



CONDON
WEALTH MANAGEMENT, INC.

CONFIDENTIAL CLIENT QUESTIONNAIRE

PERSONAL FINANCIAL PLANNING

Condon Wealth Management, Inc.

A REGISTERED INVESTMENT ADVISOR

15 Caswell Lane

Plymouth, MA 02360

Phone: 508-746-7763 Fax: 508-746-9242

www.condonwealth.com

Data Gathering is the first important step in financial planning process.
Unless required by law, information provided in this profile will not be released without client consent.



DOCUMENT REQUEST FORM

The following documents are crucial in helping us understand where you are today financially and how to proceed in building your family's financial plan. Collecting accurate information is a critical first step in the review process. Please attach as many of the following documents as possible so that we may be better informed in your planning process. Thank you.

Document Checklist

PERSONAL	Enclosed	None	Lost	Provided Info within Questionnaire
<u>Documents</u>				
Tax Returns (Past two years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durable Powers of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Proxies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Real Estate Deed(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent Copy of Pay Stub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefit Booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <u>Insurance Policies</u>				
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella/Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <u>Statements</u>				
Bank Statements: Checking and Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage/Home Equity Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto/Other Loans and Leases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRA's/ Roth IRA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Retirement Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Funding Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 BUSINESS (if you are self employed)				
Buy/Sell Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key Employee Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Life Insurance through Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CONDON

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CONFIDENTIAL CLIENT QUESTIONNAIRE

GENERAL CLIENT INFORMATION

Primary Contact Person during business hours? _____

Please contact by (circle one)
Email or Phone

CLIENT NAME (A): _____

Social Security #: _____

Home Address: _____

Drivers License #: _____

City, State, Zip: _____

Expiration Date: _____

Home Phone: _____

Date of Birth: _____

Work Phone: _____

Tax Filing Status: _____

Cell Phone/Alt. Phone: _____

Citizenship: _____

Fax: (Home or Work) _____

Email Address: _____

Married: Yes No

Domestic Partner: Yes No

If married, how long? _____

Divorced/Widowed: Yes No

EMPLOYER CLIENT (A): _____

Salary: _____

Title/Occupation: _____

Self-Employment Income: _____

Years with current employer: _____

Bonus/Commissions: _____

Anticipated employment changes: _____

Other Income: _____

CLIENT NAME (B): _____

Social Security #: _____

Home Address: _____

Drivers License #: _____

City, State, Zip: _____

Expiration Date: _____

Home Phone: _____

Date of Birth: _____

Work Phone: _____

Tax Filing Status: _____

Cell Phone/Alt. Phone: _____

Citizenship: _____

Fax: (Home or Work) _____

Email Address: _____

Married: Yes No

Domestic Partner: Yes No

If married, how long? _____

Divorced/Widowed: Yes No

EMPLOYER CLIENT (B): _____

Salary: _____

Title/Occupation: _____

Self-Employment Income: _____

Years with current employer: _____

Bonus/Commissions: _____

Anticipated employment changes: _____

Other Income: _____

FAMILY MEMBER INFORMATION (Please list all children and other dependents)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Resides? (City & State)</u>
_____	_____	____/____/____	_____	_____
Dependant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you pay for private school prior to college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
Will you pay for college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost: _____	Estimated # of years: _____		

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Resides? (City & State)</u>
_____	_____	____/____/____	_____	_____
Dependant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you pay for private school prior to college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
Will you pay for college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost: _____	Estimated # of years: _____		

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Resides? (City & State)</u>
_____	_____	____/____/____	_____	_____
Dependant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you pay for private school prior to college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
Will you pay for college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost: _____	Estimated # of years: _____		

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Resides? (City & State)</u>
_____	_____	____/____/____	_____	_____
Dependant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you pay for private school prior to college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
Will you pay for college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
<input type="checkbox"/> Public <input type="checkbox"/> Private	Estimated annual cost: _____	Estimated # of years: _____		

Additional Dependents

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides? (City & State)</u>
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

Are you planning any additional children? _____ Do you think you will receive an inheritance? _____

Are your parents living? _____ Ages: _____

Are there any immediate or long-term financial obligations for supporting dependents or parents? _____

FINANCIAL ACCUMULATION GOALS

Please list any other accumulation goals (saving for a new home, a vacation home, a new car, a wedding, etc...)

Accumulation Goal (1): _____

Amount needed: _____

Years until needed: _____

Accumulation Goal (2): _____

Amount needed: _____

Years until needed: _____

Accumulation Goal (3): _____

Amount needed: _____

Years until needed: _____

GOALS/CONCERNS/ATTITUDES

Please list the most important goals you would like to accomplish while working with Condon Wealth Management.

1. _____
2. _____
3. _____

Please list any financial problems or areas of concerns.

1. _____
2. _____
3. _____

RETIREMENT/FINANCIAL INDEPENDENCE

Target Retirement Age Client (A) _____ Client (B) _____

How much are you currently saving/investing for your retirement? (Please state in annual terms) _____

Do you plan to increase this amount by a certain % each year? If so, how much? Yes / No _____

Do you expect your living expenses to stay the same, increase, or decrease during retirement? _____

Do you expect to spend more on travel & entertainment during retirement? Yes / No Annual Amt. _____

Would you rather work longer than reduce your standard of living during retirement? Yes / No

Would you be willing to downsize your residence during retirement (if needed)? Yes / No

Do you plan to continue working or start a new career during retirement? Yes / No

Do you feel that you can reduce current living expenses to save more for retirement? Yes / No

Do you have any special plans for retirement: _____

What do you look most forward to in retirement: _____

What does your spouse/significant other most look forward to in retirement: _____

What most concerns you about retirement: _____

What most concerns your spouse/significant other about retirement: _____

CASH FLOW

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>IN RETIREMENT</u>
HOUSING			
Mortgage	_____	_____	_____
Rent/Lease Payment	_____	_____	_____
Association/Condo Fees	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Home Owners/Renters Insurance	_____	_____	_____
Home/Property Improvements	_____	_____	_____
Home Furnishings	_____	_____	_____
Household Maintenance	_____	_____	_____
Household Supplies	_____	_____	_____
Other _____	_____	_____	_____
UTILITIES/SERVICES			
Phone	_____	_____	_____
Cell Phone(s)	_____	_____	_____
Cable/DSL	_____	_____	_____
Gas/Oil	_____	_____	_____
Electric	_____	_____	_____
Water	_____	_____	_____
Trash Removal	_____	_____	_____
Domestic Help	_____	_____	_____
Services (Lawn Care/Snow Removal)	_____	_____	_____
Other _____	_____	_____	_____
CHILD CARE & PET EXPENSES			
Baby Sit/Day Care	_____	_____	_____
Child Support	_____	_____	_____
Special Events	_____	_____	_____
Pet Expenses	_____	_____	_____
Other _____	_____	_____	_____
TRANSPORTATION			
Car Payment(s)	_____	_____	_____
Lease Payment(s)	_____	_____	_____
Taxes	_____	_____	_____
Insurance	_____	_____	_____
Gas/Oil	_____	_____	_____
Maintenance/Repairs	_____	_____	_____
Parking/Tolls	_____	_____	_____
Public Transportation	_____	_____	_____
Other _____	_____	_____	_____
FOOD/DINING OUT			
Groceries	_____	_____	_____
Dining Out	_____	_____	_____
Other _____	_____	_____	_____

CASH FLOW (Continued)

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>IN RETIREMENT</u>
CLOTHING			
Clothing	_____	_____	_____
Laundry Service/Dry Cleaning	_____	_____	_____
Other	_____	_____	_____
PERSONAL CARE & CASH			
Hair/Nails/Etc...	_____	_____	_____
Personal care supplies (i.e.. shampoo)	_____	_____	_____
Pocket money/Cash	_____	_____	_____
Other _____	_____	_____	_____
ENTERTAINMENT/TRAVEL			
Books/Magazines/Newspapers	_____	_____	_____
Movies/Shows	_____	_____	_____
Clubs (Golf, Social, Beach, etc..)	_____	_____	_____
Travel/Vacations	_____	_____	_____
Boats/RVs	_____	_____	_____
Hobbies _____	_____	_____	_____
Other _____	_____	_____	_____
GIFTS/CHARITABLE CONTRIBUTIONS			
Birthdays	_____	_____	_____
Holidays	_____	_____	_____
Anniversaries	_____	_____	_____
Charitable Contributions	_____	_____	_____
Other _____	_____	_____	_____
INSURANCE/MEDICAL EXPENSES			
Health Insurance	_____	_____	_____
Medical Co-pays	_____	_____	_____
Prescriptions Co-pays	_____	_____	_____
Life Insurance	_____	_____	_____
Disability Insurance	_____	_____	_____
Long-Term Care Insurance	_____	_____	_____
Umbrella Liability Insurance	_____	_____	_____
Other _____	_____	_____	_____
CREDIT CARDS/INSTALLMENT LOANS			
CCard/Loan (1) _____	_____	_____	_____
CCard/Loan (2) _____	_____	_____	_____
CCard/Loan (3) _____	_____	_____	_____

MISCELLANEOUS/NOTES _____

ASSETS

Real Estate

<u>Location/Address</u>	<u>Ownership</u>	<u>Fair Mkt Value</u>	<u>Cost Basis</u>	<u>Current Liability</u>	<u>Mortgage Rate & Yrs</u>
Primary Home					
Second Home					
Other					

Liquid Assets

<u>Type of Account</u>	<u>Bank/Institution Name</u>	<u>Ownership</u>	<u>Balance</u>
Savings			
Savings			
Checking			
Checking			
Money Market			
Other			

Personal Property

(Please list the estimated value of your personal assets including:)

Automobiles	Current Value:		Owner:	
Automobiles	Current Value:		Owner:	
Boats	Current Value:		Owner:	
RV's	Current Value:		Owner:	
Jewelry	Current Value:		Owner:	
Artwork	Current Value:		Owner:	
Furniture	Current Value:		Owner:	
Antiques	Current Value:		Owner:	
Other:	Current Value:		Owner:	
Other:	Current Value:		Owner:	

Business Interests

<u>Business Name</u>	<u>Fair Market Value</u>	<u>Ownership</u>	<u>Income</u>	<u>Plan for the Business</u>

Investment Accounts

All investment accounts including IRA's, 401k's, 403b's, REIT's, 529 plans, mutual funds, stocks, bonds etc. should all be attached to this questionnaire.

LIABILITIES (complete the following only if statements are NOT attached)

Credit Cards/Unsecured Loans

statements already attached

<u>Bank/Institution</u>	<u>Interest Rate</u>	<u>Min. Monthly</u>	<u>Outstanding Balance</u>
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____

Mortgages/Equity Lines

statements already attached

<u>Bank/Institution</u>	<u>Interest Rate</u>	<u>Type of Mortgage</u>	<u>Date of Origin</u>	<u>Monthly Payment</u>	<u>Outstanding Balance</u>
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____

Auto Loans

statements already attached

<u>Bank/Institution</u>	<u>Interest Rate</u>	<u>Terms</u>	<u>Date of Origin</u>	<u>Monthly Payment</u>	<u>Outstanding Balance</u>
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____

Other Liabilities

statements already attached

<u>Name</u>	<u>Interest Rate</u>	<u>Terms</u>	<u>Date of Origin</u>	<u>Monthly Payment</u>	<u>Outstanding Balance</u>
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____
_____	_____ %	_____	_____	_____	_____

Have you received a copy of your credit report recently?

Yes

No

If so, then when?

What is your credit score?

Do you have any credit issues that we should know about?

INSURANCE (please provide current copies of all policies)

Life Insurance for: _____ Term Whole Universal Variable

Policy amount: _____ Annual Premium: _____ Beneficiaries: _____

Life Insurance for: _____ Term Whole Universal Variable

Policy amount: _____ Annual Premium: _____ Beneficiaries: _____

Life Insurance for: _____ Term Whole Universal Variable

Policy amount: _____ Annual Premium: _____ Beneficiaries: _____

Disability Insurance for: _____

Monthly Disability Benefit: _____ Annual Premium: _____

Disability Insurance for: _____

Monthly Disability Benefit: _____ Annual Premium: _____

Auto Insurance for: _____ Liability Coverage Limits: _____

Annual Premium: _____ Deductible: _____

Auto Insurance for: _____ Liability Coverage Limits: _____

Annual Premium: _____ Deductible: _____

Auto Insurance for: _____ Liability Coverage Limits: _____

Annual Premium: _____ Deductible: _____

Homeowner's Insurance coverage limits: _____

Deductible: _____ Annual Premium: _____

Earthquake Insurance Yes No Annual Premium: _____

Flood Insurance: Yes No Annual Premium: _____

Umbrella Liability coverage limit: _____ Annual Premium: _____

Health Insurance details: _____

Deductible: _____ Annual Premium: _____

Long Term Care details: _____ Annual Premium: _____

Daily Benefit: _____ Number of years: _____

Do you have any questions or concerns about any of these policies? _____

HOBBIES/INTERESTS

Sports:

- basketball football baseball soccer hockey
- skiing hiking golf hunting swimming
- jogging boating tennis lacrosse poker
- biking aerobics other

Favorite pro team(s)? _____

Favorite college team(s)? _____

Favorite athlete(s)? _____

Culture & Arts:

- museums art exhibits concerts movies literature
- theatre wine cooking gardening travel
- dance design other

Favorite food(s)? _____

Favorite beverage(s)? _____

Favorite genre(s) of music? _____

Favorite band(s) or musician(s)? _____

Favorite genre(s) of movies? _____

Favorite travel destination(s)? _____

Favorite periodical(s)? _____

CLUBS/ORGANIZATIONS

Clubs:

- Rotary Club White Cliffs CC Eel River Beach Club Kingsbury Club
- Kiwanis Club Plymouth CC Plymouth Yacht Club Duxbury Yacht Club
- Lions Club

Other clubs? _____

What other organizations are you involved in? _____

Health Club? _____

Favorite charities? _____

Anything else you want us to know about you...

ESTATE PLANNING

	Client (A)		Client (B)	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Wills				
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts				
Do you have a revocable trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an irrevocable trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Durable Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Health Care Proxy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADVISORS (Attorney, Accountant, Personal Banker, Insurance Agent, Etc...)

Attorney:

Name (First & Last) _____

Firm/Company _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Insurance Agent:

Name (First & Last) _____

Firm/Company _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Investments/Broker:

Name (First & Last) _____

Firm/Company _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Other: _____

Name (First & Last) _____

Firm/Company _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

PLEASE READ AND SIGN BELOW

I realize that Financial Planning recommendations depend largely on accurate information provided by the client. By my signature below I acknowledge the completeness and accuracy of the data provided in these data forms and the Data Gathering process.

Client 1

Date

Client 2

Date