



Client Homework

Last Updated:

Please fill out the following pages:

1. Personal Data
2. Assets/Liabilities
3. Insurance
4. Cash Flow & Risk Tolerance

Please bring in the following documents :

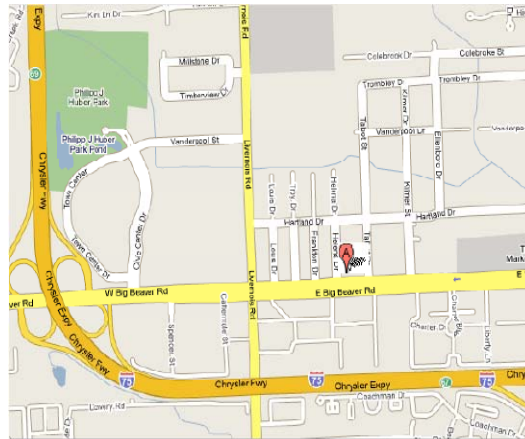
1. Paystubs
2. Employer Benefits (*Life, Disability, HAS Accounts*)
3. Investment Statements (*401k, IRA's, Bank Accounts*)
4. Tax Return (*IRS 10-40 Form*)
5. Social Security Statements & Pension Info.

Verde Capital Management
215 East Big Beaver Rd. Suite 100
Troy, MI 48083
Fax: (248) 528-1744
www.verdecmm.com

Carl Szasz
Financial Advisor
(248) 528-1870
carlszasz@verdecmm.com

Tommi Haden
Financial Advisor
(248) 528-1889
tommihaden@verdecmm.com

Ann Marie Zynda
Office Manager
248-528-1870
annzynda@verdecmm.com



Personal Data

Name		Sex	Birthdates	Age	Social Security #
Client 1: First	Client 1: Last	M F			
Client 2: First	Client 2: Last	M F			
Address		Client 1: e-mail			
		Client 2: e-mail			
City		State	Zip	Home Phone:	
Client 1: Occupation		Work Phone:		Client 1 Cell:	
Client 1: Employer		Address			
Client 2: Occupation		Work Phone:		Client 2 Cell:	
Client 2: Employer		Address			
Dependent Names		Sex	Birthdates	Age	Social Security #
First	Last	M F			
First	Last	M F			
First	Last	M F			
First	Last	M F			

Goals

Retirement Goals						
Ret. At Age	Desired Monthly Income	Assumed Rate of Interest %	Inflation Rate %	Include Social Security ?	Social Security Benefit @ Age 62	Pension benefit at Retirement Age
Client 1						
Client 2						

Education Goals						
Child and Name of School or Description of Program	Cost per year	% you will pay	Begin Date	End Date		

Cash Reserve Goals		Y or N
Desired Cash Reserve:	\$ Value	Accomplished ?
Number of months of expenses you want covered:		

Other Goals				
Name of Goal	Cost per year	% you will pay	Begin Date	End Date

Account Type	Account Name	Purpose	Value
Banking Checking, Savings, Money Market, CD's			
Investments 401k, 403b, IRA's, Roth IRA's, Keogh Plans, Stocks, Bonds, Mutual Funds, Annuities			
Other Assets Cars, Boats, Personal Property, Jewelry, Coins			
Real Estate Residence, Second Home, Timeshare, Rental Property, Business Property			

Credit Cards	Account Name	Int. Rate	Monthly PMT	Value
Consumer Debt				
Loans Auto Loans, Personal Loans, Student Loans				
Mortgages	Escrow ? Y or N			
	Mortgage, Home Equity Line, Home Equity Loan, Commercial Loans			

Insurance Protection				Client Name:				Date:							
Life Insurance - Client 1				Smoker?	Y	or	N	Life Insurance - Client 2				Smoker?	Y	or	N
Company	Type	\$ Amount	Annual Premium	Company				Type	\$ Amount	Annual Premium					

Disability Income Insurance - Client 1		
Company or Description	Monthly \$ or % of income	Annual Premium
Group STD		
Group LTD		
Individual STD		
Individual LTD		

Disability Income Insurance - Client 2		
Company or Description	Monthly \$ or % of income	Annual Premium
Group STD		
Group LTD		
Individual STD		
Individual LTD		

Long Term Care Insurance - Client 1		
Company or Description	Monthly Benefit or Daily Benefit	Annual Premium

Long Term Care Insurance - Client 2		
Company or Description	Monthly Benefit or Daily Benefit	Annual Premium

Auto Insurance		
Company or Description	Declaration page? Y or N	Monthly Benefit or Daily Benefit

Home Insurance		
Company or Description	Declaration page? Y or N	Monthly Benefit or Daily Benefit

Estate Plan			
Do you have a will?	Y	or	N
Do You have a trust? If so what kind?	Y	or	N
Do you have durable powers of attorney?	Y	or	N
Do you have a patient advocate?	Y	or	N
Attorney Name	Date of Will		
Attorney Phone#	Date of Trust		
Accountant Name			
Accountant Phone#			

Client 1: Beneficiary's			
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		

Client 2: Beneficiary's			
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		
Name	Primary	Percent	Birthday
	P or S		
Address, City, State, Zip	Social Security #		

Cash Flow Worksheet				Client Name:		Date:	
Client 1: Paystub Company: _____				Client 2: Paystub Company: _____			
Wages/Salary		X		Wages/Salary		X	
Fed. Income Tax With		X		Fed. Income Tax With		X	
Michigan/ City Tax With		X		Michigan/ City Tax With		X	
Social Security With		X		Social Security With		X	
Medicare Tax		X		Medicare Tax		X	
Pre-Tax Savings 401k		X		Pre-Tax Savings 401k		X	
All other deductions - Pre-tax		X		All other deductions - Pre-tax		X	
All other deductions - After-tax		X		All other deductions - After-tax		X	
Net Pay		X		Net Pay		X	
Client 1: Bonus		X		Client 2: Bonus		X	

Discretionary Expenses	\$ Amount	X	Freq
Dining Out		X	
Memberships, Subscriptions		X	
Entertainment/Theater/Video		X	
Gifts/Charity/Church Pledge		X	
Personal Care/Haircuts		X	
Pets		X	
Recreation/Sports/Hobbies		X	
Travel		X	
Other:		X	

Housing Expenses	\$ Amount	X	Freq
Real Estate Taxes		X	
Home Owners Insurance		X	
PMI - Private Mortgage Ins.		X	
Cable TV/Internet		X	
Cleaning Services, Lawn Care		X	
Condo Association Dues		X	
Home Improvements/Repairs		X	
Rent		X	
Telephone/Cell Phone		X	
Utilities - Electric		X	
Utilities - Gas		X	
Utilities - Water/ Trash		X	
Other:		X	

Other Committed Expenses	\$ Amount	X	Freq
Tax Preparation Fees		X	
Financial Planning Fees		X	
Alimony / Child Support		X	
Dependent Care		X	
Education Costs		X	
Unreimbursed Emp. Expenses		X	
Other:		X	

Food / Clothing Expenses	\$ Amount	X	Freq
Food/Groceries		X	
Clothing		X	
Dry Cleaning/Laundry		X	
Other:		X	

Automobile Expenses	\$ Amount	X	Freq
Auto Fuel		X	
Auto Maintenance/Repair		X	
Auto Lease 1		X	
Auto Lease 2		X	
Auto Insurance Premiums		X	
License Plates		X	
Other:		X	

Medical Expenses	\$ Amount	X	Freq
Prescriptions		X	
Medical/Dental/Optical Co pays		X	
Medical Insurance Premiums		X	
Other:		X	

Systematic Savings	\$ Amount	X	Freq
Client 1: IRA Contributions		X	
Client 1: IRA Contributions		X	
Client 1: Roth Contributions		X	
Client 1: IRA Contributions		X	
SPS Account / Cash Reserve		X	
Education Account Savings		X	
Client 1: VUL Contributions		X	
Client 1: VUL Contributions		X	
Individual Life Ins. Premiums		X	
Individual Disability Ins.		X	
Individual LTC Premiums		X	
Other:		X	

Risk Assessment Questionnaire

The Risk Assessment Questionnaire helps to determine the best asset mix for an investment, based on the answers given to the questions below. Please check only one box for each question.

Time Horizon

Your current situation and future income needs.

- 1 What is your current age?
 - Less than 45
 - 45 to 55
 - 56 to 65
 - 66 to 75
 - Older than 75
- 2 When do you expect to start drawing income?
 - Not for at least 20 years
 - In 10 to 20 years
 - In 5 to 10 years
 - Not now, but within 5 years
 - Immediately

Long-Term Goals and Expectations

Your views of how an investment should perform over the long term.

- 3 What is your goal for this investment?
 - To grow aggressively
 - To grow significantly
 - To grow moderately
 - To grow with caution
 - To avoid losing money
- 4 Assuming normal market conditions, what would you expect from this investment over time?
 - To generally keep pace with the stock market
 - To slightly trail the stock market, but make a good profit
 - To trail the stock market, but make a moderate profit
 - To have some stability, but make modest profits
 - To have a high degree of stability, but make small profits
- 5 Suppose the stock market performs unusually poorly over the next decade, What would you expect from this investment?
 - To lose money
 - To make very little or nothing
 - To make out a little gain
 - To make a modest gain
 - To be little affected by what happens in the stock market

Short-Term Risk Attitudes

Your attitude toward short-term volatility.

- 6 Which of these statements would best describe your attitudes about the next three years' performance of this investment?
 - I don't mind if I lose money
 - I can tolerate a loss
 - I can tolerate a small loss
 - I'd have a hard time tolerating any losses
 - I need to see at least a little return
- 7 Which of these statements would best describe your attitudes about the next three months' performance of this investment?
 - Who cares? One calendar quarter means nothing
 - I wouldn't worry about losses in that time frame
 - If I suffered a loss of greater than 10%, I'd get concerned
 - I can only tolerate small short-term losses
 - I'd have a hard time stomaching any losses