

Date of Completion: _____

PERSONAL INFORMATION – PERSON 1

Name _____
 Address 1 _____
 Address 2 _____
 City, State, Zip _____
 Country _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Fax (Home or Work) _____
 Email _____
 Social Security # _____
 Birth Date _____ (mm/dd/yyyy)
 Primary Contact Person during business hours _____

PERSONAL INFORMATION – PERSON 2

Name _____
 Address 1 _____
 Address 2 _____
 City, State, Zip _____
 Country _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Fax (Home or Work) _____
 Email _____
 Social Security # _____
 Birth Date _____ (mm/dd/yyyy)
 Contact me by Email Phone

FAMILY MEMBERS (please list children and other dependents)

Name	Relationship	Date of Birth (mm/dd/yyyy)	Dependent	Resides (City & State)
			Yes <input type="radio"/> No <input type="radio"/>	
			Yes <input type="radio"/> No <input type="radio"/>	
			Yes <input type="radio"/> No <input type="radio"/>	
			Yes <input type="radio"/> No <input type="radio"/>	
			Yes <input type="radio"/> No <input type="radio"/>	
			Yes <input type="radio"/> No <input type="radio"/>	

EMPLOYER 1

Title/Job _____
 Number of years with this employer _____
 Anticipated employment changes _____
 When do you plan to retire? _____
 Salary _____
 Self Employment Income _____
 Bonus/Commissions _____
 Other Earned Income _____
 TOTAL (Current Yr) = _____

EMPLOYER 2

Title/Job _____
 Number of years with this employer _____
 Anticipated employment changes _____
 When do you plan to retire? _____
 Salary _____
 Self Employment Income _____
 Bonus/Commissions _____
 Other Earned Income _____
 TOTAL (Current Yr) = _____

Who prepares your tax return?

- Self
- Paid Preparer

Name _____

Address _____

Phone _____ Fax _____

Email _____

Do you have estate planning documents?

Wills Yes No _____

Living Trusts Yes No _____

When and in what state were they drafted?

Power of Attorney Yes No _____

Living Will Yes No _____

Other Documents Yes No _____

How were your current investment assets selected? _____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5. (1 being most true and 5 least true)

- | | | |
|-------|-------|--|
| P1 | P2 | |
| _____ | _____ | I would rather work longer than reduce my standard of living in retirement. |
| _____ | _____ | I feel that I/we can reduce our current living expenses to save more for the future if needed. |
| _____ | _____ | I am more concerned about protecting my assets than about growth. |
| _____ | _____ | I prefer the ease of mutual funds over individual securities. |
| _____ | _____ | I am comfortable with investments that promise slow, long term appreciation and growth. |
| _____ | _____ | I don't brood over bad investment decisions I've made. |
| _____ | _____ | I feel comfortable with aggressive growth investments. |
| _____ | _____ | I am optimistic about my financial future. |
| _____ | _____ | My immediate concern is for income rather than growth opportunities. |
| _____ | _____ | I am a risk taker. |
| _____ | _____ | I make investment decisions comfortably and quickly. |
| _____ | _____ | I like predictability and routine in my daily life. |
| _____ | _____ | I need to focus my investment efforts on building cash reserves. |

RATE YOUR WORKING RELATIONSHIPS with each of the following advisors that apply

ADVISOR	DISSATISFIED	NEUTRAL	VERY SATISFIED	NOT APPLICABLE
Financial Planner	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Broker	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Broker	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Accountant	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Tax Preparer	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Attorney	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Insurance Agent	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Insurance Agent	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>
Banker	1 <input type="radio"/> 2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>	<input type="radio"/>

INSURANCE	PERSON 1		PERSON 2	
	COVERAGE/COST		COVERAGE/COST	
Health	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Disability	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Disability	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Life	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Life	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Life	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Homeowners	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Auto	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Auto	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Umbrella Liability	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Professional Liability	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual
Long Term Care	\$	<input type="radio"/> Group <input type="radio"/> Individual	\$	<input type="radio"/> Group <input type="radio"/> Individual

Have you ever been turned down for Insurance? Yes No

ASSETS (If you have this information in a format of your own design, please feel free to omit this section. Please attach necessary documentation.)

BANK NAMES	CHECKING (C) SAVINGS (S) MONEY MKT (MM)	OWNERSHIP	AVG. BALANCE
			\$
			\$
			\$

CD'S

WHERE HELD	INTEREST RATE	MATURITY DATE	OWNERSHIP	APPROX. VALUE
	%			\$
	%			\$
	%			\$

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY	ESTIMATED VALUE
Primary Residence	\$
Furnishings (Liquidation Value)	\$
Vehicle	\$
Vehicle	\$
Other	\$

LIABILITIES

CREDIT CARDS	INTEREST RATE*	AVG. MONTHLY PAYMENT	CURRENT BALANCE
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

DEBTS (Residence, Auto, Business, School.)

	TERM	INTEREST RATE*	PAYMENT	CURRENT BALANCE	ORIGINAL BALANCE
		%	\$	\$	
		%	\$	\$	
		%	\$	\$	
		%	\$	\$	

*If not paid in full each month

Have you received a copy of your credit report recently? Yes No

Please comment on the advice you seek.

These items may be needed, should you engage our services:

- Prior Year Tax Return
- Paycheck Stubs
- Brokerage Account Statements
- Mutual Fund Account Statements
- Trust Account Statements
- Employee Benefits Booklet
- Retirement Plan Account Statements
- Legal Documents
- Loan Documents
- Insurance Policies

Note:

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please:

(1) keep a copy of your completed form (2) fax, mail, or email a copy to us at the following address:



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