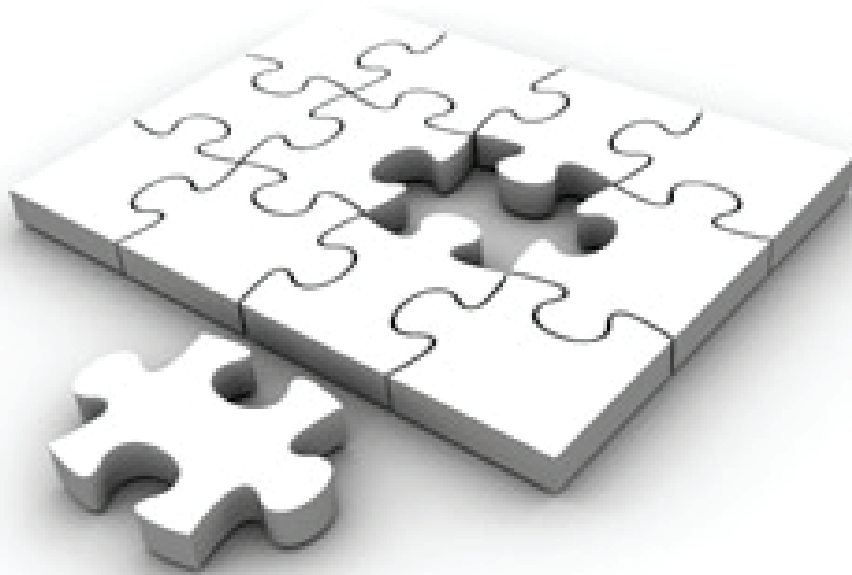


Your Family Financial Confidant™



Your Financial Questionnaire

QUESTIONNAIRE

PERSONAL

DATE: _____

CLIENT 1

CLIENT 2

Name:		
Date of Birth:		
Social Security #:		
Citizenship:		
Home Address:		
Home Telephone #:		
Occupation/Title:		
Employer:		
Business Address:		
Business Telephone #:	()	()
Fax #:	()	()
Email Address:		

Relationship between Client 1 and Client 2: _____

FAMILY

<u>Name</u>	<u>Date of Birth</u>	<u>Marital Status</u>	<u># of Children</u>

If you or your spouse were previously married, please discuss children and any continuing obligations:

Are others financially dependent on you?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you anticipate future support obligations?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If yes, please describe _____

Do you expect to receive any significant inheritances?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, please give a brief description of property and expected value of inheritance

EDUCATION

Have you set aside funds specifically for the education of your children?

YES

NO

If yes, please give amounts and how the funds are held (e.g. children's accounts, trust, segregated funds held by parents, 529 Plans.)

ASSETS

C1 = Client 1 Owned

C2 = Client 2 Owned

J = Owned Jointly with Rights of Survivorship

T = Owned as Tenants in Common

O = Other

CASH AND EQUIVALENTS (Checking, CD's Money Markets & Treasury Bills)

Name of Institution	Ownership	Type of Account	Interest Rate	Maturity Date	Current Balance	Beginning Year Balance
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

STOCKS AND MUTUAL FUNDS, NON-QUALIFIED (Please attach copies of brokerage or mutual fund statements, including annuities)

Description	Ownership	Number of Shares	Date Acquired	Cost Basis	Annual Income	Estimated Current Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RETIREMENT PLANS (IRA, Keogh, 401(K), Employer Plans, Qualified Annuities)

Type of Plan	Ownership	Beneficiary Designation	Annual Employer Contribution	Annual Employee Contribution	Estimated Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INSURANCE

LIFE INSURANCE

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Name of Insured	_____	_____	_____	_____
Ownership: Client 1, Client 2, Trust	_____	_____	_____	_____
Insurance Company	_____	_____	_____	_____
Policy #	_____	_____	_____	_____
Primary Beneficiary	_____	_____	_____	_____
Contingent Beneficiary	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____
Death Benefit	_____	_____	_____	_____
Policy Loans Outstanding	_____	_____	_____	_____
Cash Surrender Value	_____	_____	_____	_____
Type of Policy (Term, Whole Life, Universal)	_____	_____	_____	_____
Date of Issue	_____	_____	_____	_____

Do you have Long Term Care Insurance?

YES

NO

Do you have Long Term Disability Insurance?

YES

NO

Do you have "Umbrella" liability coverage?

YES

NO

MISCELLANEOUS

Are you the Trustee of any Trust? YES NO

Are the beneficiary of any Trust? YES NO

Do you have a general Power of Attorney over any other person's assets? YES NO

Do any of your children (or grandchildren) have special needs? YES NO

Have you ever filed a Gift Tax Return? YES NO
If so, please include a copy of the most recent Form 709

Are you currently making any annual exclusion gifts? YES NO

Do you have a Will? YES NO
If so, in what year was it executed? _____

Do you have an Irrevocable Trust? YES NO
If so, in what year was it executed? _____

When it comes to your investments, please describe your risk tolerance by circling a number

Most Conservative Most Aggressive
1 2 3 4 5 6 7 8 9 10

DOCUMENTS

Please supply Citrin Cooperman Wealth Management, LP,
Mr. David B. Bruckman, J.D. MS Tax, with copies of the following documents

- * Wills, Trusts, Living Wills, Health Care Proxy, Power of Attorney
- * Life Insurance contracts and recent policy statements
- * Homeowner's Insurance Declaration page
- * Last two years' Tax Returns
- * Separation Agreement/Judgment of Divorce
- * Pre or Post-Nuptial agreement
- * Shareholder's Agreement, LLC Operating Agreement, Partnership Agreement or other agreements relating to business interests or any family partnership
- * Brokerage and Bank Statements
- * Annuity contracts and recent policy statements
- * Beneficiary designation forms for IRAs, retirement plans, life insurance and annuities
- * Deeds

EXPENSES

Non-Deductible Expenses:

Tax-Deductible Expenses

	20____ (Current Year)	20____ (Next Year)		20____ (Current Year)	20____ (Next Year)
Education	_____	_____	Real Estate Taxes	_____	_____
Debt Repayment	_____	_____	Real Estate Taxes	_____	_____
Mortgage Amortization	_____	_____	2nd Home	_____	_____
Rent	_____	_____	Mortgage Interest	_____	_____
Utilities	_____	_____	Mortgage Interest	_____	_____
Food	_____	_____	2nd Home	_____	_____
Clothing	_____	_____	Personal Property Tax	_____	_____
Auto Expense	_____	_____	Investment Interest	_____	_____
Transportation	_____	_____	Charitable Contributions	_____	_____
Household Furnishings	_____	_____	Alimony	_____	_____
Maintenance/Gardening	_____	_____	Medical Net of	_____	_____
Housekeeper	_____	_____	Reimbursements)	_____	_____
Club Membership	_____	_____	Other Deductions	_____	_____
Other Living Expenses	_____	_____			
Insurance - Life	_____	_____			
Insurance - Disability	_____	_____			
Insurance - LTC	_____	_____			
Vacations	_____	_____			
Entertainment	_____	_____			
Gifts (Non-charitable)	_____	_____			
Child Support	_____	_____			
Other	_____	_____			

UNUSUAL OR ONE TIME EXPENSES

New Auto	_____	_____
Home Improvements	_____	_____
Second Home	_____	_____
Other	_____	_____

Income

Please list your current or expected sources of income other than from salary. Include social security, pension, trust distributions, deferred compensation, QDRO (qualified domestic relation order), life insurance cash value and annuity payments.

Is there any information we did not ask for that is important for us to consider as we develop your financial plan?

Please provide the name and phone numbers of your other advisors (none will be contacted without your approval)

- 1. Trust and Estate Attorney: _____
- 2. Other Attorney(s): _____
- 3. CPA: _____
- 4. Insurance Agents: _____
- 5. Banker _____
- 6. Financial Advisors: _____

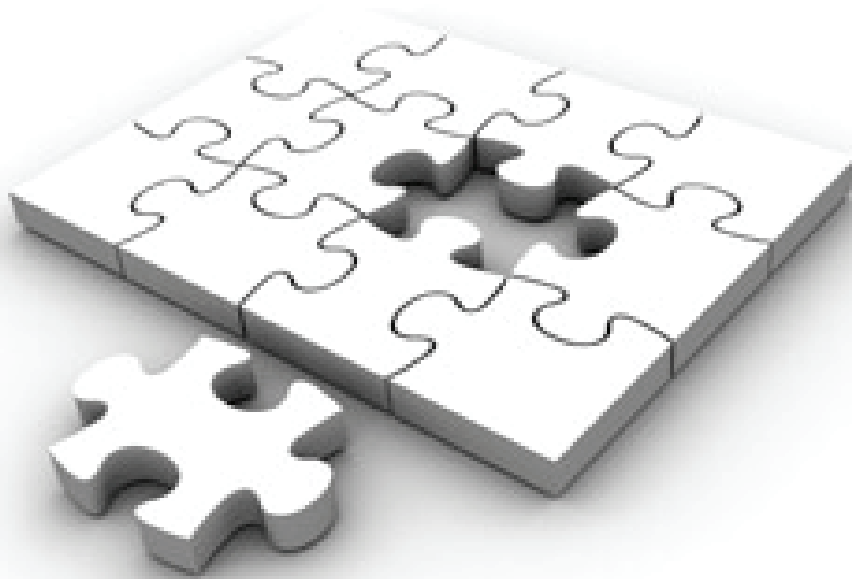
Hobbies and Interests

What are your hobbies and interests (ex. golf, tennis, travel, dining, theater, cards, charity, etc)?

Goals

What are your short term goals (ex. retire, purchase a home, run a marathon)?

NOTES



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