



INVESTOR QUESTIONNAIRE

This questionnaire helps us ensure that your financial plan is closely aligned with your goals and objectives. **All information will be kept strictly confidential.** Please fill it out, type your name as a signature on the last page, and email it to your McDonnell Wealth Management contact with electronic copies of your most recent statements for all investment accounts, as well as the first two pages of your Federal 1040. If you need more space than is allotted for any of the questions, please provide the remainder of your answer in the open form on page 10. As always, do not hesitate to call if you have questions.

Thank you,
McDonnell Wealth Management

1. PERSONAL INFORMATION

Self

Full Name _____

Date of Birth _____

Home Address _____

Home Phone _____ Cell Phone _____

Home Fax _____ Home Email _____

Preferred Contact Home Cell Fax Email

Marital Status Married Partnered Single Divorced Widowed

Citizenship U.S. Other _____

Whom may we thank for referring you to McDonnell Wealth Management? _____

If you were not personally referred, then how did you hear about us? _____

Spouse/Partner

Full Name _____

Date of Birth _____

Home Address _____

(if different) _____

Home Phone _____ Cell Phone _____

Home Fax _____ Home Email _____

Preferred Contact Home Cell Fax Email

Citizenship U.S. Other _____

Children

Name(s)	Date of Birth	Dependent on You?	Special Needs?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. PERSONAL INFORMATION (CONT.)

Grandchildren

Name(s)	Date of Birth	Dependent on You?	Special Needs?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone other than your children or grandchildren depend on you or your spouse/partner for financial support?

If yes, please give names and relationships: _____

Do any family members have health problems? Yes No

If yes, please explain: _____

2. BUSINESS INFORMATION *(If you are currently retired, please skip this section.)*

Self

Occupation/Title _____

Employer _____

Address _____

Business Phone _____ Business Fax _____

Business Email _____

Are you or your spouse/partner considered an "insider" of any publicly traded company? Yes No

If yes, please list the company and your insider status (officer, director, 10%+ shareholder, etc.): _____

Spouse/Partner

Occupation/Title _____

Employer _____

Address _____

Business Phone _____ Business Fax _____

Business Email _____

3. SUMMARY OF INCOME

Please list the total amount of income, by source, that you expect to receive during the current year.

Sources of Income

Estimated amount for current year

Gross Salary (You) _____

Gross Salary (Spouse/Partner) _____

Bonus/Profit Sharing (You) _____

Bonus/Profit Sharing (Spouse/Partner) _____

Distributions from partnerships and closely held businesses _____

3. SUMMARY OF INCOME (CONT.)

Sources of Income

Estimated amount for current year

Rental Income	_____
Trust Distributions	_____
Pension	_____
Social Security (You)	_____
Social Security (Spouse/Partner)	_____
Gifts	_____
Other _____	_____
_____	_____
_____	_____

4. PERSONAL ASSETS

(We encourage you to send copies of account statements instead of completing this section. If statements will be included, simply fill out the annual savings amounts for each respective item, if applicable.)

Retirement Accounts (This includes pension plans that will pay you a monthly benefit.)

Self	Current Balance	Annual Savings
<input type="checkbox"/> 401(k), 403(b), 457 or Tax-sheltered Annuity	_____	_____
<input type="checkbox"/> Traditional & Rollover IRA	_____	_____
<input type="checkbox"/> Self-Employed (SEP, Keogh, SIMPLE, etc.)	_____	_____
<input type="checkbox"/> Roth IRA	_____	_____
<input type="checkbox"/> Other Company-sponsored Plan (i.e., deferred compensation)	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Spouse/Partner	Current Balance	Annual Savings
<input type="checkbox"/> 401(k), 403(b), 457, or Tax-sheltered Annuity	_____	_____
<input type="checkbox"/> Traditional & Rollover IRA	_____	_____
<input type="checkbox"/> Self-Employed (SEP, Keogh, SIMPLE, etc.)	_____	_____
<input type="checkbox"/> Roth IRA	_____	_____
<input type="checkbox"/> Other Company-sponsored Plan (i.e., deferred compensation)	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Brokerage, Mutual Fund and Bank Accounts (except Retirement Accounts)

	Current Balance	Annual Savings
Bank and money market accounts (savings)	_____	_____
Brokerage accounts (stocks, bonds, mutual funds)	_____	_____
Securities not held in your brokerage accounts (stock certificates, restricted stock, etc.)	_____	_____
Company stock	_____	_____
Stock options, including ESOP (please attach a statement)	_____	_____
Nontraditional investments (limited partnerships, private equity funds, etc.)	_____	_____
Other _____	_____	_____

4. PERSONAL ASSETS (CONT.)

Insurance Investments

	Current Balance	Annual Savings
Tax-deferred annuities	_____	_____
Cash value life insurance (do not include the death benefit)	_____	_____

Education Accounts

	Current Balance	Annual Savings
Custodial accounts	_____	_____
Section 529 plans or prepaid tuition savings plan	_____	_____
Coverdell Education Savings Account	_____	_____
IRAs or Roth IRAs in the children's name(s)	_____	_____
Minor's trust	_____	_____
Separate account in my/our names	_____	_____

5. PERSONAL LIABILITIES

Real Estate

Primary Residence

Property Value	_____	Mortgage Balance	_____
Terms	_____	Years Remaining	_____

Second Property

Property Value	_____	Income property generates annually \$	_____
Terms	_____	Mortgage Balance	_____
		Years Remaining	_____

Third Property

Property Value	_____	Income property generates annually \$	_____
Terms	_____	Mortgage Balance	_____
		Years Remaining	_____

Fourth Property

Property Value	_____	Income property generates annually \$	_____
Terms	_____	Mortgage Balance	_____
		Years Remaining	_____

Other Debts

	Current Balance
Credit Cards	_____
Automobile Loans	_____
Student Loans	_____
Other Liabilities	_____

6. PERSONAL INVESTMENT PROFILE

Are you retired?

You

- Yes
 No
 Semiretired

Spouse/Partner

- Yes
 No
 Semiretired

If you are not retired, at what ages do you and, if applicable, your spouse/partner plan to retire?

You

- N/A I am retired
 Not sure, but my best guess is _____
 I plan to retire at _____

Spouse/Partner

- N/A he/she is retired
 Not sure, but my best guess is _____
 He/she plans to retire at _____

What level of after-tax income will you need annually during retirement from all sources to cover all living expenses, including insurance, vacations, etc.? Do you anticipate any major purchases during retirement (second home, child's wedding, etc.)?

Retirement Income Goal \$ _____

Major Purchase _____ Amount \$ _____ Year/Age _____

Major Purchase _____ Amount \$ _____ Year/Age _____

Do you or your spouse/partner expect to receive an inheritance of more than \$250,000?

- Yes, approximately: \$ _____ No If yes, when? _____

How do you expect your income to change over the next few years?

- N/A
 I expect it to increase significantly I expect it to stay the same or decrease
 I expect it to keep up with inflation Not sure

Have you received an estimate of your expected company pension benefits within the last year?

- Yes No N/A, I am not eligible for a pension benefit

If yes, are you able to take an in-service distribution before retirement?

- Yes No If yes, at what age? _____

If yes, are you able to take a lump sum distribution at retirement?

- Yes No Not sure

If you participate in a company profit-sharing plan, does the plan allow distributions to a rollover IRA?

- Yes No If yes, please provide the minimum age requirement, if appropriate _____

Do you plan to relocate during retirement?

- Yes No

If you plan to relocate, please indicate if you anticipate real estate transactions requiring funds from your investments or if more funds are made available for investment.

\$ for home purchase _____

\$ from home sale _____

6. PERSONAL INVESTMENT PROFILE (CONT.)

Life and Health Insurance

Do you have insurance?

You

- Term, Death Benefit _____
- Permanent (*whole life, universal life*)
- Long-term Care
- Disability
- Health

Spouse/Partner

- Term, Death Benefit _____
- Permanent (*whole life, universal life*)
- Long-term Care
- Disability
- Health

Property and Casualty Insurance

When was the last time you completed a lifestyle and insurance portfolio review? _____

Does your net worth exceed your liability coverage limits?

- Yes No Unsure

Is your home(s) "insured to value?"

- Yes No Unsure

Do you employ staff (nanny, housekeeper, etc.)?

- Yes No

Do you serve on the board of directors for a nonprofit organization?

- Yes No

Do you work with an independent insurance broker?

- Yes No Unsure

Do you have an estate plan?

You

- Will Yes, updated in _____ No
- Trust Yes, updated in _____ No
- Power of Attorney Yes, updated in _____ No

Spouse/Partner

- Will Yes, updated in _____ No
- Trust Yes, updated in _____ No
- Power of Attorney Yes, updated in _____ No

Are your insurance policies aligned with your estate plan?

- Yes No Unsure

Do you give regularly to charity? If so, please indicate your most common gifting method (cash, stock, donor-advised fund, charitable remainder trust, private foundation, etc.)? How much do you give on average annually to charity?

Financial Planning Objectives and Investment Goals

Please indicate the financial planning objectives that are important to you, as well as any particular concerns that you might have.

Financial Planning Objectives

	High	Importance Medium	Low or N/A
Saving more regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring complete insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. PERSONAL INVESTMENT PROFILE (CONT.)

Financial Planning Objectives

		Importance		
	High	Medium	Low or N/A	
Professional asset management and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meeting education costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retiring early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assuring a comfortable retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making sure my estate is properly planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving an inheritance to an heir or heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gifting to family members and/or charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making a career change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other important objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please identify your top objective from the list above _____

Investment Goals

		Importance		
	High	Medium	Low or N/A	
Current income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capital appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety - little or no danger of losing investment principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other important goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please identify your top objective from the list above _____

Financial Concerns

Please discuss and prioritize your primary financial concerns:

1. _____

2. _____

3. _____

7. RISK ASSESSMENT QUESTIONS¹

Please indicate which type of investor profile best applies to you. Explanations have been provided to help you identify your investor profile. Please check one box only.

- Conservative A conservative investor seeks stable growth in his or her investments over time, even if it means somewhat lower returns over time. A conservative investor is not as comfortable as other investors with the ups and downs of the stock market.
- Moderate A moderate investor wants to achieve balance between earning attractive long-term investment returns and reducing fluctuations in value.
- Aggressive An aggressive investor wants to achieve high long-term investment returns, even if that means the investment will periodically experience major short-term changes in investment values.
- Not sure

How would you rate your experience as an investor?

- Very experienced
- Average experience
- A little experience
- No experience

Should your investment portfolio lose 25% of its value in a market correction within 12 months, you would:

- Add to your investments because the portfolio is more attractively priced
- Do nothing and stick to your long-term investment strategy
- Wait for your investments to recover and consider selling once you reach your break-even point
- Sell, accepting the 25% loss and protect against future declines
- Not sure

Who selects your investments?

- Both myself and my investment advisor
- Myself and/or other family members
- My investment advisor

Do you review your overall savings and investment portfolio periodically?

- Yes No

Do you have more than 20% of your total investment invested in the stock of one corporation?

- Yes No Do not know

Do you invest with borrowed money (e.g., using margin loans or home equity loans) to add to your investments?

- Never Sometimes Always/most of the time

8. ADVISOR INFORMATION

Attorney	Name _____	Firm _____	
	Phone _____	Email _____	OK to contact? <input type="checkbox"/>
Accountant	Name _____	Firm _____	
	Phone _____	Email _____	OK to contact? <input type="checkbox"/>
Insurance Agent	Name _____	Firm _____	
	Phone _____	Email _____	OK to contact? <input type="checkbox"/>
Other _____	Name _____	Firm _____	
	Phone _____	Email _____	OK to contact? <input type="checkbox"/>

What is most important to you in a wealth advisor?

9. ACKNOWLEDGMENT

The information contained in this questionnaire is true and complete, and the undersigned understands that the Firm will rely on such information for the purpose of complying with all applicable securities laws. The undersigned agrees to notify the Firm promptly of any change in the foregoing information, which may occur prior to engaging the Firm's services.

Prospective investors:

Signature: _____

Date: _____

Signature: _____

Date: _____

1 This Questionnaire is designed to help prospective clients identify an investment approach that could generally suit them. The information revealed is for general consideration only. Investments made in any portfolios should be made with an understanding of the risks associated with any investment, including the risk of economic recession and the risk that the general condition of the stock market may worsen. While the information on your risk assessment is relevant and necessary to assist us in making suitability assessments in relation to you, providing information (and any other information on this Questionnaire or otherwise to McDonnell Wealth Management) will not, in and of itself, have any effect of limiting your potential losses.



10. ADDITIONAL SPACE FOR RESPONSES *(if necessary)*

If any of the response fields did not allow for a complete answer, please enter the rest of the information in the space provided below. Please be sure to indicate the question number to which the information applies.