

Confidential Financial Planning Questionnaire

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Name		
Date		

Disclosure

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your financial planning process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal or tax advisor concerning such matters, as needed, to answer the following questionnaire.

Investment and insurance products are not insured by the FDIC or other governmental agencies and are subject to investment risk, including possible loss of the principal amount invested.

Client Acknowledgement

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate portrayal of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise Macke Financial Advisory Group, Inc. dba Greater Gifts Family Office immediately.

I further acknowledge that the results of my financial plan will be based on the information I provide, which may include both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

I assume sole responsibility to decide whether to implement the advice contained in the financial plan and to determine whether the recommendations have been implemented correctly.

I understand that the financial plan will include financial projections and make certain assumptions based on historical data that serve as a useful and reasonable basis to develop recommendations. I further acknowledge that there is no guarantee that my experience will match the projections prepared for me.

I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of the recommendations remains my sole obligation.

I agree that I am digitally signing this form by typing my name.

Client Signature	Date	
Co Client Signature	Date	

Personal Information

<i>Marital Status:</i> (check one)			
☐ Single ☐ Married	Date Married:		
	<u>Client</u>	Co-(<u>Client</u>
First Name, Middle Initial			
Last Name			
Birth Date			
Social Security Number			
Primary Address:			
Address			
City, State Zip			
	<u>Client</u>	<u>Co-(</u>	Client
Home Phone			
Cell Phone			
Other Phone			
Email Address			
Web Page			
Other Address:			
Address			
City, State Zip			
Drivers License:	License Number	Expiration Date	State of Issue
Client			
Co-Client			

Employment:		
	<u>Client</u>	<u>Co-Client</u>
Employer		
Occupation		
Work Address		
City, State Zip		
Phone		
Fax		
Email Address		
In one year from now, looki expect to have accomplishe		your financial advisor, what will you
Is there a family history of h	ealth issues such as Alzheimer's, Pa	arkinson's, etc?

Dependent Information

Dependent Children:

<u>Dependent</u>		<u> </u>	Social Security Number		Birth Date	Dependent until age
Education:						
Percent of college costs	parents plan to p	pay	%			
Check to deduct educati	onal expenses fr	om retire	— ment funds	,		
<u>Child's Name</u>	1st Year <u>of College</u>	# of <u>Years</u>	School <u>Type</u>	Funds <u>Available Now</u>	Annual College <u>Costs</u>	Monthly <u>Savings</u>
				-		

Instructions:

1st Year of College # of Years School Type Funds Available Now Annual College Cost Monthly Savings Enter the calendar year the child will begin college.

Enter the number of years the child will be attending college.

Select the type of school from the drop down list.

Enter the present value of the funds available for college.

Enter the amount of the annual college costs in today's dollars.

Enter the monthly savings amount to be entered into the college fund.