

Client Financial Questionnaire

Name: _____



Pedram Kaivani, CFP[®], LUTCF[®]
3200 Southwest Freeway, Suite 1900
Houston, TX 77027
Phone: 713-499-7672

Pedram Kaivani CFP[®], LUTC*, Principal, Kaivani Wealth Strategies, LLC 3200 Southwest Freeway, #1900, Houston, TX 77027
Ph 713-499-7672 * A financial adviser offering investment advisory services through Eagle Strategies LLC, a Registered
Investment Adviser, and a Registered Representative offering securities through NYLIFE Securities LLC (member FINRA/
SIPC). A Licensed Insurance Agency, Eagle Strategies and NYLIFE Securities are New York Life companies. Kaivani Wealth
Strategies, LLC is not owned or operated by Eagle Strategies LLC or its affiliates. Kaivani Wealth Strategies does not provide
tax or legal advice.

Client Financial Questionnaire

Overview

The first step in creating a meaningful financial plan is to have a thorough understanding of the client's current situation, their needs and objectives. The attached client financial questionnaire will give our team the information we need to understand you as individuals, your dreams and aspirations, as well as the details of your particular assets. The more information we have, the better position we will be in to create a meaningful financial plan together.

Instructions

This questionnaire is your first step in organizing your resources in order to focus on a financial plan. Please fill in the information requested, being as complete in your answers as possible. The privacy and confidentiality of your information is very important to us. We adhere to all privacy and confidentiality requirements for all entities whose products or services we offer.

A review of your financial situation requires that the clearest picture of your past and present financial decisions be presented. These decisions can be reflected in a number of documents (see Checklist of Needed Documents).

3. Please answer the Financial Priorities checklist attached.

4. We will be able assist you in organizing your resources when you provide these documents along with this completed questionnaire. We stand ready to assist you in gathering information requested. Please call if any items need clarification or if you have any questions.

Your assistance in the above matter is most appreciated. We are looking forward to being of service to you.

Financial Priorities

Please number in order of priority the six areas that you feel are most important to you at this time, with "1" being the most important.

- _____ Accumulate sufficient assets to provide a comfortable retirement income.
- _____ Protect assets and their accumulation from the effects of inflation.
- _____ Provide educational funds for my children/grandchildren.
- _____ Provide support for a dependent other than a child.
- _____ Minimize my personal income taxes.
- _____ Develop an appropriate investment strategy.
- _____ Arrange my portfolio to reduce the risk of loss.
- _____ Provide an adequate standard of living in the event of death.
- _____ Establish proper wills and trusts for non-tax purposes.
- _____ Reduce or avoid taxes on my estate.
- _____ Reduce insurance costs while being sure that coverage is appropriate.
- _____ Organize my important papers, documents and financial affairs.
- _____ Use the tax advantages of charitable giving.
- _____ Provide an adequate standard of living in the event of disability.
- _____ Manage my affairs well during retirement.
- _____ Protect my assets in the event of long-term care (nursing home, assisted living, etc.)
- _____ Preserving my estate for the benefit of children/grandchildren
- _____
- _____

Items of Interest to be Discussed









Family Information

First Name _____ Middle _____ Last _____

Birth Date (mm/dd/yy) ____/____/____ Gender: Male Female

Home Address _____

City _____ State _____ Zip _____

Office Address _____

City _____ State _____ Zip _____

Home Phone Number (____) ____-____ Best time to call: _____

Office Phone Number (____) ____-____ Best time to call: _____

Email Address _____

Spouse Information

First Name _____ Middle _____ Last _____

Birth Date (mm/dd/yy) ____/____/____ Gender: Male Female

Home Address _____

City _____ State _____ Zip _____

Office Address _____

City _____ State _____ Zip _____

Home Phone Number (____) ____-____ Best time to call: _____

Office Phone Number (____) ____-____ Best time to call: _____

Email Address _____

Dependents

First Name	Middle Name	Last Name	Relationship	Birth Date (mm/dd/yyyy)	Gender (M/F)
------------	-------------	-----------	--------------	----------------------------	-----------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Personal Assets

Type of Property	Market Value	Cost	Pledged Y or N
Real Estate ó Homestead (address)			
Real Estate ó Second Home (Address)			
Automobile 1 (Make, Model & Year)			
Automobile 2 (Make, Model & Year)			
Automobile 3 (Make, Model & Year)			
Personal Property (Home Furnishings)			
Boat (Make, Model & Year)			
Motorcycle (Make, Model & Year)			
Collectibles - Type			
Note Receivable (Borrower, Rate, Date, Amt.)			
Other			

Personal Liabilities

Institution	Purpose	Original Date (mm/yr)	Original Amount	Balance	Interest Rate	Annual Payment
	Mortgage					
	Mortgage					
	Home Equity					
	Auto					
	Credit Card					
	Credit Card					
	Credit Card					

Lifestyle Expenses

<i>Category</i>	<i>Monthly</i>	<i>Annual</i>
Home Maintenance – Primary Home		
Cable TV		
Groceries		
Homeowners Association		
Lawn/Landscaping		
Maid		
Telephone/Cell		
Utilities		
Pet Care		
Real Estate and Property Taxes		
Home Furnishings		
Housing Repairs & Maintenance		
Homeowner's Insurance		
Mortgage		
Home Equity Loan		
Total Home Maintenance		
Home Maintenance – Second Home (if applicable)		
Transportation		
Automobile Lease		
Automobile Lease		
Automobile Fuel		
Automobile Repairs/Maintenance		
Automobile Insurance		
Total Transportation		
Entertainment		
Country Club Dues		
Dining Out		
Health Club Expense		
Total Entertainment		
Travel		
Hotel/Airfare/Other		
Total Travel Expenses		
Charitable Donations		
Scheduled Gifts to Trusts and/or Individuals		

<i>Category</i>	<i>Monthly</i>	<i>Annual</i>
Personal		
Clothing ó Husband		
Clothing ó Wife		
Personal Care ó Husband		
Personal Care ó Wife		
Other Miscellaneous		
Total Personal		
Medical/Dental		
Health/Dental Insurance		
Prescriptions		
Doctor/Hospital		
Total Medical/Dental		
Insurance		
Umbrella Liability Insurance		
Life Insurance Premiums		
Total Insurance		
Debt Service		
Credit Card Debt		
Other Liabilities		
Total Debt Service		
Children		
Allowance		
Medical and Dental		
Education		
Activities		
Total Children		
Savings		
Pre-tax Savings (401k, etc.)		
After-tax Savings		
Total Savings		
Total		

Checklist of Needed Documents Continued

Obtained

Miscellaneous

List of monthly/annual lifestyle expenses (worksheet attached)

Any other documents you feel will be helpful

Please feel free to provide original documents, as we will photocopy and return to you promptly.

Additional Comments