



Confidential Questionnaire

*The first step in developing
a strong financial strategy.*



6 Meridian Confidential Questionnaire

The starting point in financial planning is getting to know you. Filling out this questionnaire is the first step to developing a strong financial strategy. Your path to a financial plan begins by answering some questions about your family, your goals, your retirement plans and assets. Please be assured that your information will be treated with the highest degree of confidentiality. If you have any questions, do not hesitate to call our office.

What to bring to your appointment:

In order for us to offer a sound and accurate financial plan, please provide us with the following documents. Your documents will be held in a confidential manner during the time we need to review them. They will be returned to you as quickly as possible. If you prefer, bring duplicate copies of your financial papers to your appointment as they are acceptable.

The privacy and confidentiality of your personal information is very important to us. We adhere to all privacy and confidentiality requirements for all entities whose products or services we offer.

- ***Personal Financial Statement (if available)***
- ***Statements for each investment you own (if applicable)***
 - Retirement Plan accounts (401k, 403b, SEP, IRA, Roth IRA, etc.)
 - Brokerage accounts
 - Annuities
 - 529 Plans
- ***Insurance Policies (please include declarations of coverage)***
 - Liability Coverages
 - Life Insurance Policies (for all members of your family)
 - Disability Income Insurance Policy
 - Any other types of insurance policies (Long Term Care, etc.)
- ***Company-provided Benefits for you and your significant other (please include a printout of specific coverages if available)***
 - Employee Stock Options
 - Pension Statements
 - Deferred Compensation Plans
 - Any other Employee Benefits, where applicable
- ***Social Security Statements (estimated projections if available)***
- ***Will and Trust documents***



Family Information

Today's Date: _____

Family Data

Date of Birth

Relationship

YOUR FULL NAME

SIGNIFICANT OTHER FULL NAME

CHILD

CHILD

CHILD

CHILD

ADDRESS

CITY

STATE

ZIP

HOME PHONE #

CELL PHONE #

SIGNIFICANT OTHER PHONE #

PERSONAL EMAIL

WORK EMAIL

USE PREFERENCE: HOME WORK

Employment

YOUR OCCUPATION

EMPLOYER

HOW LONG?

SPOUSE OCCUPATION

EMPLOYER

HOW LONG?

YOUR EMPLOYER'S ADDRESS

CITY

STATE

ZIP

WORK PHONE

SPOUSE EMPLOYER'S ADDRESS

CITY

STATE

ZIP

WORK PHONE

Salary

Base Salary

Estimated Bonus

Other Sources

Other Sources

YOUR INCOME

SPOUSE INCOME

Social Security

You

Spouse

How do you feel about Social Security?

YOUR ANNUAL AMOUNT @ FRA

(VISIT SSA.GOV FOR CURRENT PROJECTIONS)

Retirement & Living Expenses

You

Spouse

Desired Retirement Income?

RETIREMENT AGE & INCOME

Current annual living expenses? _____



Financial Goals & Priorities

What are your most important financial goals? _____

Please circle your priorities:

RETIREMENT

ESTATE TRANSFER

INVESTMENT MANAGEMENT

EDUCATION

FAMILY SECURITY

WEALTH ACCUMULATION

MAJOR PURCHASES

MINIMIZING TAXES

CHARITABLE GIVING

TRAVEL

OTHER _____

Goals (please mark the appropriate time frame)

Short (1-5 Yrs)

Mid (5-15 Yrs)

Long (15+ Yrs)

Goals (please mark the appropriate time frame)	Short (1-5 Yrs)	Mid (5-15 Yrs)	Long (15+ Yrs)

Is there anything concerning you about your overall planning? _____

Are you expecting a change in your current financial situation? If yes, how & when? _____

What do you want to happen to your wealth when you're gone? _____

Based on the previous question, what preparations have you done? _____



Savings & Investment Assets

<i>Cash & Cash Equivalent Accounts</i>	<i>Account Balance</i>	<i>Annual Contribution</i>
CHECKING ACCOUNT	\$	\$
CHECKING ACCOUNT	\$	\$
SAVINGS ACCOUNT	\$	\$
SAVINGS ACCOUNT	\$	\$
CD, MONEY MARKET, CASH EQUIVALENT ACCOUNT	\$	\$
CD, MONEY MARKET, CASH EQUIVALENT ACCOUNT	\$	\$

Retirement & Investment Accounts

(If statements were provided with the details below, please skip this section)

<i>Account Type</i>	<i>Account Balance</i>	<i>Annual Contribution</i>
RETIREMENT ACCOUNT	\$	\$
RETIREMENT ACCOUNT	\$	\$
RETIREMENT ACCOUNT	\$	\$
RETIREMENT ACCOUNT	\$	\$
TAX BROKERAGE ACCOUNT (JOINT, INDIVIDUAL, CUSTODIAL, ETC.)	\$	\$
TAX BROKERAGE ACCOUNT (JOINT, INDIVIDUAL, CUSTODIAL, ETC.)	\$	\$
TAX BROKERAGE ACCOUNT (JOINT, INDIVIDUAL, CUSTODIAL, ETC.)	\$	\$
TAX BROKERAGE ACCOUNT (JOINT, INDIVIDUAL, CUSTODIAL, ETC.)	\$	\$

Notes



Private Investments

<i>Asset (Alternatives, Foundations, Start-Ups, etc.)</i>	<i>Owner(s)</i>	<i>Value/Balance</i>	<i>Annual Cash Flow</i>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Notes

Business Interests

<i>Business</i>	<i>Owner(s)</i>	<i>Business Type</i>	<i>Annual Cash Flow / Type</i>
			\$
			\$
			\$
			\$
			\$
			\$

Notes



Real Estate & Personal Property

Property	Purchase Year	Original Loan Amount	Current Balance	Current Value	Interest Rate	Term	Payment
PRIMARY RESIDENCE		\$	\$	\$			\$
OTHER PROPERTY		\$	\$	\$			\$
OTHER PROPERTY		\$	\$	\$			\$
OTHER PROPERTY		\$	\$	\$			\$
LAND		\$	\$	\$			\$
LAND		\$	\$	\$			\$
OTHER		\$	\$	\$			\$
OTHER		\$	\$	\$			\$

Liabilities (If statements were provided with the details below, please skip this section)

Type	Purchase Year	Original Loan Amount	Balance	Interest Rate	Term	Payment
AUTO		\$	\$			\$
AUTO		\$	\$			\$
STUDENT LOAN		\$	\$			\$
STUDENT LOAN		\$	\$			\$
CREDIT CARD		\$	\$			\$
CREDIT CARD		\$	\$			\$
MISC.		\$	\$			\$
MISC.		\$	\$			\$

Notes



Protections

Life Insurance

<i>Insurance Company</i>	<i>Insured</i>	<i>Type of Policy</i>	<i>Issue Date</i>	<i>Death Benefit</i>	<i>Annual Premium</i>
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Disability Insurance

<i>Insurance Company</i>	<i>Insured</i>	<i>Type of Policy</i>	<i>Coverage Amount/%</i>	<i>Annual Premium</i>
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Long Term Care Insurance

<i>Insurance Company</i>	<i>Insured</i>	<i>Benefit Length (Yrs)</i>	<i>Daily Benefit</i>	<i>Inflation Rider</i>	<i>Annual Premium</i>
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Notes



Additional Information

<i>Advisor</i> <small>(Attorney, Accountant, PE-C Agent, etc.)</small>	<i>First Name</i>	<i>Last Name</i>	<i>Company</i>	<i>Address</i>	<i>Phone, Email</i>

Do you have a Will and/or Trust? YES NO Year Drafted: _____ Last Updated: _____

Name of Executor/Trustee: _____ Guardian: _____

Is there anything else you think is important for us to know when building your Personal Financial Plan?



W W W . 6 M E R I D I A N . C O M

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