

# J.M. EGAN

## WEALTH ADVISORS LLC



Twenty One Green Village Road, Madison, New Jersey 07940 • 800-919-5010 • [jmegan.com](http://jmegan.com)  
*Additional Offices in Sea Girt, New Jersey and New York, New York*

### Client Confidential Questionnaire

Thank you for taking the time to complete our Client Confidential Questionnaire. The information provided will enable us to more thoroughly examine your current financial situation and understand your goals and needs.

Please include copies of the following:

- All recent asset account statements, including IRAs
- Prior Year Federal and State Tax Returns
- Estate Planning Documents: wills, power of attorney, living wills, trusts
- Employer Pension Plan Statements, 401K or Employer Savings Plan
- Mortgage or other loan statements, including life, disability, long term care

If you have any questions while completing the questionnaire, please call us at (973) 377-4700 or (800) 919-5010. Prior to our first meeting, please return the completed Questionnaire and all relevant documents in the pre-paid envelope provided. We look forward to meeting with you.

Note: If unable to make copies, office staff will make copies and return your originals.

John M. Egan, CFP®  
Certified Financial Planner™ Professional

Securities America and its representatives do not provide tax or legal advice; therefore it is important to coordinate with your tax or legal advisor regarding your specific situation.

Investment Advisory Services offered through J.M. Egan Wealth Advisors, LLC. • John M. Egan, CFP®, Investment Advisor Representative. • Securities offered through Securities America, Inc. Member FINRA/SIPC. • John M. Egan, CFP®, Registered Representative, Securities America, Inc., and J.M. Egan Wealth Advisors, LLC are independent non-affiliated entities.

Please remember to contact J.M. Egan Wealth Advisors, LLC, if there are any changes in your financial situation or investment objectives, or if you wish to impose, add or to modify any reasonable restrictions to our investment management and advisory services. A copy of our current written disclosure statement discussing our advisory services and fees continues to remain available for your review upon request.

**Client Confidential Questionnaire**      **Date Completed** \_\_\_\_\_

**All Family Member's Names:**      **Date of Birth:**      **Age:**      **Social Security #'s**

- 1. Self: \_\_\_\_\_
- 2. Spouse: \_\_\_\_\_
- 3. Child: \_\_\_\_\_
- 4. Child: \_\_\_\_\_
- 5. Child: \_\_\_\_\_
- 6. Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Which bank do you use? \_\_\_\_\_

Referred to J.M. Egan Wealth Advisors by: \_\_\_\_\_

**Employment Information**

**Self**

**Spouse**

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Any self-employed or outside income? \_\_\_\_\_

Potential for raises in income? \_\_\_\_\_

Do you pay or receive child support? \_\_\_\_\_

Anticipated employment change? \_\_\_\_\_

When do you plan to retire? \_\_\_\_\_

Do you expect to receive any significant inheritance? \_\_\_\_\_

**Advisor Relationships**

**Advisor**

**Name**

**Contact Information**

Tax Preparer \_\_\_\_\_

Attorney \_\_\_\_\_

Insurance Agent \_\_\_\_\_

**Assets**

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

<b>Bank Accounts</b>	<b>Checking (C), Savings (S), or Money Market (MM)</b>			<b>Ownership</b>	<b>Average Balance</b>
<b>Bank Name</b>					
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____

<u>CDs Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Average Balance</u>
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____

<u>Personal Property</u>	<u>Ownership</u>	<u>Estimated Value</u>
Primary Residence	_____	\$ _____
Furnishings	_____	\$ _____
Automobile	_____	\$ _____
Automobile	_____	\$ _____
Other	_____	\$ _____
Other	_____	\$ _____

**Brokerage Accounts and Retirement Plans**

Include copies 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assets (continued)**

**Pension and Social Security**

Please submit copies of annual Social Security Statement.

Self: Do you have a pension?  Yes  No

If yes, estimated monthly benefits is \$\_\_\_\_\_ at age\_\_\_\_\_.

Estimated lump sum if available \$\_\_\_\_\_

Spouse: Do you have a pension?  Yes  No

If yes, estimated monthly benefits is \$\_\_\_\_\_ at age\_\_\_\_\_.

Estimated lump sum if available \$\_\_\_\_\_

**Liabilities**

**Personal Liabilities**

<u>Type of Debts</u>	<u>Debtor</u>	<u>Term</u>	<u>Interest Rate</u>		<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____	_____ %		\$ _____	\$ _____

<u>Credit Cards</u>	<u>Debtor</u>	<u>Interest Rate</u>		<u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____ %		\$ _____	\$ _____
_____	_____	_____ %		\$ _____	\$ _____

## Insurance

Please submit copies of all policies.

	<u>Client (1) Coverage</u>	<u>Grp</u>	<u>Indiv.</u>	<u>Client (2) Coverage</u>	<u>Grp</u>	<u>Indiv.</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liab.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Estate Planning

Please submit copies of last year's tax return and wills / other documents.

Do you have a will?     **Self**   Yes   No     **Spouse**   Yes   No

Does your will reflect your current wishes? \_\_\_\_\_

Is there a trust?   Yes   No   Type \_\_\_\_\_ Year written \_\_\_\_\_

Power of Attorney?   Yes   No

Health Care Directive?   Yes   No

Guardian named for your children?   Yes   No

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## Monthly Cash Flow Worksheet

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### Income:

Salary (take home pay)	\$
Alimony, child support	\$
Interest on savings accounts, CDs, etc.	\$
Social Security benefits	\$
Retirement plan/pension plan	\$
Other income	\$
<b>Total Income</b>	\$

### Expenses:

Mortgage payment or rent	\$
Real estate taxes	\$
Groceries	\$
Utilities	\$
Entertainment, recreation, and dining	\$
Insurance	\$
Medical expenses (not covered by insurance)	\$
Education	\$
Vacation	\$
Gifts	\$
Loan payments (auto, student, etc.)	\$
Auto (gas, maintenance, etc.)	\$
Credit card payments	\$
Clothing	\$
Dues and subscriptions	\$
Home improvement	\$
Charitable contributions	\$
Other expenses	\$
Other expenses	\$
Other expenses	\$
<b>Total Expenses</b>	\$

### Net Monthly Cash Flow

(Total Income minus Total Expenses) \$

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## Goal Identification Worksheet

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Use the worksheet below to help identify and organize your goals. To help you get started, here are some commonly used Goal Names: Business Investment, Charitable Gift, Current Lifestyle, Distribution, Education, Endowment, Future Lifestyle, Major Purchase, Parental Support, Retirement, Second Home, Wealth Accumulation, Wealth Transfer.

### Have to Now

(example: current lifestyle,  
parental support)

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### Have to Later

(example: college funding,  
retirement)

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### Want to Now

(example: plan for retirement)

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### Want to Later

(example: vacation home, travel)

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## Risk Tolerance Questionnaire

The following questions have been designed to help determine your overall risk tolerance. For each question, place a check mark next to the answer that is most appropriate. Your advisor will use the score in selecting the appropriate type of investment strategy for each goal.

**When you think of the work “risk” in a financial context, which of the following words come to mind first?**

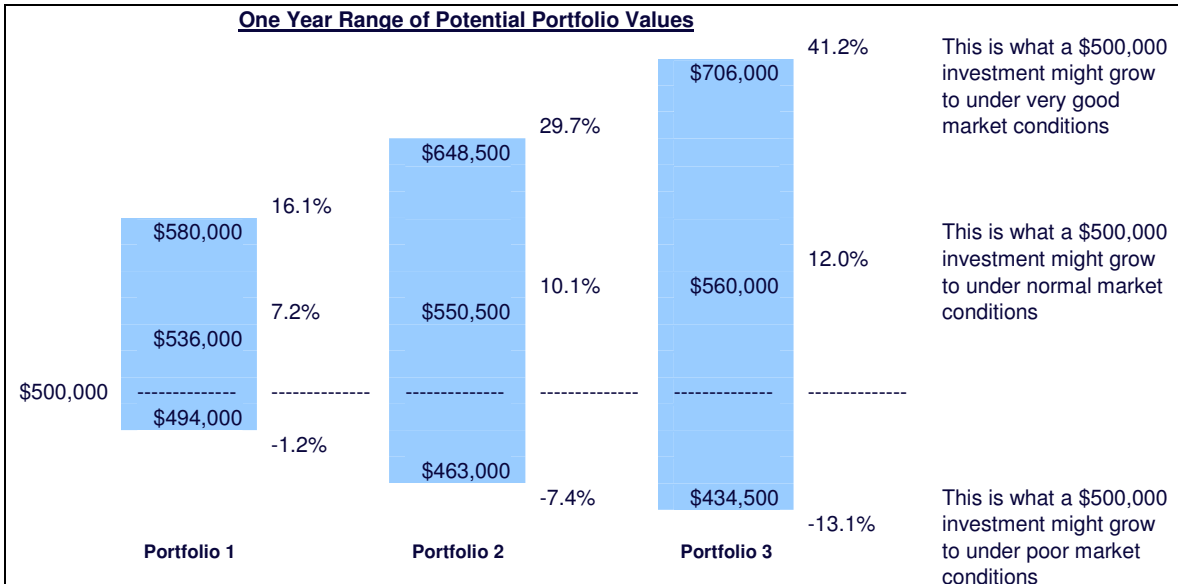
- Thrill
- Uncertainty
- Opportunity
- Danger

**What is your greatest concern?**

- Underperforming the market.
- Not growing my assets significantly over time: I am willing to assume higher risk for higher return potential.
- Losing more money than a certain amount within a given time frame.
- Losing money in a market downturn along the way.
- Running out of money in retirement.
- Not having certainty around achieving my wealth goal in the remaining time.

**Each year, the value of your portfolio fluctuates as markets change. If you invested \$500,000, which of the following portfolios below would you choose?**

- Portfolio 3     Portfolio 2     Portfolio 1





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## Risk Tolerance Questionnaire (continued)

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### What describes you best?

- I am a long-term investor focused on growing my assets.
- I am focused on preserving current wealth and have little tolerance for losses.
- I want to plan long-term but have a hard time shrugging off moderate to severe losses.
- I need stable cash flows to meet my living expenses.
- I am most concerned about targeting a final value of my assets: I don't mind if this approach sacrifices returns potential.

### If I look at my account statement and there is moderate loss, my primary reaction is:

- How did my portfolio compare with the market benchmark or other relative measures of success?
- I lost money and am unhappy, but am willing to stick with it until a recovery.
- I don't mind dips in portfolio value as long as I am still on track to meet my goal(s).
- I only worry about losses if they greatly increase the risk that I won't be able to meet my living expenses.
- I don't care about short-term losses as long as I have a specific amount of money at a specific time in the future.

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## Additional Information

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Please comment on the advice you seek:

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**Additional Information (continued)**

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**What do you hope to gain from the financial planning process with us?**

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**Are there any other facts pertaining to your financial situation or investment experiences that we should be aware of? Yes No (explain)**

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