FAMILY QUESTIONNAIRE

The Advisors at Semmax offer fee-based fiduciary advice and customized asset management solutions. We look forward to getting to know you in your first visit. Please help us by completing this questionnaire and bringing the following with you to your visit.

- ☐ **Most recent year tax return - all schedules**
- ☐ **Financial statements for all investment accounts**
  Statements should include a list of individual positions (ticker symbols and values)
- ☐ **Social Security estimates, if not yet drawing Social Security**
- ☐ **Life insurance statements**
- ☐ **Long-term care insurance statements**

COMMUNICATION PREFERENCE

☐ Phone Call ☐ Email ☐ Text Message

BASIC INFORMATION

First ______ MI ______ Last ______

Nickname (if applicable) ______

Date of Birth ______ Age ______

Retired? ☐Y ☐N ☐Semi

Desired Retirement Year or Year Retired ______

Working At/Retired From ______ Job Title ______

Cell Phone ______ Email ______

Hobbies/Charities ______

☐Married/Anniversary Date: ______

☐ Single ☐Widowed ☐ Divorced

BASIC INFORMATION

First ______ MI ______ Last ______

Nickname (if applicable) ______

Date of Birth ______ Age ______

Retired? ☐Y ☐N ☐Semi

Desired Retirement Year or Year Retired ______

Working At/Retired From ______ Job Title ______

Cell Phone ______ Email ______

Hobbies/Charities ______

☐Married/Anniversary Date: ______

☐ Single ☐Widowed ☐ Divorced

HOUSEHOLD INFORMATION

Mailing Address ______ City ______ State ______ Zip ______

Mailing Address ______ City ______ State ______ Zip ______

Children:

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

WHERE HAVE YOU SEEN & HEARD SEMMAX FINANCIAL GROUP

- ☐ The Charlotte Observer
- ☐ Forbes
- ☐ WFMY News 2
- ☐ Facebook
- ☐ WXII 12 News
- ☐ the truth network
- ☐ YouTube
- ☐ 600am WSJS
- ☐ LinkedIn
- ☐ Kiplinger
- ☐ Other ______

RETIREMENT OBJECTIVES

What concerns you most about retirement?

1. ______
2. ______
3. ______

Who do you rely on for financial advice and decisions? ______

If something were to happen to you, who do you want taken care of? ______

What is your annual charitable amount? ______

During retirement I/we expect to (check all that apply):

- ☐ Relocate
- ☐ Downsize
- ☐ Improve my home
- ☐ Sell property
- ☐ Purchase property
- ☐ Rent-out property
- ☐ Care for parent(s)
- ☐ Provide for adult children
- ☐ Work part time
- ☐ Start a business
- ☐ Sell a business ______ Year
- ☐ Receive inheritance ______ Approx. Amount
- ☐ Help fund education ______ Approx. Amount

HOUSEHOLD ASSETS

Please list all values. Include assets owned by BOTH spouses.

Home value $ ____________ Balance owed $ ____________ Monthly Payment $ ____________ Payoff Year ________

Other real estate/land $ ____________ Description ________________________

Other real estate/land $ ____________ Description ________________________

Checking/Savings $ __________ Money Market/CDs $ __________ Other minimal interest accounts $ __________

401(k)s	403(b)s/Other Employer Plans	Traditional IRAs	Roth IRAs	Other Accounts
$ ____________	$ ____________	$ ____________	$ ____________	$ ____________
$ ____________	$ ____________	$ ____________	$ ____________	$ ____________
$ ____________	$ ____________	$ ____________	$ ____________	$ ____________

LIABILITIES

Please list all values. Include liabilities owned by BOTH spouses.

Auto loan balance $ ______________ Auto loan balance $ ______________ Auto loan balance $ ______________

Total all credit card balance(s) $ ____________ Other Debt $ ____________ Describe ________________________

INCOME

Current monthly expenses $ ______________ **Retirement income goal** (monthly net of taxes) $ ____________

Current income:

You:

- ☐ Wages $ ____________________
- ☐ Pension $ ____________________
- ☐ Social Security $ ______________ Age started ______
- ☐ Other $ ____________________

Spouse:

- ☐ Wages $ ____________________
- ☐ Pension $ ____________________
- ☐ Social Security $ ______________ Age started ______
- ☐ Other $ ____________________

Do you have a written retirement income plan? ☐ Yes ☐ No ☐ Don't Know

If yes, is the plan inflation adjusted? ☐ Yes ☐ No ☐ Don't Know

Do you have a plan to maximize Social Security? ☐ Yes ☐ No ☐ Already Drawing

Do you have a plan to maximize pension(s)? ☐ Yes ☐ No ☐ Already Drawing ☐ No Pension

FINANCIAL PLANNING & RISK MANAGEMENT

How would you describe your investment knowledge?

☐ None ☐ Limited ☐ Average ☐ Above Average ☐ Expert

Do you feel you have a full understanding of all your investment fees? ☐ Yes ☐ No

Current management fee _____%

What kinds of investments have you made that you liked? ______________________________

What kinds of investments have you made that you disliked? ______________________________

When it comes to your investments, how much **risk** are you comfortable tolerating?

☐ None, if I could ☐ Low risk ☐ Moderate risk ☐ High risk

At this point in your life, how much are you willing to lose? ______________________________

MEDICAL & HEALTHCARE

If under age 65, do you have major medical coverage? ☐ Yes ☐ No Max-out-of-pocket $ ______________

If over age 65, what parts of Medicare have you signed up for?

☐ Part A ☐ Part B ☐ Part C (Advantage Plan) ☐ Part D (Rx) ☐ Supplemental Plan ☐ Not sure

Are you utilizing a Health Savings Account or Medical Savings Account? ☐ Yes ☐ No

Do you have long-term care insurance? ☐ Yes ☐ No If no, what is the alternate plan? ______________

TAX PLANNING

In the next 30 years, do you think tax rates will: ☐ Increase ☐ Decrease ☐ Remain the same

Do you have a CPA or accountant? ☐ Yes ☐ No ☐ Need referral

Do you contribute to a Roth IRA? ☐ Yes ☐ No Annual amount $ ______________

What is your plan for minimizing RMDs? ______________________________

Do you have an estate attorney? ☐ Yes ☐ No ☐ Need referral

Do you have:

☐ Will Last updated year ______

☐ Trust Last updated year ______

Do you feel your estate and wealth transfer plan is optimized for tax efficiency? ☐ Yes ☐ No ☐ Not sure

Signature ______________________________ Date ______________

Signature ______________________________ Date ______________