MARIN FINANCIAL ADVISORS, LLC

CONFIDENTIAL QUESTIONNAIRE

CLIENT ______________________________ DATE ______________________________

PERSONAL INFORMATION

Client:		
Name: First, Middle Initial, Last / Date of Birth		
Soc Sec # / Birth State:		

Co-Client:		
Spouse Name: First, Middle Initial, Last/DOB		
Spouse SS # / Birth State:		

Contact Information:		
Home Phone:		
Mobile Phone(s):		
Preferred Phone Contact:	☐ Home ☐ Business ☐ Mobile ☐ Other	
Email Address 1:		
Email Address 2:		
Please note: Email correspondence will be sent to all email addresses listed above. If you do not want email correspondence sent to an email address listed, please note and it will be removed from our records.		

Home Address: Please add physical address to PO boxes	
Address Line 1:	
Address Line 2:	
City:	
State/Zip:	

Family trees:

	Father Age/Decsd	Father Health	Mother Age.De csd	Mother Health	Birth Order 1 of	Brothers	Sisters	
Client								
Co-Client								

Children, dependents and other relatives

Name	Relationship	Date of Birth	Social Security No.

What percentage of college do you plan to fund? **Private or public college?**

Employment and Business Information:				
Item	Client		Co-client/Spouse	
Occupation:				
Employer/Since:				
Business Address				
City/State/Zip:				
Business telephone:				
Business FAX number:				
Business e-mail address:				
10% shareholder or officer of a Public Company?				
Securities firm affiliation?				

Address Preferences:

For Written Correspondence:	☐ Home	☐ Business
For E-Mail Correspondence	☐ Home	☐ Business

FINANCIAL PROFILE

Investment Portfolio

Please list your current investment accounts or provide us with copies of the most recent statements for each account. If assets are owned by a trust, please provide us with a copy of the trust document. Please include custodial and college savings accounts.

Owner[1]	**Current Location**[2]	**Type of Account**[3]	**Current Balance**

[1] Client {C}, Spouse {S}, Living Trust {LT}, Joint Tenancy {JT}, Community Property {CP}, Other {O}
[2] Name of Brokerage Firm, Bank, Trust Company, etc.
[3] Regular taxable account (non-retirement), IRA, 401(k), Profit Sharing Plan, etc.

Real Estate

Please tell us about any real estate holdings that you currently own.

Type	Purchase Date and Price		FMV	Cost + Improvements	Debt/Rate/Last Refi/Term			
Primary Residence								
Second Residence								
Investment Property #1								
Investment Property #2								

Retirement

	Client	Co-Client
Employer Sponsored Pension	$______per month @ age______	$______per month @ age______
Cost of Living @ %		

	Client	Co-Client
What is your target "retirement" date? How do you plan to spend your "retirement" (active travel, start a business etc.)?		

Special Situations

	Security	Reason for Holding
Are there any securities in your current portfolio that we should not sell without prior authorization from you? (e.g. restricted stock, investments with large built-in gains, etc.)	________________ ________________ ________________ ________________	____ ____ ____ ____

Employment Income

Name	Annual Income	Bonus Amt and Frequency	Net Self Employment Income	Business Ownership Income	Description/Notes

Cash Flow

	Annual Amount	Source
Do you have any other sources of income aside from your current employment income?	$________	
	$________	

Do you receive/hold options or participate in stock purchase plans?	☐ Yes	☐ No
Do you have access to a Company Deferred Comp Plan?	☐ Yes	☐ No

Other Income

Please describe any additional sources of funds you will receive over the next 10 years:
(Examples: sale of business, inheritance, sale of home).

Source of Funds	Estimated Amount	Estimated Date of Receipt
	$________	
	$________	

	Amount	Frequency
Will you be making regular contributions to your taxable investment or retirement accounts?	$________	☐ Monthly ☐ Quarterly

TAX PROFILE, ESTATE PLAN AND INSURANCE

Are you subject to the Federal Alternative Minimum Tax (AMT)? ☐ Yes ☐ No

Do you have any capital loss carry forwards? _________________ ☐ Yes ☐ No

Estate plan current? Last Revision Date? ____________________ ☐ Yes ☐ No

HIPAA Update? ☐ Yes ☐ No

Life insurance? Client $_________ Co-Client $___________

Irrev Life Ins Trust? _________ Client/CoClient

Disability insurance? Client $_________ Co-Client $___________

Long Term Care Insurance? Client? __________ CoClient? ______________

RISK PROFILE

What type of investor do you consider yourself? Please circle a number on the line below.

Client	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Co-Client	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Conservative Moderate Aggressive

Beneficiary Information

If we will be managing your retirement accounts, whom should we list as the beneficiary designations?

Account name: ____

	Name and Address	Date of Birth	Tax ID #
Primary			
Contingent			

Account name: ____

	Name and Address	Date of Birth	Tax ID #
Primary			
Contingent			

Account name: ____

	Name and Address	Date of Birth	Tax ID #
Primary			
Contingent			

Information Request

___ Please provide us with copies of the most recent statements for your investment accounts.