

FOUNDERS GROUP

CONFIDENTIAL

CONCEPTUAL MEETING QUESTIONNAIRE

Planning By

FOUNDERS GROUP

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The *Founders Group* Conceptual Questionnaire is confidential and contains personal and proprietary information. Neither the Questionnaire nor any of the information contained in the Questionnaire may be reproduced or disclosed to any person under any circumstances without the prior written permission of the Client named herein and *Founders Group*.

GENERAL INFORMATION

YOU	YOUR SPOUSE
Name: _____	_____
Birth Date: ____ / ____ / ____	____ / ____ / ____
Social Security #: _____	_____
Occupation: _____	_____
Salary/Bonus: _____	_____
Employer/Bus: _____	_____
Address: _____	_____
City/St/Zip: _____	_____
Bus. Phone: ____ - _____	____ - _____
Home Address	
Address: _____	
City/St/Zip: _____	
Home Phone: (____) ____ - _____ E-mail Address: _____	

MONEY MATTERS	
PREVIOUS YEAR'S TAXABLE INCOME	_____
PREVIOUS YEAR'S TAX LIABILITY	_____
ESTIMATED MONTHLY LIVING EXPENSES	_____ /MO
MY CURRENT ANNUAL SAVINGS ARE:	
TO COMPANY PLANS	_____ /YR
TO IRA'S/KEOGHS	_____ /YR
TO PERSONAL SAVINGS	_____ /YR
CHILDREN'S NAMES	AGES
_____	_____
_____	_____
_____	_____

FINANCIAL INDEPENDENCE INFORMATION	
Client's Retirement Age:	_____
Spouse's Retirement Age:	_____
Income Needed at Retirement (Today's Dollars):	_____ / Month

FINANCIAL GOALS

I. Short-term Goals (less than 1 year):

AMOUNT

II. Intermediate-term Goals (1 to 5 years):

AMOUNT

III. Long-term Goals (over 5 years):

AMOUNT

FEES

We will complete a financial review for you under these conditions:

- Complete a conceptual questionnaire.
- We will do a written work-up of 10 Pages (2 hours) and then set an appointment to review this material either in person or via telephone. The hourly rate of \$250.00 per hour will be charged for all written work-up time, phone/meeting time plus out of pocket expenses.**

CONFIDENTIAL FINANCIAL DATA

BALANCE SHEET

<u>ASSETS</u>	<u>LIABILITIES**</u>
<u>CASH</u>	
Checking _____	Automobile Loans _____
Savings _____	Charge Accounts _____
CD's _____	Educational Loans _____
Money Market _____	Home Mortgage _____
(A) TOTAL CASH _____	Partnership Loans _____
	Personal Bank Loans _____
	Other Real Estate Loans _____
	Second Home Mortgage _____
<u>LOANS TO OTHERS</u>	Other: (Specify) _____
(B) TO BE REPAID _____	_____

<u>INVESTMENTS</u>	**please provide interest rate on each
Stocks _____	
Mutual Funds _____	
Bonds _____	
Other _____	
Other _____	
Other _____	
(C) TOTAL INVESTMENTS _____	TOTAL LIABILITIES: _____
	NET WORTH: _____
	(Total Asset - Total Liabilities)
<u>OTHER ASSETS</u>	
Residence _____	
Automobile _____	
Household Goods _____	
Business Interests _____	
Company Plans _____	
Vested Amount _____	
IRA/Keogh _____	
Limited Partnerships _____	
Other Real Estate _____	
Personal Property _____	
Other: (Specify) _____	

(D) TOTAL OTHER ASSETS _____	
TOTAL ASSETS _____	
(A + B + C + D)	
	<u>Life Insurance</u>
	<u>Amt</u> <u>Type</u> <u>Cost/Yr.</u>
	<u>You:</u>
	At work \$ _____ \$ _____
	Personal \$ _____ \$ _____
	<u>Your Spouse:</u>
	At work \$ _____ \$ _____
	Personal \$ _____ \$ _____
	I authorize <i>FOUNDERS GROUP</i> to charge my credit card for financial consultation services (MUST BE COMPLETED)
	Visa _____ Mastercard _____
	Discover _____ Am. Exp _____
	Account #: _____
	Exp. Date _____
	Signature: _____
	Print Name: _____

**** FOR THOSE WHO HAVE ATTENDED THE FINANCIAL CLASS**
 Financial calculations (approximately 2 hours) for the consultation as well as the actual meeting time (approximately 2 hours) will be charged at \$250.00 per hour. However, if all material is returned by _____, the hourly rate for the financial calculations will be waived and the actual meeting time will be charged at the standard hourly rate. Material returned after _____ will be charged at the standard hourly rate plus out-of-pocket expenses for all calculations and consultations.