



SageBroadview

APPRECIATE THE WEALTH OF YOUR LIFE

GET ACQUAINTED



IN PREPARATION FOR OUR FIRST MEETING

NEW JERSEY OFFICE

Courthouse Plaza
60 Washington Street. Suite 102
Morristown, NJ 07960-8609

CONNECTICUT OFFICE

Farmington Corporate Park
6 Executive Drive. Suite 111
Farmington, CT 06032-2837

MASSACHUSETTS OFFICE

Burlington Woods Office Park
2 Burlington Woods Drive. Suite 100
Burlington, MA 01803-4539

www.sagebroadview.com

IN OUR FIRST VISIT WITH YOU THERE ARE TWO OBJECTIVES

∞ 1 ∞

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.

∞ 2 ∞

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 SAGE as your "financial life planner." 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.

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 information listed on this document.

OVERVIEW QUESTIONNAIRE

How did you hear about us?

Why are you looking for a financial advisor?

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

BASIC INFORMATION ABOUT YOU

	YOU	SPOUSE / PARTNER
FULL NAME		
NAME YOU PREFER WE USE		
BIRTHDATE		
ADDRESS		
PHONE		
EMAIL (YOU)		
EMAIL (YOUR SPOUSE / PARTNER)		
MARRIAGE / PARTNERSHIP	ANNIVERSARY:	#YOU: #FOR SPOUSE:
CHILDREN	NUMBER:	AGES:
GRANDCHILDREN	NUMBER:	AGES:
CITIZENSHIP		

OVERVIEW OF YOUR FINANCIAL SITUATION

(Please give us your best estimate of each item)

	YOU	SPOUSE / PARTNER
EMPLOYER (IF APPLICABLE)		
ANNUAL INCOME		
DO YOU PARTICIPATE IN COMPANY STOCK PLANS, E.G. STOCK OPTIONS, RESTRICTED STOCK, SRS, ETC.		
TOTAL CASH IN BANK/MONEY MARKET ACCOUNTS		
TOTAL VALUE INVESTMENT ACCOUNTS		
TOTAL VALUE REAL ESTATE		
TOTAL OF YOUR DEBTS		

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OVERVIEW OF YOUR FINANCIAL SITUATION

	YOU		SPOUSE / PARTNER	
LIFE INSURANCE ?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
DISABILITY INSURANCE?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
DO YOU HAVE CURRENT WILLS?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

COMMENTS:

QUALITATIVE ISSUES

	#	N/A
Q With how I respond emotionally to my personal financial matters	<input type="checkbox"/>	<input type="checkbox"/>
R With my ability to communicate about my financial matter	<input type="checkbox"/>	<input type="checkbox"/>
S With the feelings I have about my money life	<input type="checkbox"/>	<input type="checkbox"/>
T That financial issues do not cause stress or strain in the relationships that are important to me	<input type="checkbox"/>	<input type="checkbox"/>
U With the working relationships I have with my financial service providers (that is, insurance agents, banker, financial planner, broker & accountant)	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL SCORE (Maximum score is 100)

Please send us this completed form before our meeting to:

email: info@sagebroadview.com