GUERIN FINANCIAL SERVICES, LTD
REGISTERED INVESTMENT ADVISOR

2755 S. Locust Street, Suite 206, Denver, CO 80222-7132
303-758-4866 · 800-759-4866 · www.guerinfinancial.com

CONFIDENTIAL QUESTIONNAIRE

Date Completed: ______________________

PERSONAL INFORMATION:	**Client**	**Spouse/Partner**
Name	______________________	______________________
Street Address	______________________	______________________
City, State, Zip	______________________	______________________
Home Telephone	______________________	______________________
E-mail Address	______________________	______________________

Would you like ALL correspondence emailed including quarterly updates and newsletters? ◯ Yes ◯ No

Cell Phone	______________________	______________________
Date of Birth	______________________	______________________
Social Security #	______________________	______________________
Employer	______________________	______________________
Business Address	______________________	______________________
City, State, Zip	______________________	______________________
Business Telephone	______________________	______________________
Position	______________________	______________________
Date of Hire	______________________	______________________
# of Pay Periods/Year	______________________	______________________
Name of Bank	______________________	______________________
Bank Address	______________________	______________________
City, State, Zip	______________________	______________________

In response to the U.S. Patriot Act, we are required to verify that clients do not appear on any list of suspected terrorists. To that end, we are obligated to obtain a copy of a government issued photo I.D. (e.g. a driver's license, passport, alien registration card). Please send a copy of your I.D. with this Questionnaire.

CHILDREN: Names & Dates of Birth

WILLS:

Date Written ____________________ State Written In ____________________________________

Changes Since Written ____

CHECKING AND SAVINGS ACCOUNT, MONEY MARKET FUNDS, C.D.S:

Institution	Balance	Interest Rate	Maturity

INVESTMENT EXPERIENCE (how many years?**):**

Mutual Funds ________ Bonds ________ Public Ltd. Ptnshps ________

Stocks ________ Options ________ Private Placements ________

STOCKS & MUTUAL FUNDS (personally owned**):**

Name	Date Acquired	# of Shares	Cost/Share	Market Value

STOCK OPTIONS:

Shares__________ Exercise Price__________ Issue Date__________ Vesting Date________

Shares__________ Exercise Price__________ Issue Date__________ Vesting Date________

Shares__________ Exercise Price__________ Issue Date__________ Vesting Date________

RETIREMENT PLANS (IRAs, SAVINGS PLANS, 401(k)s, ESOPs):

Owner	Plan Type	Investment Description	Market Value

LIFE INSURANCE (personally owned and group)**:**

Company	Insured/Beneficiary	Death Benefit	Premium	Cash Value
______________________	______________/______________	___________	__________	__________
______________________	______________/______________	___________	__________	__________
______________________	______________/______________	___________	__________	__________

REAL ESTATE (residential & investment)**:**

	Date Acquired	Cost	Market Value	Mortgage Balance	Interest Rate	Monthly Payment	Monthly Rent
Residence	_________	_______	________	___________	_______	_________	_________
Rental	_________	_______	________	___________	_______	_________	_________
	_________	_______	________	___________	_______	_________	_________

FINANCIAL INDEPENDENCE:	**Client**	**Spouse/Partner**
At what age do you plan to retire?	_________	_________
Estimated pension income at retirement:	_________	_________
Estimated Social Security at age 62:	_________	_________
In today's dollars, what after-tax monthly income do you desire?	______________________	

EARNED INCOME INFORMATION THIS YEAR:

		Pay Period	Monthly	Annually
Gross Salary	Client	____________	___________	____________
Bonuses	Client	____________	___________	____________
Gross Salary	Spouse/Partner	____________	___________	____________
Bonuses	Spouse/Partner	____________	___________	____________

LIABILITIES (exclude mortgage):

Creditor	Amount	Interest Rate	Monthly Payment
______________________	____________	___________	________________
______________________	____________	___________	________________
_______________________	____________	___________	________________

AREAS OF CONCERN: ____

____

____

DOCUMENTS NEEDED FOR OUR REVIEW: (Please return with questionnaire)

✓ 401(k)/Savings Plan Statements

✓ Stock/Mutual Fund & IRA account statements

✓ Copy of most recent tax return

(Please provide any other information which you feel we should have to best advise you)

RISK PROFILE TEST

Select your answers. Note the total points for your answers in each of the sections.

SECTION 1: TIME HORIZON

1. I plan to begin withdrawing money from my investments within:

Less than 3 years	1
3 – 5 years	3
6 – 10 years	7
11 years or more	10

2. Once I begin withdrawing funds from my investments, I plan to spend all of the funds within:

Less than 2 years	0
2 – 5 years	1
6 – 10 years	4
11 years or more	8

Subtotal: Time Horizon Score

Enter the total points from questions 1 and 2.

Time Horizon Score: __________ points

If your Time Horizon Score is less than 3, stop here.

A score of less than 3 indicates a very short investment time horizon. For such a short time horizon, a relatively low risk portfolio of 40% short-term (average maturity of five years or less) bonds or bond funds and 60% cash is suggested, as stock investments may be significantly more volatile in the short term.

If your score is greater than 3, please continue to Section 2.

SECTION 2: RISK TOLERANCE

3. I would describe my knowledge of investments as:

None	0
Limited	2
Good	4
Extensive	6

4. When I invest my money, I am:

Most concerned about my investment losing value	0
Equally concerned about my investment losing or gaining value	4
Most concerned about my investment gaining value	8

5.Select the investments you currently own or have owned in the past with the highest number of points. Circle that number.

Money market funds or cash equivalents	0
Bonds and/or bond funds	3
Stocks and/or stock funds	6
International securities and/or international funds	8

Example: You now own stock funds. In the past, you have purchased international securities. Your point score would be 8.

6.Consider this scenario:

Imagine that in the past three months, the overall stock market lost 25% of its value. An individual stock investment you own also lost 25% of its value. What would you do?

Sell all of my shares	0
Sell some of my shares	2
Do nothing	5
Buy more shares	8

Risk Profile Test, cont.

7. Review the chart below.

We've outlined the most likely best- and worst-case annual returns of five hypothetical investment plans. Which range of possible outcomes is most acceptable to you?

The figures are hypothetical and do not represent the performance of any particular investment.

Best- and Worst-Case Scenarios (1 yr)

Plan	Average Annual Return	Best-Case	Worst-Case	Points
A	7.2%	16.3%	-5.6%	0
B	9.0%	25.0%	-12.1%	3
C	10.4%	33.6%	-18.2%	6
D	11.7%	42.8%	-24.0%	8
E	12.5%	50.0%	-28.2%	10

Subtotal: Risk Tolerance Score

Enter the total points for questions 3 through 7.

Risk Tolerance Score: __________ points

Determine your investor profile.

The chart below uses the subtotals you calculated in the preceding two sections.
In the chart below, find your Time Horizon Score along the left side and your Risk Tolerance Score across the top. Locate their intersection point, situated in the area that corresponds to your Investor Profile. Find the investment strategy that corresponds to your Investor Profile.