

INTEGRAL WEALTH QUESTIONNAIRE

Confidential

Thank you for considering a journey in Integral Wealth with us.

Living a wealthy, abundant life involves many facets: money, leisure time, meaningful work, good health, and relationships. Your inner relationship with wealth is as important as its outer manifestation. Let us begin with your current financial status. If you have any questions about this material, please contact us. When you've completed the questionnaire to the best of your ability, please forward it, along with the copies of the financial documents listed below, to admin@colmanknight.com or Colman Knight Advisory Group, LLC, 18 Audubon Lane, Carlisle, MA 01741.

DOCUMENT CHECKLIST

The following documents help us gain a better picture of your current financial situation. If possible, please forward the most recent information from the applicable categories.

Brokerage statements	Latest paystub(s)			
Mutual fund statements	Copies of the last two years tax returns (Federal &			
	State)			
IRA statements	Lease agreements			
Retirement plan statements	Promissory notes, loan documents			
Employee retirement benefits information and latest	Insurance documents (life, disability, health,			
statement	automobile, homeowners, liability, long-term care)			
Limited partnership prospectuses and financial	Trust agreements			
projections				
Last two years of financial statements of closely held	Divorce decrees			
businesses				
Copies of business buy sell agreements and other	Wills and all codicils			
agreements/contracts				

Date:

	YOU	SPOUSE/PARTNER (if applicable)
Name:		
Birth date:		
US Citizen?		
Residential Address:		
Home Phone:		
Mobile Phone:		
Occupation:		
Personal Email:		
Employer:		
Business Address:		
Business Phone:		
Work email:		
Facebook:		
Twitter:		
LinkedIn:		

If married, have you ever li ARIZONA CALIFORNIA IDAHO	ved in one o	f the following state LOUISIANA NEVADA NEW MEXICO	- '	TEX WA		cate(s).
	YOUR	MAJOR FINANCIAL I	PLANNING GOALS/	OBJECTIVES		
Below is a list of common f	inancial goal	s and objectives. Ple	ease check the ones	that are most i	mportant to yo	u.
Accumulate assets for	a comfortab	le retirement.	Ensure pro sufficient.	perty and casua	alty insurance pr	otection is
Provide education function fun	•		Reduce est	ate taxes with a	n effective esta	te plan.
Minimize personal inco			 Enact chari	table giving/phi	ilanthropy.	
Develop an appropriat		t strategy.		stewardship/le		
Provide adequate inco	me upon de	ath or disability.	Clarify cash	flow and spend	ding plan.	
Coordinate business a	nd personal	finances.	_	ustainability eth	nic in investing a	ind
Optimize career and h			_ planning.			
	ı	CHILDREN/G	GRANDCHILDREN			
				ESTII	MATED ANNUAL CO	STS
NAME	DATE OF BIRTH	SELF SUPPORTING OR DEPENDENT			COLLEGE UNDERGRAD	COLLEGE POSTGRAD
If additional space is neede	•		n's (grandchildren's		1	
NAME			SOURCE		VAL	JE
		PA	RENTS	1		
		YOU SPOUSE/PARTNER IF APP		PPLICABLE		
Father still living?						
Mother still living?						
Are your parents financial independent?	ly					
Do your parents own LTC	insurance?					
Other relevant information	n:					

LIFESTYLE CHANGES

Over the next 5-10 years, do you plan any changes in:

Individual Stocks

Geographic Area Home Ownership Employer/Company Corporate Ownership Working/Leisure/Volunteer hours Career If yes, please describe: Your desired age of retirement? Your spouse/partner's? **ASSETS** As indicated on page one, please provide the most recent statements for the following categories. If for any reason you cannot provide a current statement, provide the current dollar value of each category that applies to your situation. OWNERSHIP SPOUSE/ **ASSETS** YOU PARTNER JOINT ORIGINAL COST **COST OF IMPROVEMENTS CURRENT MARKET VALUE Primary Residence** Second Home **ASSETS** YOU YOUR SPOUSE/PARTNER JOINT **Home Furnishings** Automobiles Clothing/Furs Boat, Plane, RV, etc. Cash/Savings Money Market Funds Certificates of Deposit Treasury Bills, Notes, Bonds **Municipal Bonds Corporate Bonds Bond Mutual Funds Annuities Stock Mutual Funds**

ASSETS	YOU	YOUR SPOUSE/PARTNER	JOINT
Non-Residential Real Estate (Current Market Value)			
Limited Partnerships (Capital contributions to date or market value)			
Defined Contribution Plans (401(k), Profit-sharing, Stock Bonus, 403(b), 457)			
Defined Benefit Plans (Pensions)			
Other Tax-Advantaged Plans (SEP, SARSEP, SIMPLE)			
Deferred Compensation Plans (SERP, 401(k) Wrap, Stock Option, Stock Plan)			
Personal Retirement Plans: (IRAs, Keogh)			
Commodities			
Precious Metals			
Antiques			
Other			
Business Interests:			
Business Name(s)			
Entity Structure: (Corp, S-Corp, LLC, Partnership, Sole Proprietor)			
Liquidation Value:			
% Owned By You:			

LIABILITIES

LIABILITIES	ORIGINAL AMOUNT BORROWED	TYPE OF LOAN (FIXED, VARIABLE)	INTEREST RATE	LENGTH OF LOAN	DATE 1 ST PAYMENT	MONTHLY PAYMENT AMOUNT
Personal Residence						
Other Real Estate, describe:						
Home Equity Loans						
Personal Loans (Indicate type)						
Automobiles (Indicate which vehicle)						
Other (Indicate type)						
Business Expenses						
Investment/Debt Obligations (e.g	g. limited partner	ship)	Annual Com	mitment		

CASH FLOW FOR THE MOST RECENT FULL CALENDAR YEAR

ANNUAL INCOME	YOU	YOUR SPOUSE	ANNUAL INCOME	YOU	YOUR SPOUSE
Salary			Annuity Income		
Bonus			Social Security		
Dividends			Pension Income		
Rental income			Royalties		

Do you anticipate any substantial income or cash/asset distribution other than that listed above (i.e. inheritance, legal settlements, distribution from a qualified plan)? If so, please provide the estimated date, source and anticipated amount.

ESTIMATED ANNUAL LIFESTYLE EXPENSES

Please attach a report of monthly or annual expenses from your financial software package (e.g. Quicken) or use this chart to specify your lifestyle expenses. Estimate monthly or annual expenditures, whichever is easier.

LIFESTYLE EXPENSES	ESTIMATED MONTHLY	ESTIMATED ANNUALLY
Food/Groceries		
Clothing		
Education for you and/or your spouse		
Entertainment		
Vacations/Trip/Camp		
Gifts/Birthdays		
Transportation/Auto Maintenance		
Medical Expenses I pay		
Health insurance		
Homeowners Insurance		
Liability Insurance		
Life Insurance (paid by you)		
Home Maintenance		
Rent		
Telephone, cellular phones, cable, internet		
Miscellaneous Household Purchase		
Day Care		
Domestic Help		
Miscellaneous Living Expenses		

Note: There is no need to list deductible expenses above since they can be obtained from your most recent tax return.

FUTURE EXPENDITURES

Do you anticipate any extraordinary expenditures in the future (e.g. purchase of a boat or plane; home additions or improvements, vacation home, gifts, etc.?) If so, please estimate the nature and amount of expenditures.

EXPENDITURE	ESTIMATED COST	APPROXIMATE DATE OF PURCHASE

WEALTH AND YOUR LIFE

In addition to the traditional ways of establishing and measuring wealth, Integral Wealth takes a broader view and approach; we also consider your inner attitudes toward wealth and fulfillment of your life purpose. While these concepts may seem unusual to include in a financial questionnaire, we hope that you can trust our process. If you are willing, please complete the following sentences at a time when you are as free of distractions as possible.

Money is
The messages about money that I inherited in my childhood are
My relationship with money since adulthood has been
I feel that I have enough money when
I make a difference in the world by
After I am gone, I hope that future generations will remember me as
If you are married or have a life partner, each member of the couple can answer these questions separately. Thank you for taking the time to complete this questionnaire. Your efforts assist us to gain a complete understanding of your

current situation, and enable us to better serve you in your journey forward.

NOTES

(Please specify related category)