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FINANCIAL QUESTIONNAIRE

(PLEASE COMPLETE PRIOR TO YOUR APPOINTMENT. IF NOT SURE, LEAVE BLANK. PRINT CLEARLY.)
 (OK TO APPROXIMATE AMOUNTS.)
(PLEASE BRING YOUR MOST RECENT TAX RETURN.)

Client Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Mailing Address: _____

Mailing Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Business Phone: (____) ____-____

Fax: (____) ____-____

Email Address(es): _____

Do you have current will? Y / N

Living Trust? Y / N

Planned Retirement Date (Retirement Date if already retired): _____

HOUSEHOLD CASH FLOW

	\$ YEAR	SOURCE
WAGES 1:	_____	_____
WAGES 2:	_____	_____
OTHER:	_____	_____
	_____	_____

INVESTMENT ATTITUDE RISK QUESTIONNAIRE

Circle a number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

2. How important is growth?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

3. How important is low volatility?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

4. How important is inflation protection?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

5. How important is current cash flow?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

6. How much risk are you willing to take to achieve a higher return?

Not at all 1 2 3 4 5 6 7 8 9 *A Moderate amount* *A lot*

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?
(Enter a number between 5% and 14%.) Average Annual Rate of Return* You Want: _____ %

** This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.*

Based on your investment goals, which of the objectives below best describes your desired investment approach?

- Emphasis on preserving principal rather than growing assets
- Emphasis on maintaining purchasing power while generating current income
- Primary interest in increasing portfolio value, with small potential for loss
- Opportunity for strong growth in assets with moderate fluctuation in value
- Opportunity to maximize returns with high likelihood of fluctuation in asset value

What are your Primary financial concerns? (List in order of importance)

AMOUNTS IN BANKS, SAVINGS & LOANS, CREDIT UNIONS (NON-IRA)
(I.E. CHECKING, SAVINGS, MONEY MARKET)

	NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

(PLEASE BRING IN YOUR LATEST STATEMENTS.)

	ACCOUNT TYPE AND LOCATION (I.E. BANK, BROKERAGE FIRM, EMPLOYER ETC.)	TYPE (401K, IRA, TSA, ETC)	APPROXIMATE VALUE
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(PLEASE BRING IN YOUR LATEST STATEMENTS.)

	NAME OF BROKERAGE FIRM/MUTUAL FUND	NUMBER OF SHARES	APPROXIMATE VALUE
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

STOCKS AND BONDS

(WHERE YOU HOLD CERTIFICATES YOURSELF)

	NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

RESIDENCE AND OTHER REAL ESTATE OWNED
(PLEASE USE ANOTHER SHEET IF NECESSARY.)

PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	DEBT BEFORE	NET CASHFLOW DEPREC. (IF RENTAL)
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____

OTHER ASSETS

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

INSURANCE
(INCLUDE DETAILS)

	CARRIER	DATE OF ISSUANCE	ANNUAL PREMIUM
1. Life	_____	_____	_____
2. Disability	_____	_____	_____
3. Long Term Care	_____	_____	_____

Signature _____ Date _____

Spouse Signature _____ Date _____

BRENDAN CONRY IS A REGISTERED REPRESENTATIVE AND INVESTMENT ADVISER REPRESENTATIVE WITH/AND OFFERS SECURITIES AND ADVISORY SERVICES THROUGH COMMONWEALTH FINANCIAL NETWORK, MEMBER FINRA/SIPC, A REGISTERED INVESTMENT ADVISER."