



In Preparation for our First Meeting

In our first visit with you there are two objectives:

1. *You need to learn about us* — so you can decide if we are the right financial advisor for you. We want to make sure that you understand what we do, how we work and what the benefits to you would be of choosing Mosaic Financial Partners, Inc as your “financial coach.” We will try to answer any questions you may have about working with us, the costs involved and what your experience with us would be like.
2. *We need to learn about you* — in order to determine how we might best serve you. We’ll want to know about your financial circumstances, your goals, your values, your concerns and what you want out of an advisory relationship. Since you play an important role in the process, we also want to make sure you understand your responsibilities if our relationship is to be a success. For starters, we ask you to complete and return this form to us before we meet.

Since our initial visit will be used by both of us to learn about the other and no substantial financial advice will be offered by us, there will be no charge for this first meeting (which should last for about 90 minutes). To facilitate our conversation and make our time together as productive as possible, please take a few moments to provide us with the following information:

Overview Questionnaire

Please describe **your primary financial concerns** (i.e., Why are you looking for a financial advisor?):

- 1) _____

- 2) _____

- 3) _____

What are you looking for in an advisor? What would a good relationship look like?

How did you learn about Mosaic Financial Partners, Inc.? _____

Basic Information about you

	You	Spouse / Partner
Full Name		
Name you prefer we use		

You		Spouse / Partner	
Birthdate			
Employer			
Title/Position			
Work Address			
Work Phone			
Work Email			
Work Fax			
Cell Phone			
Home Address			
Home Phone			
Home Fax			
Home Email			
Preferred way for us to contact you	Work Mail ___ Work Email ___ Work Phone ___ Home Mail ___ Home Email ___ Home Phone ___	Work Mail ___ Work Email ___ Work Phone ___ Home Mail ___ Home Email ___ Home Phone ___	
Marriage	Anniversary	#for You	# for Spouse
Domestic Partnership?	Anniversary	#for You	# for Partner/Spouse
Kids	Number	Ages	
Grandkids	Number	Ages	

To give us an overview of your financial situation, please give us your best estimate of:

Your Annual Income

Salary & Bonuses – You: \$ _____ Spouse/Partner: \$ _____
 Interest & Dividends \$ _____
 Gift & Trust Income: \$ _____
 Rental Income (net of expenses) \$ _____
 Other Income \$ _____

Annual Savings:

Retirement plan contributions– You: \$ _____ Spouse/Partner: \$ _____
 Other Savings each year: – You: \$ _____ Spouse/Partner: \$ _____

Your Assets (what you own)

Total Cash in bank or Money Market Accounts \$ _____
 Total Stocks/Bonds/Mutual Funds \$ _____
 Stock Option Value (net of cost) – Vested \$ _____ Unvested \$ _____
 Total Value Retirement Accounts \$ _____
 Do you expect a pension? Yes ___ No ___ If so, how much? \$ _____ per _____
 Your share of your company -- Approximate value if sold today \$ _____
 Home value \$ _____ Mortgage Amount _____
 Value other real property owned \$ _____ Loans Against \$ _____
 Other assets: Type _____ Value \$ _____
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Your Debts (what you owe to others):

Amount due on credit cards: \$ _____
 Car, boat and personal loans: \$ _____
 Margin debt or investment loans: \$ _____
 Personal business loans \$ _____
 Loans you've guaranteed \$ _____

Financial Satisfaction Survey

Your Name: _____ Date: _____

Please note: if there are two of you, print out two copies so you each can complete your own Financial Satisfaction Survey

Directions: The statements below will help you think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement (scoring between 1 and 5, with 5 being “very satisfied” and 1 being “not satisfied”). Please add the numbers and record the total.

I am satisfied

Not Satisfied		Somewhat Satisfied		Very Satisfied
1	2	3	4	5

Cash Flow Management

1. ...with my ability to meet my financial obligations. _____
2. ... with the income my current job or career provides me. _____
3. ... with my spending habits. _____
4. ...with the level of debt that I carry. _____
5. ...with the “extras” that I am able to buy for myself and/or loved ones. _____

Risk Management / Investments / Benefits

6. ... with the amount and types of insurance protection I currently have. _____
7. ... with the amount of money that I save and invest on a regular basis. _____
8. ... with my current investment choices. _____
9. ...that I am on track to satisfy my retirement accumulation needs. _____
10. ... with the level and quality of employer/government benefits I receive. _____

Management / Estate / Education

11. ... with my personal bookkeeping and financial records management. _____
12. ... with my ability to provide financial help to family members. _____
13. ... with my estate plan. _____
14. ... with my level of charitable giving. _____
15. ... with my current level of financial education. _____

Qualitative Issues

16. ... with how I respond emotionally to difficult financial circumstances. _____
17. ...with my ability and willingness to communicate about my finances. _____
18. ... with the level of satisfaction I have with my financial situation. _____
19. ... that financial issues do not cause stress or strain in the relationships that are important to me. _____
20. ... with the working relationships I have with my financial professionals. _____

Total Score (Maximum score is 100) _____

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