

Comprehensive Data Survey Form

Personal and Confidential

Family / Client Name

Date Completed

Jepsen Investment Management

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Contact Information

Full Name

Date of Birth

Social Security No.

Your Name
& Information

Spouse's Name
& Information

Children, Grand-
Children, and
Other's Information

Full Home Address

Phone Numbers

Business Addresses (You)

(Spouse)

Business Numbers (You)

(Spouse)

Personal and Financial Goals

Financial Goals

Please list 7-20 of your financial goals, ranked in order of importance. Please include as many as possible, keeping in mind your goals should all be Specific, Measurable, Agreeable, Realistic, and Timed (specific date to attain, or number of years to attain).

Personal Goals

Please list 7-20 of your personal goals, ranked in order of importance. Please include as many as possible, keeping in mind the goals should all be Specific, Measurable, Agreeable, Realistic, and Timed (specific date to attain, or number of years to attain). A financial goal may also be a personal goal, but any personal goal should not be listed as a financial goal.

Liability Data (As part of The Statement of Financial Position, or Net Worth Analysis)

Long Term Debt

Please list all home mortgages, home equity lines of credit, investment real estate mortgages, student loans, and other debt with long term payback periods. Be sure to include the bank or financial institution name, balance, and interest rate associated with each account.

Short Term Debt

Please list all credit card companies and each balance carried, current notes payable, current accounts payable, tax balances currently payable, and liens or judgements current or pending. Be sure to include the bank or institution name balance, & interest rate associated with each account.

Comprehensive Cash Inflow Analysis

Please complete this page. Be as clear and concise as possible. Please indicate (w) weekly, (b) bi-monthly, (m) monthly, (a) annually.

Salary _____	<input type="text"/>	Social Security _____	<input type="text"/>
Salary _____	<input type="text"/>	Social Security _____	<input type="text"/>
Salary _____	<input type="text"/>	Trust Distribution _____	<input type="text"/>
Salary _____	<input type="text"/>	Trust Distribution _____	<input type="text"/>
Bonus _____	<input type="text"/>	Annuity Payment _____	<input type="text"/>
Bonus _____	<input type="text"/>	Annuity Payment _____	<input type="text"/>
Private Business Distribution _____	<input type="text"/>	Rental Income _____	<input type="text"/>
Private Business Distribution _____	<input type="text"/>	Rental Income _____	<input type="text"/>
Partnership Distribution _____	<input type="text"/>	Life Insurance Distribution _____	<input type="text"/>
Partnership Distribution _____	<input type="text"/>	Life Insurance Distribution _____	<input type="text"/>
Pension _____	<input type="text"/>	Royalties _____	<input type="text"/>
Pension _____	<input type="text"/>	Royalties _____	<input type="text"/>
Pension _____	<input type="text"/>	Deferred Compensation Distribution _____	<input type="text"/>
401(k) Distribution _____	<input type="text"/>	Investment Acct. Distribution _____	<input type="text"/>
401(k) Distribution _____	<input type="text"/>	Investment Acct. Distribution _____	<input type="text"/>
IRA Distribution _____	<input type="text"/>	_____	<input type="text"/>
IRA Distribution _____	<input type="text"/>	_____	<input type="text"/>
IRA Distribution _____	<input type="text"/>	_____	<input type="text"/>

Additional Notes:

Please indicate any anticipated changes in these figures within the next year, and total all the above amounts here.

Comprehensive Cash Outflow Analysis

Please complete this page and total. Be as clear and concise as possible. Please indicate (m) monthly, (a) annually, (s) semiann

Mortgage Principal	<input type="text"/>	Food / Dining / Groceries	<input type="text"/>
Mortgage Interest Expense or Rent Expense	<input type="text"/>	Personal Care / Products / Barber / Beautician	<input type="text"/>
Home Equity Loan Principal & Interest	<input type="text"/>	Health Insurance	<input type="text"/>
Property Insurance	<input type="text"/>	Doctor Fees / Co-Pays / Hospital Expenses	<input type="text"/>
Personal Property / Umbrella Coverage	<input type="text"/>	Drugs / Medicine	<input type="text"/>
Property Tax	<input type="text"/>	Disability Insurance	<input type="text"/>
Gas and Electric	<input type="text"/>	Long-Term Care Insurance	<input type="text"/>
Water, Sewer, Garbage	<input type="text"/>	Life Insurance	<input type="text"/>
Cable / Television	<input type="text"/>	Birthday / Personal / Holiday Gifts	<input type="text"/>
Computer / Internet Expense	<input type="text"/>	Club Dues / Fees / Professional Dues	<input type="text"/>
Telephone / Mobile Phone	<input type="text"/>	Entertainment / Movies / Tickets / Etc.	<input type="text"/>
Home Maintenance / Remodel Expenses	<input type="text"/>	Clothing Costs / Dry Cleaning	<input type="text"/>
Other Home Expenses / Domestic Help	<input type="text"/>	Vacations / Travel	<input type="text"/>
Pet Care	<input type="text"/>	Hobbies / Lessons / Camp Expenses	<input type="text"/>
Furniture and Fixtures Purchases	<input type="text"/>	College / Private School Tuition	<input type="text"/>
Vehicle (Gas)	<input type="text"/>	Subscriptions	<input type="text"/>
Vehicle (Lease/Depreciation Expense)	<input type="text"/>	Legal / Tax Preparation	<input type="text"/>
Vehicle (Oil, Maintenance, Other)	<input type="text"/>	Charitable Donations	<input type="text"/>
Vehicle (Insurance)	<input type="text"/>	Personal Loans / Education Loans	<input type="text"/>
Vehicle (Registration Fees)	<input type="text"/>	Credit Card Charges Not Categorized	<input type="text"/>
Parking / Tolls / Tickets	<input type="text"/>	Miscellaneous Expenses & Costs / Other	<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>

Personal Philosophical Questions

What is your opinion on having or acquiring money or wealth?

Please rank your top five priorities in your life (not goals)? Please be specific.

How do you like to spend your non-work or free time?

If money were no object, what changes would you make in your life and/or lifestyle? Would you continue to work? Would you stay at your current employer?

If you acquired enough wealth to cover most of your day-to-day and yearly living expenses, what changes would you make in your life and/or lifestyle?

What specific date in time would you like to retire? Be specific as possible.

When you retire or semi-retire, would you consider working part-time? Please be clear and concise.

If you live to be 90 years old, would you rather leave a substantial amount of wealth, or rather spend a good portion of it (without being broke or destitute)?

If you had exactly one year to live, what actions would you take? Please be complete and specific.

If you had exactly one week to live, what actions would you take? Please be complete and specific.

Estate Planning Data

Please answer the following questions. Be as clear and concise as possible.

Do you have a will? _____.

If yes, when was the last review? _____.

Do you have a durable power of attorney? _____.

If yes, when was the last review? _____.

Do you have a health care directive or living will? _____.

If yes, when was the last review? _____.

Do you have any current long term care policies? _____.

If yes, when was the last review? _____.

Does your spouse have a will? _____.

If yes, when was the last review? _____.

Does your spouse have a durable power of attorney? _____.

If yes, when was the last review? _____.

Does your spouse have a health care directive or living will? _____.

If yes, when was the last review? _____.

Does your spouse have any current long term care policies? _____.

If yes, when was the last review? _____.

Do your children over the age of 18 have wills? _____

Do your children over the age of 18 have durable powers of attorney? _____

Do your children over the age of 18 have a health care directive or living will? _____

How will you distribute your property? _____

Have you set up any revocable or irrevocable trusts? If so, please detail and explain _____

Are there any others for whom you wish / should provide for in your estate plan? Are there any individuals who require additional or special planning? Explain. _____

What amounts do you expect in inheritances? Explain. _____

Do any trusts pay your family an income (now or in the future)? _____

Does anyone possess a remainder interest in any property? Explain. _____

What is your philosophy towards charitable contributions / planning? Explain. _____

Case Scenario:

In the event of your death would you want your spouse to pay off any specific debts or take any specific actions?

In the event of your death, how much income (after tax, and in today's dollars) would your family need?

In the event of your death, if you have children that are not out of school, how would you want your children (if any) to pay for school? _____

Case Scenario (Spouse):

In the event of your spouse's death, would you want to pay off any specific debts or take any specific actions?

In the event of your spouse's death, how much income (after tax, and in today's dollars) would your family need? _____

In the event of your spouses's death, if you have children that are not out of school, how would you want your children (if any) to pay for school? _____

Case Scenario (Both Spouses):

In the event of you and your spouse's deaths would you want your estate to pay off any specific debts or take any specific actions? _____

In the event of you and your spouse's deaths, how much income (after tax, and in today's dollars) would your family need? _____

In the event of you and your spouse's deaths, if you have children that are not out of school, how would you want your children (if any) to pay for school? _____

If you currently have minor children, and both you and your spouse die, whom would you want as your minor children's guardian? Explain. _____

If you currently have minor children, and both you and your spouse die, whom would you want to be the manager of your children's assets? Explain. _____

Inflation and Investment Return

What do you expect in terms of inflation in the future? _____

What do you expect your return on investments to be in the future? Please be specific. _____

How does this compare with your current return? _____

Education Data

If you wish to further your education, or you have children that you anticipate will go to college or other schools, please list the anticipated start and finish dates for each person, and list the anticipated tuition, room & board, books, fees, and other expenses you anticipate. Also please indicate if you will pay for a portion or all of the educational expenses. Be as specific as possible for each person. _____

Have you considered doing special planning for the education of your children, grandchildren, or others? _____

What do you anticipate the inflation rate for college costs to be in the future? _____

Health Insurance Data

Do you have health insurance? If yes, please explain the type and provider in detail (group, individual, HMO, etc.) Please list the deductibles and co-pay amounts, and annual premiums. Also do you pay for prescriptions? _____

Life Insurance Data

Please list your average expected salary (in today's dollars) and also list the number of years you plan to work until retirement. If you have a spouse, he or she should list the same _____

Please list each life insurance policy you have for yourself, your spouse (if any) and your children, including the insurance company name, the type of policy (Term, Whole Life, Variable Universal Life, etc.), the face value (death benefit), and the current cash value (if any) of each policy. Please be as detailed as possible. _____

Disability Data

Have you planned for a scenario if you and/or your spouse became disabled? What would be your income sources? How much after-tax income (cash flow) would you need? Do you have disability insurance? Please explain in detail.

Please give details of any trusts, powers of attorney, or living wills you have set up to plan for a disability.

This questionnaire will play a very significant role in your financial plan. Please review your answers, adding and amending where necessary. Thank you for your thoughtful analysis and thorough participation. It's a pleasure working with you.

Sincerely,



*Les Jepsen
Jepsen Investment Management*