



GREENSPRING

WEALTH MANAGEMENT

CONFIDENTIAL QUESTIONNAIRE

Please provide us with all of the following documents, if applicable, so we may conduct a comprehensive analysis:

- Copy of last two years of income tax returns, with W-2's and business tax returns
- Most recent pay-stubs
- Copies of any life, disability, health, auto, home, umbrella, and/or property casualty insurance policies that you personally hold or are provided by your employer
- Bank statements showing your current checking and savings account balances
- Investments statements of any brokerage or individual retirement accounts (stocks, bonds, mutual funds, IRAs, etc).
- Employer sponsored retirement plan statements (401k, 403b, etc) including accounts with previous employers
- Copies of any beneficiary designation forms (for life insurance policies, IRAs, 401k, 403b, etc.)
- Employer sponsored non-qualified plan statements (stock options, restricted stock, deferred compensation plans) including accounts with previous employers
- Employee Benefit Handbook
- List of all Real Estate property owned and rental information (if applicable)
- A copy of your current will(s), trust(s), power of attorney(s), and advance health care directive(s)
- Copies of current Social Security Statement
- Copy of any statements that reflect pension benefits that you may be eligible for
- Copy of any loan documents showing balance owed, interest rate and payment amount

Please contact us at 443-564-4600 with any questions pertaining to this Confidential Questionnaire

GENERAL INFORMATION

	Client	Spouse
Name	_____	_____
Address	_____	_____
City, State Zip	_____	_____
Social Security #	_____	_____
Date of Birth	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Fax	_____	_____
Home Email	_____	_____
Work Email	_____	_____
Driver's License #	_____	_____
Employer	_____	_____
Position/Title	_____	_____
Business Address	_____	_____
City, State Zip	_____	_____

CHILDREN & GRANDCHILDREN

Name	Social Security #	Date of Birth	City/State of Residence	Child (C) or Grandchild (G)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach additional pages if necessary

PARENTS

Name	Age	Working/Retired	Own LTC Insurance?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL INFORMATION

	Client	Spouse
Recreational Activities	_____	_____
	_____	_____
Charities Supported	_____	_____
	_____	_____
	_____	_____
Religious Denomination	_____	_____
Former Marriages (Y/N)	_____	_____
Alimony	_____	_____
Child Support	_____	_____
College Attended	_____	_____
High School Attended	_____	_____
Preferred Beverage	_____	_____
Favorite Restaurant	_____	_____
Shirt Size- S,M,L,XL,XXL	_____	_____

Wedding Anniversary _____

Do any of your children have special needs/disability that needs to be planned for? _____
Name(s)/Age(s): _____

EXPENSE WORKSHEET

This list should not include debt payments, income taxes, insurance premiums or company retirement plan contributions.

Expense	Amount	A=Annually, Q=Quarterly, M=Monthly, W=Weekly	Notes
Charitable Giving			
Utilities			
Food/Groceries			
Cleaning (service or supplies)			
Clothing			
Pet Expenses			
Home Maintenance			
Real Estate Taxes			
Vehicle Maintenance			
Vehicle Gas costs			
Dining Out			
Entertainment (i.e. movies, hobbies, sports)			
Family Vacations/Travel			
Holidays, Birthdays, etc			
Memberships			
Subscriptions			
Prescriptions			
Unreimbursed Medical			
Unreimbursed Work Costs			
Automatic Savings (not including employer plans)			
Other:			
Other:			
Other:			
Other:			

Please attach additional sheets if necessary

GOALS

Please take time to reflect on these questions before you answer them:

1. Imagine that you are financially secure, that you have enough money to take care of your needs, now and in the future. How would you live your life? What would you do with the money? Would you change anything? Let yourself go. Don't hold back your dreams. Describe a life that is complete, that is richly yours.
2. This time you visit your doctor who tells you that you have five to ten years left to live. The good part is that you won't ever feel sick. The bad news is that you will have no notice of the moment of your death. What will you do in the time you have remaining to live? Will you change your life? How will you do it?
3. This time your doctor shocks you with the news that you have only one day left to live. Notice what feelings arise as you confront your very real mortality. Ask yourself: What dreams will be left unfulfilled? What do I wish I had finished or had been? What do I wish I had done? What did I miss?

Retirement

	Client	Spouse
Retirement Age	_____	_____
Continue Working (Y/N)	_____	_____
If so, type of work & pay	_____	_____
Desired Income(pre-tax)	_____	_____

Please briefly describe your plans in retirement: _____

EDUCATION

Child's Name	High School Annual Costs (if applicable)	Public, Private, or Specific College	Annual Cost of College (if known)	Percentage of College Costs Parents plan to pay

CHARITABLE GIVING

Is there are desire to give a larger amount to charity? Yes No (if no, skip to next section)

Specific charities that you would like to support: _____

Is there a desire to leave a legacy (foundation or other vehicle) for other family members to become involved in? If so, is there any such entity established to-date?

OTHER GOALS

What other short or long-term goals would you like to accomplish during your lifetime? Please briefly explain below:

New Home: _____

Start/Acquire a Business: _____

Other: _____

Other:

FAMILY ADVISORS

In order to understand and analyze your entire financial picture, we may need to contact other professionals that perform work on your behalf. Please provide that information below:

ACCOUNTANT

Name _____
Address _____
City, State Zip _____
Phone _____
Fax _____
Email _____
Length of Relationship _____

ATTORNEY

Name _____
Address _____
City, State Zip _____
Phone _____
Fax _____
Email _____
Length of Relationship _____

INSURANCE AGENT

Name _____
Address _____
City, State Zip _____
Phone _____
Fax _____
Email _____
Length of Relationship _____

BANKER

Name _____
Address _____
City, State Zip _____
Phone _____
Fax _____

Email _____
Length of Relationship _____

- I/We authorize Greenspring Wealth Management, Inc. to contact the above referenced advisors for information concerning our financial picture. Furthermore, we direct the advisors listed above to work with Greenspring Wealth Management, Inc. to provide the information requested.

Client _____ Spouse _____

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