



LENOX CFO™ QUESTIONNAIRE

Date Prepared: _____
Lead Source: _____

CLIENT INFORMATION

First Name: _____ (Nickname): _____	Social Security #: _____
Last Name: _____	Date of Birth: _____
Address Line 1: _____	Tax Filing Status: _____
Address Line 2: _____	Previous Marriage(s)? _____
City: _____	Citizenship: _____
State: _____ Zip: _____	College of Graduation: _____ (for college educ. model)
Home Phone: _____	(Country) Clubs: _____
Home Fax: _____	Hobbies: _____
Cell Phone: _____	Favorite Beverage: _____

BUSINESS INFORMATION

Company: _____	Work Phone: _____
Title: _____	Email: _____
Type of Business: _____	Anniversary: _____
Business Address: _____	Do you fly privately?: _____
City: _____	If so, how many hrs/yr?: _____
State: _____ Zip: _____	

SPOUSE

First Name: _____ (Nickname): _____	<u>SPOUSE BUSINESS INFORMATION</u>
Last Name: _____	Company: _____
Date of Birth: _____	Title: _____
Social Security #: _____	Type of Business: _____
Previous Marriage(s)? _____	Business Address: _____
Citizenship: _____	City: _____
College of Graduation: _____	State: _____ Zip: _____
Cell Phone: _____	Work Phone: _____
Hobbies: _____	Email: _____
Favorite Beverage: _____	

CHILDREN

Name (Nickname)	Date of Birth	Social Security #	Special Needs?



Lenox Money Smart Kids™ Program
Family Money Constitution

What is it about money that is important to you?

What goals do you want to achieve as a family?

What are your family's priorities and values?

What are some financial issues that you don't agree on as a couple? As a family? As an extended family?

If we were sitting here five years from today, what has to have happened over that period for you to feel good about its progress?

If someone were to write an article about your family in 50 years, what would you want it to say?

What concerns you most when it comes to your children and money?

What one thing do you know now that you wish you had learned long ago?

How does your family discuss financial issues?



ADVISORS (Attorney, Accountant, Personal Banker, Stockbroker etc.)

Advisor Type: _____

Name (First, Last): _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Advisor Type: _____

Name (First, Last): _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Advisor Type: _____

Name (First, Last): _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Advisor Type: _____

Name (First, Last): _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

PROPERTY

Name	Fair Market Value	Tax Basis	Original Balance	Current Liability* *	Mtg Rate	Term Years / # of Years Left	Ownership H/W/J/TIC*	Address
Primary Home								See page 1
Second Home								
Investment Property								
Other								

* H: Husband W: Wife J: Joint TIC: Tenants in Common

** Mortgage and/or Home Equity

**PERSONAL PROPERTY (Art, Jewelry, etc)**

Description	Current Value	Ownership H/W/J/TIC*

BANK ACCOUNTS: CASH & CASH EQUIVALENTS (Checking, Savings, CDs, T-Bills)

Account Name	Account Type (Checking, Savings, CD, Money Market)	See Attached Statement	Current Value	Ownership H/W/J/TIC*
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

INVESTMENTS: (Non- Qualified)

Account Name	See Attached Statement	Current Value	Ownership H/W/J/TIC*
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* H: Husband W: Wife J: Joint TIC: Tenants in Common



INVESTMENTS: PRIVATE EQUITY

Name	See Attached Statement	Amount Invested	Remaining Capital Calls	Current Value	Ownership H/W/J/TIC*	Nature of Company
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

RETIREMENT ACCOUNTS: (401(K), IRA, Profit Sharing, Deferred Compensation, 403(b), Pension, SEP)

Account Name	Account Type**	See Attached Statement	Current Value	Ownership H/W*	Primary & Secondary Beneficiaries
		<input type="checkbox"/>			P: S:
		<input type="checkbox"/>			P: S:
		<input type="checkbox"/>			P: S:
		<input type="checkbox"/>			P: S:
		<input type="checkbox"/>			P: S:
		<input type="checkbox"/>			P: S:

** Please indicate 401(K); IRA ; Profit Sharing; Deferred Compensation; 403(b); Pension; or SEP

CHILDREN'S ACCOUNTS: UGMA, 529, TRUST

Account Name	Account Type (UGMA, 529, Trust)	See Attached Statement	Current Value	Beneficiary
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

Did you frontload the 529 Plans? Yes ____ No ____

* H: Husband W: Wife J: Joint TIC: Tenants in Common



ANNUITIES: FIXED, VARIABLE

Account Name	Annuity Type	Carrier	See Attached Statement	Cash Value (F/V)	Initial Investment	Ownership H/W/J/TIC*	Anticipated Annuitization Age
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

ANNUITIES: IMMEDIATE

Account Name	Annuity Type	Investment Co.	Annual Payment	Exclusion Ratio	Ownership H/W/J/TIC*	Start / End Age
						Start: End:
						Start: End:

STOCK OPTION AND RSU'S WORKSHEETS

OPTION AND RSU GRANTS See Statement

Grant Date	Grant Type	# Shares	Exercise Price (Options Only)	First Vesting Date	Vesting Frequency	# of Vesting Periods	Expiration Date

BUSINESS INTERESTS

Business Name	Business Type	Cost Basis	Fair Market Value	Percent Ownership	Spouse Active?	Children Involved?	Future Plans for Business

(For any business provide Insurance Documents)



LIFE INSURANCE

	(1)	(2)	(3)	(4)
Insured				
Insurance Company				
Policy Type (Term; WL; VL; UL; etc.)				
Death Benefit				
Annual Premium				
Policy #				
Cash Value				
Owner				
Primary Beneficiary				
Secondary Beneficiary				
Purchase Date				
Premium Due Date				

DISABILITY INCOME INSURANCE

	(1)	(2)
Insured		
Insurance Company		
Policy Type (Individual; BOE; Buyout)		
Monthly Benefit		
Annual Premium		
Policy #		
Waiting Period		
Benefit Period		
Purchase Date		
COLA Adjustment (Yes / No ?)		



LONG TERM CARE INSURANCE

Insured	Insurance Company	Purchase Date	Daily Benefit	Annual Premium	Policy #	Waiting Period	Benefit Period	COLA Adjustment (Yes/No?)	Premium Due Date

Do you/will you support anyone else? Parents, siblings, in-laws? Yes _____ No _____

OTHER INSURANCE POLICIES: (Automotive, Homeowner's, Umbrella Policy)

Type of Insurance (Auto, Home, Umbrella)	Carrier	Policy #	Amount	Premium	Deductible

Drivers' Licenses: (state and number) 1. _____ 2. _____

Car Info: (Year/Make/Model) _____

Do you sit on any Boards? Yes: _____ Name of Company _____

INCOME SOURCES: (Salary, Bonus, Pension, Social Security, Sale of Business)

Name	Income Source	Amount	Comment**	Start / End Age
				Start: End:
				Start: End:
				Start: End:
				Start: End:
				Start: End:
				Start: End:

ASSUMPTIONS

Client Retirement Age : _____

Spouse Retirement Age : _____

** (e.g. Bonus amounts paid in cash vs. stock)



EXPENSES: LIVING AND OTHER EXPENSES (Education, Weddings, Charity, Major Purchases, etc.)

Current Annual Living Expenses: []

Table with 4 columns: Other Extraordinary Expenses (Be Specific)*, Amount, Comment, Start / End Age. Includes rows for Start/End age ranges.

* Education, Weddings, Charity, Major Purchases

Bill Paying: Is bill paying a service you would be interested in? Yes ___ No ___

TAXES

Do you have tax-loss carryforwards? How much?
AMT: Are you subject to AMT? Yes / No

CHARITABLE BEQUESTS

Do you plan on making charitable contributions? Yes ___ No ___ If so, list the names of those institutions and the amounts you plan on gifting
(1)Name: \$ (2)Name: \$

WILLS & TRUSTS

Client: [] No Will [] Simple Will [] Unified Credit Planning
Spouse: [] No Will [] Simple Will [] Unified Credit Planning
[] Do you have an Irrevocable Trust?

GIFTING

Table with 3 columns: Question, Circle One, Comments. Questions include: Do you or your spouse plan to gift in the future? Would you consider using gifting as a planning tool? Have you or your spouse ever filed a gift tax return?

SAVINGS PLAN

Table with 5 columns: Question, Yes / No, Amount/ year, Company Match?, Y/N %. Questions include: Do you contribute to a 401(K) plan? Does your spouse contribute to a 401(K) plan?



Client Name: _____

INVESTMENT OBJECTIVES AND RISK TOLERANCE

1. How much do you need to leave in cash for the next 6-12 months for cash flow needs and capital expenditures?

2. Do you require income from your portfolio? If yes, how much? If not, when do you expect to need income from your portfolio?

3. For this portfolio, you would like to invest in securities that offer (choose one):

- Safety of principal
- Attractive current income with modest fluctuation in value
- Competitive total return (income plus appreciation) with moderate fluctuation in principal
- The potential for high capital appreciation with the possibility of substantial fluctuation in principal

4. Please rate your tolerance to investment risk with (1) being the lowest and (10) being the highest.

- 1 2 3 4 5 6 7 8 9 10

5. Which of the two investment situations make you feel *least* comfortable?

- Holding cash when the market goes up
- Holding stocks when the market goes down

6. If your investment portfolio declined 10% in a market downturn, how would you feel?

- Very anxious as I do not want to experience any decline in value
- Anxious, but I can accept cyclical downturns.
- Concerned, but I realize that fluctuations can occur.
- I'm interested in long-term growth, but I have occasional concerns about fluctuation.
- Fine, I can accept temporary declines in order to receive long-term growth

7. In order to increase the real value of your dollars over time, you must outpace inflation. Since 1926, stocks have outpaced inflation by approximately 8%, bonds by 3% and cash by less than 1%. (Inflation was approximately 3%). Considering that past performance is not indicative of future results, what annual rate of return above inflation would you expect to achieve over a market cycle, understanding that market volatility increases with rate of return?

- 0-3% 4-6% 7 or more %

8. Investing in non-traditional asset classes, while providing portfolio diversification may include risks not associated with traditional equities and fixed income. Please indicate your comfort level on a scale of 1 to 3 for each with (1) being "absolutely not comfortable" to (3) being "very comfortable":

- | | | |
|-------------------|----------------------|------------------------|
| _____ Hedge Funds | _____ Private Equity | _____ Emerging Markets |
| _____ Commodities | _____ Real Estate | _____ Currency |

9. Are there any limitations to holding specific asset classes or to restrict specific securities in your portfolio?

For office use only:
 Age:
 Employer:



Expense Budget

I suggest you fill in this expense budget as best as you can to give yourself a true picture of your monthly/annual expenditures. This is done to give more accuracy to any cash flow model that we will focus on.

EXPENSES	Monthly	Annually
Home & Auto		
Cable	-	-
Car - Lease/Auto Payments	-	-
Car - Repair/Maintenance	-	-
Cell Phone	-	-
Cleaning Help	-	-
Electric (Gas & Heating)	-	-
Garage (if applicable)	-	-
Maintenance (Apt Cost or Landscaping & Pool)	-	-
Mortgage/Rent	-	-
Phone	-	-
Property Taxes	-	-
Security System	-	-
Taxi/Car Service	-	-
	-	-

Sub Total Home & Auto

-

-

Second Home (if applicable)

Cable	-	-
Cleaning Help	-	-
Electric (Gas & Heating)	-	-
Garage (if applicable)	-	-
Maintenance/Landscaping	-	-
Mortgage/Rent	-	-
Phone	-	-
Property Taxes	-	-
Security System	-	-
	-	-

Sub Total Second Home

-

-

Children (if applicable)

529 Plan Contributions	-	-
Babysitter/Nanny	-	-
Birthday Parties - As Guest (gifts)	-	-
Birthday Parties - As Host	-	-
Camp	-	-
Classes/Activities	-	-
Clothing	-	-
Doctors	-	-
Supplies and/or Tuition	-	-
	-	-

Sub Total Children

-

-



Personal Care/Memberships

Clothing - Husband	-	-
Clothing - Wife	-	-
Club Membership(s)	-	-
Dry Cleaning	-	-
Gym - Husband	-	-
Gym - Wife	-	-
Hair/Maintenance - Husband	-	-
Hair/Maintenance - Wife	-	-
Medical/Prescriptions	-	-
Pharmacy Supplies	-	-
Recreation - Husband	-	-
Recreation - Wife	-	-
	-	-

Sub Total Personal Care/Memberships

- -

Food/Meals & Entertainment

Breakfast & Lunch at Work	-	-
Groceries	-	-
Movies/Theater	-	-
Restaurants	-	-
Specialty Stores	-	-
Take - Out	-	-
	-	-

Sub Total Food/Meals & Entertainment

- -

Insurance & Professional Fees

Accountant/Tax Preparation	-	-
Auto Insurance	-	-
Homeowners Insurance	-	-
Lenox Fee	-	-
Life Insurance	-	-
Long Term Care/Disability Insurance	-	-
Pet Insurance (if applicable)	-	-
Property and Casualty Insurance	-	-
	-	-

Sub Total Insurance & Professional Fees

- -

Vacation & Travel

Airfare	-	-
Car Rental	-	-
Hotel/Resort	-	-
Meals	-	-
Miscellaneous (i.e. ski pass, boat trip etc.)	-	-
	-	-

Sub Total Vacation and Travel

- -



Other Expenses

Charity	-	-
Pet (supplies, vet etc.)	-	-
Real Estate Taxes	-	-
Shopping - Misc.	-	-
Holiday Gifts (i.e. doormen tips, misc. gifts)	-	-
Metro Card/Train Pass	-	-
	-	-

Sub Total Other Expenses

-

-

	Monthly	Annually
Totals	\$ -	\$ -
Shortfall/Surplus from Salary	\$ -	\$ -
Shortfall/Surplus from Total Income	n/a	\$ -

