In Preparation for our First Meeting

During 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 The Lubitz Financial Group 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. Please return this via fax 305/670-4448, email to Mail@LubitzFinancial.com or regular mail no later than 24 hours 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 60 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?):

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

How did you learn about The Lubitz Financial Group?

Basic Information about you

	You	Spouse/Partner
Full Name		
Name you prefer we use		
Birthdate		
Employer		
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
Children	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 $

Other assets: Type Value $

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 $

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 ....

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 managing my debt.
5. …with managing to maintain an adequate emergency fund.

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 ability to meet short term financial goals.
9. …with my ability to meet my long-term financial goals under my current financial plan (education, retirement, etc.)
10. ... with the level and quality of employee benefits I receive

Management / Estate / Education

11. ... with my personal financial record keeping and management.
12. ... with my ability to manage my financial plan.
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 or react to difficult financial circumstances.
17. …with my ability and willingness to communicate about finances.
18. ... with the level of meaning that I receive from my finances.
19. ... with how my finances affect my personal relationships.
20. ... with the level of satisfaction l have with my financial professionals.

Total Score (Maximum score is **100**) _0___

Please fax or email this completed form to us before our meeting.
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