

Confidential Questionnaire



Date of Completion: _____

CLIENT NAME (1): _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Fax (Home or Work): _____

E-mail: _____

Date of Birth: _____

Contact me by (circle one)

Phone or Email

CLIENT NAME (2): _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Fax (Home or Work): _____

E-mail: _____

Date of Birth: _____

Contact me by (circle one)

Phone or Email

Employer: _____

Title/Job: _____

of years with this employer? _____

Anticipated employment changes? _____

When would you like to retire? _____

Salary: _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

Employer: _____

Title/Job: _____

of years with this employer? _____

Anticipated employment changes? _____

When would you like to retire? _____

Salary: _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

FAMILY MEMBERS (Please list children and/or other dependants)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y / N	_____
_____	_____	/ /	Y / N	_____
_____	_____	/ /	Y / N	_____
_____	_____	/ /	Y / N	_____

Who prepares your tax return?

- Self
 Paid Preparer

Name _____ Phone (____) ____ - _____

Address _____ Fax (____) ____ - _____

Do you have estate planning documents?

When and in what state were they drafted?

Wills	Y / N	_____
Living Trusts	Y / N	_____
Power of Attorney	Y / N	_____
Living Will	Y / N	_____
Other Documents	Y / N	_____

How were your current investment assets selected?

Rate your working relationships with each of the following advisors that apply:

Adviser	Satisfaction Rating					Not Applicable
	Dissatisfied		Satisfied	Very		
Financial Planner	2		3	4	5	X
Broker	2		3	4	5	X
Broker	2		3	4	5	X
Accountant	2		3	4	5	X
Tax Preparer	2		3	4	5	X
Attorney	2		3	4	5	X
Insurance Agent	2		3	4	5	X
Insurance Agent	2		3	4	5	X

INSURANCE	Client (1)		Client (2)			
	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
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 Liability	_____	<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"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

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

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Approx. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

Investment/Retirement Accounts

<u>Asset Description</u>	<u>Amount</u>	<u>Tax Deferred (Y/N)</u>	<u>Contributions/Year</u>	<u>Employer Match (\$ or %)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach a copy 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:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

LIABILITIES

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

**If not paid in full each month*

<u>Debts (Mortgage, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____		%	\$	\$	
_____		%	\$	\$	
_____		%	\$	\$	
_____		%	\$	\$	

Have you received a copy of your credit report recently? Yes No

Please comment on the advice you seek.

These items may be needed, should you engage our services:

- | | |
|---|------------------------------------|
| Prior Year Tax Return (State and Federal) | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policy Declaration Pages |

If you will be coming to our office for your financial consultation, please bring this completed form with you. If we will be teleconferencing with you, please (1) keep a copy of your completed form, and (2) mail, fax or email a copy to us at the following:

New Outlook Financial
813 SW Alder, Suite 410
Portland, Oregon 97205

Fax: (503) 296-2723
Email: ccarroll@new-outlook.com
Phone: (503) 621-2039



Cash Flow Worksheet



Item	Monthly	Annual
<u>Housing</u>		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
<u>Food</u>		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
<u>Clothing</u>		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
<u>Personal Care</u>		
(Hair styling, etc.)	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
<u>Automobile</u>		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____

Cash Flow Worksheet, Continued

Item	Monthly	Annual
<u>Property Tax</u>		
Automobile	_____	_____
House	_____	_____
Boat	_____	_____
Trailer	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Utilities</u>		
Telephone	_____	_____
Cellular Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Gas	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Entertainment</u>		
Books	_____	_____
Newspaper	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, music, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Professional Expenses</u>		
Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____

Cash Flow Worksheet, Continued

Item	Monthly	Annual
<u>Alimony (paid)</u>	_____	_____
Subtotal:	_____	_____
<u>Child Support (paid)</u>	_____	_____
Subtotal:	_____	_____
<u>Child Care</u>		
Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Gifts</u>		
Birthdays	_____	_____
Christmas/other holiday	_____	_____
Anniversaries	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Charitable Contributions</u>		
(Churches, schools, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Medical Expenses</u>		
Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

Cash Flow Worksheet, Continued

Item	Monthly	Annual
<u>Insurance</u>		
Health	_____	_____
Automobile	_____	_____
Homeowners	_____	_____
Renters	_____	_____
Life	_____	_____
Umbrella liability	_____	_____
Professional liability	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Credit Cards</u>		
Credit card #1: _____	_____	_____
Credit card #2: _____	_____	_____
Credit card #3: _____	_____	_____
Credit card #4: _____	_____	_____
Credit card #5: _____	_____	_____
Credit card #6: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
	<u>Grand Total:</u> _____	_____

Notes

Investment Risk Tolerance Questionnaire



This questionnaire provides guidance for the best asset mix for an investment, based on the answers given to the questions below.

Time Horizon

Your current situation and future income needs

- 1 **What is your current age**
 - Less than 45
 - 45 to 55
 - 56 to 65
 - 66 to 75
 - Older than 75
- 2 **When do you expect to start drawing income?**
 - Not for at least 20 years
 - In 10 to 20 years
 - In 5 to 10 years
 - Not now, but within 5 years
 - Immediately

Long-Term Goals and Expectations

Your views of how an investment should perform over the long term

- 3 **What is your goal for this investment?**
 - To grow aggressively
 - To grow significantly
 - To grow moderately
 - To grow with caution
 - To avoid losing money
- 4 **Assuming normal market conditions, what**
 - To generally keep pace with the stock market
 - To slightly trail the stock market, but make a good profit
 - To trail the stock market, but make a moderate profit
 - To have some stability, but make modest profits
 - To have a high degree of stability, but make small profits
- 5 **Suppose the stock market performs unusually poorly over the decade, What would you expect from this investment?**
 - To lose money
 - To make very little or nothing
 - To eke out a little gain
 - To make a modest gain
 - To be little affected by what happens in the stock market

Short-Term Risk Attitudes

Your attitude toward short-term volatility

- 6 **Which of these statements would best describe your attitudes about the next three years' performance of this investment?**
 - I don't mind if I lose money
 - I can tolerate a loss
 - I can tolerate a small loss
 - I'd have a hard time tolerating any losses
 - I need to see at least a little return
- 7 **Which of these statements would best describe your attitudes about the next three months' performance of this investment?**
 - Who cares? One calendar quarter means nothing
 - I wouldn't worry about losses in that time frame
 - If I suffered a loss of greater than 10%, I'd get concerned
 - I can only tolerate small short-term losses
 - I'd have a hard time stomaching any losses

New Outlook Financial, LLC 813 SW Alder Street, Suite 410 Portland, Oregon 97205

New Outlook Financial, LLC is a Registered Investment Adviser in the State of Oregon. New Outlook Financial, LLC only transacts business in states where it is properly registered, or is excluded or exempted from registration requirements.

Social Policy

How inclined are you to seek out or avoid companies with a history of the following practices and policies?



Employee Relations and Diversity

	<i>seek</i>	<i>neutral</i>	<i>avoid</i>
Policies to narrow the gap between the pay of top executives and that of ordinary workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee ownership, profit sharing or extensive benefits plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High unionization in the work force or union representation in company decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies designed to avoid profiting from child labor or sweatshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-friendly programs (e.g., family leave, on-site day care or elder care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies supporting the rights and needs of non-traditional families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies supporting equality of employment opportunity and benefits for:			
Disabled Persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay, Lesbian, Bisexual or Transgendered Persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies regarding elderly issues and age discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Environmental Issues

Programs to reduce waste or promote recycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Construction or operation of nuclear power plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fossil fuel exploration or extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative energy research and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modern industrial agriculture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>seek</i>	<i>neutral</i>	<i>avoid</i>
Genetic modification of food organisms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organic agriculture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional forestry and resource extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative or sustainable forestry and resource management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Quality of Life Issues

Tobacco product manufacture or distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholic beverage production or distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling and gaming technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetic research for purposes of medicine and medical technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs designed to reduce health care costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies designed to support development and maintenance of infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explicit abortion policy			
In support of abortion rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Against abortion rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of animals in development and testing of medicine and medical technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of animals in development and testing of consumer products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of animals for meat, fur, or leather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weapons production and distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military contractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>