



NIKULSKI FINANCIAL, INC.

# QUESTIONNAIRE

*Personal and Confidential*

Date: \_\_\_\_\_

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## Personal Information

	Client 1	Client 2
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of Residence	_____	_____

**Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.**

Name	Date of Birth	Relationship
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust



# Retirement Income

## Investment Attitude Risk Questionnaire

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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*

## Retirement Income

### Part-Time Employment

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Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Client 1 Retires  Client 2 Retires  Receiving Now  Year \_\_\_\_\_

Number of Years: \_\_\_\_\_

Income When Work Begins (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

Will this Amount Inflate?  No  Yes

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Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Client 1 Retires  Client 2 Retires  Receiving Now  Year \_\_\_\_\_

Number of Years: \_\_\_\_\_

Income When Work Begins (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

Will this Amount Inflate?  No  Yes

## Other Assets

### Personal and Business Assets

*(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)*

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Owner:  Client 1  Client 2  Joint  Custodial

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Will the value of this asset increase each year? \_\_\_\_\_%

Do you intend to sell this asset to help fund your Goals?  No  Yes *(If Yes, complete the remaining items)*

Year to Sell \_\_\_\_\_ Future Value *(after-tax)* \$ \_\_\_\_\_

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Owner:  Client 1  Client 2  Joint  Custodial

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Will the value of this asset increase each year? \_\_\_\_\_%

Do you intend to sell this asset to help fund your Goals?  No  Yes *(If Yes, complete the remaining items)*

Year to Sell \_\_\_\_\_ Future Value *(after-tax)* \$ \_\_\_\_\_

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Owner:  Client 1  Client 2  Joint  Custodial

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Will the value of this asset increase each year? \_\_\_\_\_%

Do you intend to sell this asset to help fund your Goals?  No  Yes *(If Yes, complete the remaining items)*

Year to Sell \_\_\_\_\_ Future Value *(after-tax)* \$ \_\_\_\_\_

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Owner:  Client 1  Client 2  Joint  Custodial

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Will the value of this asset increase each year? \_\_\_\_\_%

Do you intend to sell this asset to help fund your Goals?  No  Yes *(If Yes, complete the remaining items)*

Year to Sell \_\_\_\_\_ Future Value *(after-tax)* \$ \_\_\_\_\_

---

Owner:  Client 1  Client 2  Joint  Custodial

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Will the value of this asset increase each year? \_\_\_\_\_%

Do you intend to sell this asset to help fund your Goals?  No  Yes *(If Yes, complete the remaining items)*

Year to Sell \_\_\_\_\_ Future Value *(after-tax)* \$ \_\_\_\_\_

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Owner:  Client 1  Client 2  Joint  Custodial

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Will the value of this asset increase each year? \_\_\_\_\_%

Do you intend to sell this asset to help fund your Goals?  No  Yes *(If Yes, complete the remaining items)*

Year to Sell \_\_\_\_\_ Future Value *(after-tax)* \$ \_\_\_\_\_

**Please provide the following information:**

Website, Login ID, and Password (Statements if online viewing isn't available)

- Investment Assets
- Retirement Assets
- Cash Assets
- Stock Options

Statements

- Life Insurance Policies
- Social Security Estimate
- Pension Estimate for Desired Retirement Ages
- Last 3 pay stubs
- Tax returns for past 3 years
- Estate planning documents (Wills, Trusts, Power of Attorney, Etc.)