



CAPITAL MANAGEMENT, INC

# Investment Profile Questionnaire

This comprehensive, personal financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future. At Mirau Capital Management, our goal is to help you make the right decisions for your financial future. The information you provide in this questionnaire will assist us in making sound recommendations with confidence.

## FAMILY ASSETS & LIABILITIES:

Name(s):		
	Mr.	Mrs.
<b>INCOME &amp; EXPENSES</b>		
Annual Income	\$	\$
Social Security / Defined Benefit	\$	\$
Annual Expenses	\$	

<b>QUALIFIED RETIREMENT ACCOUNTS</b> * IRA, 401(k), SEP, 403b, Roth IRA, etc. ** CD's, Annuities, Mutual Funds, Money Markets, Stocks, Bonds etc.			
Institution	Owner	Type*	Approx. Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$
<b>NON-QUALIFIED ACCOUNTS</b> * CD's, Mutual Funds, Money Markets, Stocks, Bonds, Annuities etc.			
Institution	Owner	Type*	Approx. Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

<b>CHECKING, SAVINGS &amp; MONEY MARKET ACCOUNTS (Non-Qualified)</b>		
Name of Institution	Type of Account	Approx. Value
		\$
		\$

RESIDENCE & OTHER REAL ESTATE		
Property	Amount Owed	Current Value
Residence – 1 <sup>st</sup>		
Residence – 2 <sup>nd</sup>		

LIFE INSURANCE							
Insured/Carrier	Type*	Year Purchased	Death Benefit	Premium / Mode	Cash Surrender Value	Loans Taken	Purpose**

\* Term, Universal Life (UL), Whole Life (WL), Equity Indexed Universal Life (EIUL) \*\* Retirement income, family protection, legacy, etc.

LTC INSURANCE					
Insured	Carrier	Year Purchased	Premium	Premium Mode (annual, monthly, etc.)	Elimination Period

ESTATE PLANNING					
Trust? Yes No	Wills? Yes No	Power of Attorney Documents? Yes No			

**GENERAL:**

- Do you have a current investment advisor?  Yes  No
- Are you anticipating any major lifestyle changes?  Yes  No  Uncertain  
(i.e., marriage, divorce, retirement, moving, etc.)  
If so, what changes are you expecting? \_\_\_\_\_
- Are you comfortable with your current cash flow?  Yes  No  Uncertain
- Do you anticipate any significant changes in your cash flow?  Yes  No  Uncertain
- Do you anticipate any major expenditures in the near future?  Yes  No  Uncertain  
If so, what expenditures are you expecting? \_\_\_\_\_

**PROTECTION:**

- Do you have any current health problems?  Yes  No  Uncertain
- Do you have adequate medical coverage?  Yes  No  Uncertain
- Do you have disability coverage?  Yes  No  Uncertain
- Do you have personal liability coverage?  Yes  No  Uncertain  
Amount? \_\_\_\_\_
- Do you have enough life insurance?  Yes  No  Uncertain  
Amount? \_\_\_\_\_
- Do you have an emergency fund (money set aside in savings)?  Yes  No  Uncertain
- Do you have long-term health care coverage?  Yes  No  Uncertain

**ESTATE PLANNING:**

- |   |                              |                             |                                    |
|---|------------------------------|-----------------------------|------------------------------------|
| Do you have updated/adequate wills?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you established any trusts?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Will you be receiving a significant inheritance?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you adequately considered estate taxes?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Have you provided adequate estate liquidity for your heirs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |
| Is proper titling a concern?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Uncertain |

**QUESTIONS:**

Please list any questions you may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have reviewed the results of my Investment Profile Questionnaire and agree that this reflects my financial needs, and time horizon.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Any rates of return shown are for illustrative purposes only and are neither guaranteed nor implied.  
Actual rates of return will be based upon the actual performance of selected investments.  
Taxes and fees are not a consideration in the illustrated returns.**

*Thank You*

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