Birth	Relationship	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** The foregoing information reflects an accurate picture of my financial position at this time.*

Signature: _____ Date: _____

Spouse: _____ Date: _____