

MEDIQUS Asset Advisors

MEDIQUS  
ASSET ADVISORS, INC.



*"Results. One client at a time."<sup>SM</sup>*

# FINANCIAL DISCOVERY FORM

## *CONFIDENTIAL INFORMATION*

### **Our study will answer these important questions:**

- “How much income will I have during retirement?”
- “How can my investments earn more with less risk?”
- “How should I analyze my investment performance?”
- “How can I protect my assets from frivolous lawsuits?”
- “How can I pay for the education my children will need?”
- “How can I preserve my estate from unnecessary taxation?”
- “What will be the financial impact on my family if I can no longer practice medicine?”
- “What will be the financial impact on my family if I die?”
- “How do I protect my assets if long-term care is needed?”

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Revised 04/28/10

## MEDIQUS Asset Advisors, Inc.

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*“Results. One client at a time.”<sup>(sm)</sup>*

Thank you for the opportunity to assist you with your financial goals!

The following pages will provide us with information needed to accurately review your financial health. Our form has been designed to gather much more than objective information about your financial world. More importantly, this form will be one of our on-going efforts to achieve the best possible understanding of your unique needs. Please be assured that we treat this information with the highest level of confidentiality.

The form is divided into two sections: the first will tell us about your current financial situation; the second will tell us your goals and objectives. Please complete as much as possible.

In some areas there will be a **TIME SAVER** indicated by providing us with statements, policies, or other supporting documents, there will be no need to complete that section of the form.

This form has been designed to gather as much information as possible with a minimal time investment from you. **However, if you simply hate to fill out forms, can't stand to detail the workings of your financial life or just would rather spend your time doing other things, we have a suggestion.** Call our office at 800-883-8555 and schedule a time when we can speak on the telephone or in person.

Thank you for the confidence you have placed with MEDIQUS. We welcome the responsibility of helping you reach your financial goals. There will be nothing we take more seriously.

**SECTION ONE – CURRENT SITUATION**

<b>General Information</b>	<b>Today's Date</b> _____
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Personal	Date of Birth			
Name				
Spouse				
<b>Children:</b>				
Name				
Date of Birth				
Child's Spouse				
Grandchild				
Grandchild				
Grandchild				

Health related conditions will impact the appropriateness of various planning strategies. Are there any health conditions or concerns for you or your family? If so, please explain: \_\_\_\_\_

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Residence	Office	Office (Spouse)
Address:	Address:	Address:
City:	City:	City:
State/ZIP:	State/ZIP:	State/ZIP:
Telephone:	Telephone:	Telephone:
Best time to call:	Best time to call:	Best time to call:
E-mail address:	E-mail address:	E-mail address:

<b>Employment Data:</b>	<b>Employment Data (Spouse):</b>
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation/Specialty:	Occupation/Specialty:
Employer:                      Years	Employer:                      Years
Approximate Annual Salary      \$ _____	Approximate Annual Salary      \$ _____
Approximate Annual Bonus      \$ _____	Approximate Annual Bonus      \$ _____
Other Income _____      \$ _____	Other Income _____      \$ _____
Total Annual Income      \$ _____	Total Annual Income      \$ _____
Do you anticipate a substantial change in the amount of income over the next few years? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No _____	Do you anticipate a substantial change in the amount of income over the next few years? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No _____

<b>Monthly Cash Flow</b>
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After income taxes, what is your approximate monthly standard of living? \_\_\_\_\_

If you are uncertain of an exact number, please use our “roughly right” rule of:

Average Monthly “Take Home” Income (defined as gross income less taxes, payroll deductions and 401K or pension contributions)	\$ _____
Less monthly amount of savings or investment	\$ _____
Equals monthly standard of living.	\$ _____

**(For your convenience, we can send you a detailed budget worksheet. If interested, please call us and ask for our Estimated Living Expenses worksheet)**

**Assets and Liabilities**

**\*\*TIME SAVER, please provide us with copies of all account statements (below are some account examples) or if you would rather, list your assets on the following page.**

- *Retirement Plans (Pension, 401(k), 403(b), SEP, IRA, PSP, MPP, Annuities etc.)*
- *Brokerage Accounts (Trusts, Individual, Annuities, Money Market etc.)*

Real Estate				
Description	Owner**	Value	Mortgage Balance	Loan Interest Rate

Liabilities (Loans, Credit Cards etc.)			Miscellaneous Assets (Business Entities, Collectables etc.)		
Item	Amount	Interest Rate	Item	Owner**	Value

List Contributions to Retirement Plans			
Type of Plan	Owner **	Annual Employee Contributions	Annual Employer Contributions

**\*\*Owner Alternatives:**  
 I (S, SP) = Individual (Self, Spouse)    T (S, SP) = Trust (Self, Spouse)    JT = Joint Titled    TE = Tenancy / Entireties    CP = Community Property

<b>List Additional Assets</b>		<b>**TIME SAVER, Please provide copy(ies) of an account statement</b>		
<b>Type</b>	<b>Description</b>	<b>Owner **</b>	<b>Value</b>	<b>Annual Savings Contributed</b>
<b>Cash</b>				
<b>Stocks/Bonds</b>				
<b>Retirement Plans</b>				
<b>Annuity</b>				
<b>Other</b>				

**\*\*Owner Alternatives:**

I (S, SP) = Individual (Self, Spouse)

T (S, SP) = Trust (Self, Spouse)

JT = Joint Titled

TE = Tenancy / Entireties

CP = Community Property

**Insurance**      **\*\*TIME SAVER, Please provide copy(ies) of declaration page or policy statement**

***Life Insurance***

Insured <sup>1</sup>	Owner <sup>2</sup>	Type of Policy <sup>3</sup>	Company	Year Purchased	Beneficiary <sup>2</sup>	Cash Value	Death Benefit	Annual Premium	Loans

***Disability Insurance\****

Insured <sup>1</sup>	Type of Coverage <sup>4</sup>	Company	Waiting Period	Monthly Benefits	Inflation Option <sup>5</sup>	Length of Benefit Period	Annual Premium	Premium Pre-Tax or After Tax	Definition of Disability

\*Please note, if you have any riders on your disability policy that you would like us to review please provide us with a copy of your policy or a list of the riders. Typical riders include residual disability, cost of living adjustment (COLA), future increase option, automatic increase option, and guaranteed insurability.

***Long Term Care Insurance***

Insured <sup>1</sup>	Company	Waiting Period	Type of Care (Home/Nursing Home/Other)	Monthly Benefit	Length of Benefit Period	Inflation Option <sup>5</sup>	Annual Premium

***Malpractice Insurance***

Insured <sup>1</sup>	Company	Per Occurrence Limit	Annual Aggregate	Annual Premium

***Personal Umbrella Insurance***

Insured <sup>1</sup>	Company	Coverage Amount	Annual Premium

1. I (S, SP) = Individual (Self, Spouse)    CS = Survivor (last-to-die)  
 2. I (S, SP) = Individual (Self, Spouse)    T (S, SP) = Trust (Self, Spouse)    IT = Irrevocable Trust  
 3. T= Term (5, 10, 20)    G= Group    UL = Universal Life    V = Variable    WL = Whole Life  
 4. I= Individually Owned Policy    G= Group Coverage    A= Association Coverage    S=Short Term    L=Long Term  
 5. S= Simple    C= Compounded    N= None

**Investment Attitudes**

*Questions to consider and discuss:*

**Please rank the following investment objectives in order of importance to you.** (1 being the least important, 5 being the most important. Please use any number only once.)

- Maximum Asset Appreciation     
  Growth and Income     
  High Current Cash Income  
 Inflation Protection     
  Capital Preservation

**How long do you anticipate being invested before your funds will be used to support your standard of living?** \_\_\_\_\_

**How long do you expect your portfolio to support your standard of living?**

- My/Our lifetime  
 Continue to next generation/Beyond our lives (please explain) \_\_\_\_\_  
 Other \_\_\_\_\_

**What is your overall rate of return objective?** \_\_\_\_\_%

\*Since 1926, various categories of investments have produced on average the following annualized returns:

Domestic Based Small Company Stocks	13.;	%
Domestic Based Large Company Stocks	9.8%	
Long-Term Corporate Bonds	5.9%	
Long-Term Government Bonds	5.4%	
30 Day Treasury Bills	3.7%	
Inflation	3.0%	

\*Source: Ibbotson Associates. Cr tkl4232.

**What percentage of a decrease in your portfolio would you be willing to tolerate during a twelve-month period?**

- None  
 Decrease of 0% to 5%  
 Decrease of 5% to 10%  
 Decrease of 10% to 15%  
 Decrease of 15% to 20%  
 Decrease of 20% to 25%  
 Decrease of more than 25%

## SECTION TWO – GOALS AND OBJECTIVES

### Financial Independence Goals and Objectives

#### Target Age

- At what age would you like to achieve financial independence (retirement)? \_\_\_\_\_
- What is the latest age at which you must retire? \_\_\_\_\_

**Income Goal: Alternative Approaches** Income goals for financial independence/retirement can be estimated in two basic ways.

**First**, we can ask you to provide us with a TOTAL ANNUAL AFTER-TAX INCOME GOAL if you retired today. This basic approach assumes that all activities during financial independence/retirement are equally important and must be included.

- Want to use this method? Please provide your TOTAL ANNUAL AFTER-TAX INCOME GOAL \$ \_\_\_\_\_

**A second approach** is to identify unique activities you would like to accomplish during financial independence/retirement. This approach should identify a “base” income amount required plus amounts for activities that you would like to accomplish (example, an annual travel expense of \$20,000) plus non-recurring items (example, automobile replacement or special travel plans). You should also consider items you may want to do at some point but not for the rest of your life (example, international travel after age 80, etc.). Finally, this approach gives us an opportunity to prioritize each of these specific items allowing us to better understand the activities that are most important to you. Please prioritize using the following: “A” = must do / “B” = hope to do / “C” = would like to do.

- Want to use this method? Please provide the following:

Goal	Priority	Annual After-Tax Amount	Frequency	Age to Begin	Age to End
“Base” Income Requirement			Annual		

Will you be providing financial assistance to support parent(s) or children during your retirement? If so, what amount and for how many years? \_\_\_\_\_

Is there an institution or charitable entity that you care deeply about to which you would leave a meaningful legacy?

**Potential or Current Retirement Income Sources**

Will you be/are you generating income during retirement (part-time employment)? \_\_\_\_\_ Until the age of \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
(today's dollars)

Other income during retirement \_\_\_\_\_

***Defined Benefit Pension Income if applicable***

**\*\* Please provide us with a current benefits statement/booklet.**

Owner	Pension Sponsor	Starting Age for Benefits	Lump Sum Available	Monthly Benefit	Adjustable to Inflation	Benefits offset by social security	Joint and Survivor Options

Provide us with a copy of your social security statement. If not available, we will calculate an average benefit based on your salary and age.

Any other income or potential inheritance? \_\_\_\_\_

**Education Goals and Objectives**      **\*\*TIME SAVER, Please provide copy(ies) of an account statement**

Child's and/or Grandchild's Name	Age	Anticipated Annual College Cost (in today's dollars) <sup>1</sup>	Number of Years Attending <sup>2</sup>	Inflation Assumption <sup>3</sup>	** Current Value of Investments for Education	** Type of Account <sup>4</sup>	**Type of Investments

<sup>1</sup>If college started today, what would you estimate as an annual cost in current dollars? If uncertain, indicate "public" or "private" university, and we will use national averages for estimated costs.  
<sup>2</sup>How many years do you anticipate the child to spend in college and graduate/professional school?  
<sup>3</sup>The average school has inflation assumption of 5% to 6% each year.  
<sup>4</sup>529 = 529 College Savings Plan      C = Custodial Account      T = Trust      E = Educational IRA

**Risk Management Goals and Objectives**

***If Disability “Forces” You to Retire***

Can you afford to retire today?  Yes  No Why? \_\_\_\_\_

If you became disabled:

Should your current standard of living be guaranteed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should the education objectives you established for your children be guaranteed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should your long-term retirement objectives be guaranteed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What plans have you made to guarantee that the items identified above will take place? \_\_\_\_\_

Would it be acceptable to deplete your assets to support you during disability even if it jeopardizes your retirement goals?  Yes  No

Do you have any plans to satisfy the short-term (up to 24 months) cash flow demands of your practice in the event of your disability?

What plans are in place to purchase your interest in the practice (or the interest of a partner) in the event of a disability? \_\_\_\_\_

***Your Financial Goals for Surviving Family***

Should your family maintain the current standard of living after your death?  Yes  No

If not, what monthly standard of living (after tax income) would you like to provide to your family? \$ \_\_\_\_\_

How long should this standard of living be provided?

\_\_\_\_\_ For the rest of my spouse’s life.

\_\_\_\_\_ For \_\_\_\_\_ years after my death.

Would your spouse work?  Yes  No

How much money could your spouse earn? \$ \_\_\_\_\_

Until what age would your spouse work? \_\_\_\_\_

In the event of your death, would you like to have the following liabilities or obligations paid?

- Mortgages  Education
- Other Liabilities \_\_\_\_\_

***Long-Term Care***

If you were to require long-term care, what type of care would you prefer?  Nursing Home Care  Assisted Living Care  Home Health Care

Would your retirement goal income of \$ \_\_\_\_\_ remain the same if you required long-term care?  Yes  No

If no, please provide the adjusted retirement income if you required long-term care \$ \_\_\_\_\_

**Estate Planning Goals and Objectives****\*\*TIME SAVER, Please provide copy(ies) of estate planning documents**

<b>Will Information</b>	<b>Client</b>	<b>Spouse</b>
Do you have a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you last have your Will reviewed by an attorney (year)?		
<b>Power of Attorney</b>		
Durable Power of Attorney (property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthcare Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trust Information</b>		
Do you have a current Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you last have your Trust reviewed by an attorney (year)?		
If you have a Trust as part of your estate plan, please describe your understanding of how it works:	<input type="checkbox"/> A Trust is created after both of our deaths for the benefit of our children. <input type="checkbox"/> After my death a Trust is created which divides assets into separate Trusts for my spouse and children. <input type="checkbox"/> A Trust already exists. This Trust divides assets into separate Trusts for my spouse and children at my death. <input type="checkbox"/> A Trust already exists which owns and is the beneficiary of life insurance policies on my life.	<input type="checkbox"/> A Trust is created after both of our deaths for the benefit of our children. <input type="checkbox"/> After my death a Trust is created which divides assets into separate Trusts for my spouse and children. <input type="checkbox"/> A Trust already exists. This Trust divides assets into separate Trusts for my spouse and children at my death. <input type="checkbox"/> A Trust already exists which owns and is the beneficiary of life insurance policies on my life.
<b>Other Trust Strategies</b>		
Special Needs Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrevocable Life Insurance Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charitable Gifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Priority List**

Thank you for taking the time to provide us with this important information. You can be assured that your information will be treated with the utmost confidentiality.

In order to make certain we have as clear a picture as possible of your personal interests, please take a minute to indicate your interest in each of the following areas. Please use a scale of 1 to 5, with **5 being “very important and must be addressed”** and **1 being “not important”**. Circle your preferred response.

1 2 3 4 5	Guarantee standard of living for financial independence/retirement.
1 2 3 4 5	Determine proper mix of investments for maximum growth at the lowest possible risk.
1 2 3 4 5	Identify possible income tax advantages for investment or retirement goals.
1 2 3 4 5	Accumulate needed assets for children’s/grandchildren’s education.
1 2 3 4 5	Guarantee family’s standard of living in the event of disability.
1 2 3 4 5	Guarantee surviving family’s standard of living in the event of death.
1 2 3 4 5	Reduce estate taxes; preserve estate for family.
1 2 3 4 5	Utilize gift strategies to pass wealth to the next generation.
1 2 3 4 5	Preserve estate from estate taxation by using charitable gifting techniques.
1 2 3 4 5	Others: _____
1 2 3 4 5	_____

**Anything Else We Should Know?**

Please provide us with any other pertinent information not covered on this questionnaire (legal, tax considerations, etc.) that we should know about your own personal situation and goals:

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