



Prospective Client Questionnaire

If you are interested in our complimentary, first time personal consultation, please take a few minutes to provide the information requested below and return it to us before your appointment. This will help us determine if we can assist you in your financial planning needs.

1. Since Modular Financial Solutions, Inc. is a personal financial planning firm, we provide our client's with personal service using the financial planning process. Our representative will explain this process to you at your personal consultation. Please note that we are not a brokerage house, insurance agency or other "product" oriented financial services company. We specialize in working with clients to help them achieve their financial goals. This is in contrast to a short term transactional relationship.

A short term transactional relationship focuses on some narrow aspect of your finances, such as selecting an investment product or insurance policy. Although these transactions are important and we do provide assistance in these areas, we specialize in identifying the need for these products first through careful evaluation and analysis. If this short term, transactional relationship is the type of assistance you need, you will most likely not be a good "fit" for our firm.

Do you believe that you need our personal financial planning approach?

_____ Yes _____ No

If your answer is yes, you should fill out the rest of this questionnaire, return it to us and schedule an appointment with our firm. If your answer is no you will most likely be happier working with another type of firm.

2. What is the major reason you would like to work with a financial planner?

_____ I don't have the time or inclination to solve my financial problem which is _____

_____ I need ongoing advice to help me achieve my financial goals.

_____ Other (please describe) _____



3. What aspect of your finances do you need help with?

- | | |
|--|---|
| <input type="checkbox"/> Cashflow management | <input type="checkbox"/> Insurance coverages |
| <input type="checkbox"/> College funding | <input type="checkbox"/> New Business/second career |
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Estate planning | <input type="checkbox"/> Other |

4. If you would like a fee estimate, please provide the following information:

Your name _____ Age ____ Spouse's name _____ Age ____

Your occupation _____ Spouse's occupation _____

Address: _____ Phone Number: _____

_____ Email Address: _____

Approximate Income (joint if married) _____ Approximate networth _____

Do you have a will or trust?

Yes No

Have you had to pay any
Alternative Minimum Tax in the
last five years?

Yes No

Investment positions (e.g. ABC mutual fund, ACME 401(k) plan) by
investment name and dollar value.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this questionnaire to our office before your scheduled appointment. With this information we will be able to answer many of the questions you may have. We do look forward to discussing your financial planning needs with you.

Preferred appointment time (day/evening) and date: _____