ate of Completion:	

HFM ADVISORS

"INVESTMENTS and ADVICE for LIFE"

OFC:(310) 479-7958 / FAX:(310) 582-5251 EMAIL: Dirk@HFMADV.com

CONFIDENTIAL QUESTIONNAIRE

		CLIE	ENT NAME (2): _				
Home Address:		Home	Home Address:				
City, State, Zip:		City,	City, State, Zip:				
Home Phone:		Home	Home Phone:				
Work Phone:		Work	Phone:				
Mobile Phone:		Mobi	le Phone:				
E-mail:		E-ma	il: _				
Fax: (Home or Work)		Fax: (Home or Work)				
Birth date:		Birth	date:				
Primary Contact Person of	during business hou	urs?					
FAMILY MEMBERS (Pl	ease list children ar	nd other dependent	s.)				
Name	Relationship	nd other dependent	<u>Dependent</u>	Resides? (City & State)			
Name	Relationship	-	Dependent Y N				
<u>Name</u>	Relationship	-	<u>Dependent</u>				
Name	Relationship	-	Dependent Y N Y N				
<u>Name</u>	Relationship	Date of Birth / / / / / / / /	Pependent Y N Y N Y N Y N Y N Y N				
Name Client Employer (1):	Relationship	Date of Birth / / / / / / / / / / Clier	Dependent Y N Y N Y N Y N Y N Y N Y N Y				
Name Client Employer (1): Title/Job:	Relationship	Date of Birth	Dependent				
Name Client Employer (1): Title/Job: Number of years with this employer	Relationship	Date of Birth	Dependent Y N Y N Y N Y N Y N Y N Other Employer (2): Tob: Terror of years with this er	nployer?			
Name Client Employer (1): Title/Job: Number of years with this employment chan	Relationship ployer? ges?	Date of Birth	Dependent Y N Y N Y N Y N Y N Y N Y ST The Employer (2): Tob: The er of years with this er pated employment characters.	nployer?			
Name Client Employer (1): Title/Job: Number of years with this employment chan When do you plan to retire?	Relationship ployer? ges?	Date of Birth / / / / / / Clien Title/J Numb Antici	Dependent Y N Y N Y N Y N Y N Y N Y ST The Employer (2): The observation of years with this error pated employment charged do you plan to retire?	nployer?			
Name Client Employer (1): Title/Job: Number of years with this employment chan When do you plan to retire? Salary:	Relationship ployer? ges?	Date of Birth / / / / / / / / Clier Title/J Numb Antici When Salary	Dependent Y N Y N Y N Y N Y N Y N Y Sob: The temployer (2): The sobotic do you plan to retire? The sobotic do you plan to retire?	nployer?			
Name Client Employer (1): Title/Job: Number of years with this employment chan When do you plan to retire? Salary: Self-Employment Income:	Relationship ployer? ges?	Date of Birth	Dependent Y N Y N Y N Y N Y N Y N Y Sob: The er of years with this er pated employment chard do you plan to retire? The employment Income:	nployer?			
Name Client Employer (1): Title/Job: Number of years with this employment chan when do you plan to retire? Salary: Self-Employment Income: Bonus/Commissions:	Relationship ployer? ges?	Date of Birth / / / / / / Clien Title/J Numb Antici When Salary Self-E Bonus	Dependent Y N Y N Y N Y N Y N Y N Y N Y	nployer?			
Name Client Employer (1): Title/Job: Number of years with this employment chan When do you plan to retire? Salary: Self-Employment Income:	Relationship ployer? ges?	Date of Birth / / / / / / / / Clier Title/J Numb Antici When Salary Self-E Bonus Other	Dependent Y N Y N Y N Y N Y N Y N Y Sob: The er of years with this er pated employment chard do you plan to retire? The employment Income:	nployer?			

Who prepares your tax r	eturn?							
☐ Self			Name					
☐ Paid Preparer								
			DI					
			Phone	(<u>)</u>			
			Fax)			
		Wills			Y	N		
Do you have estate-plan	ming documents?					N		
		Living Trusts Power of Attorney				N		
When and in what state v	vere mey dranted?			еу		-		
			g Will					
		Other	Document	ts	Y	N		
How were your current in	vestment assets sele	cted?						
Rate your working relati	ionships with each (of the follo	wing advis	sors t	hat	apply:		
			isfaction Ra	ting				
Adviser : 1 DI	Dissatisfie		2		→	Very Satisfied	i <u>Not</u>	Applicable X
Financial Planner Broker	1 1	2 2	3		4 4	5 5		X X
Broker	1	2	3		4	5		X
Accountant	1	2	3		4	5		X
Tax Preparer	1	2	3		4	5		X
Attorney	1	2	3		4	5		X
Insurance Agent	1	2	3		4	5		X
Insurance Agent	1	2	3		4	5		X
INSURANCE		Clie	nt (1)				Client	t (2)
	Coverage	Group	<u>Individu</u>	<u>al</u>	C	overage	Group	<u>Individual</u>
Health		. \square						
Disability		. \square						
Disability		. \square						
Life								
Life								
Life								
Homeowners								
Auto								
Auto								
Umbrella Liability		 _					\Box	\Box
Professional Liability								
Long Term Care								
Have you ever been turned	d down for Insurance	. — :? □ Ye:	s 🗆 No				—	

A	SSE	TS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts							
Bank Name	Checking [C], Savings [S], or Money [MM]			Ownership	Avg. Balance		
					\$		
					\$		
CD.							
CD's Where Held?	Interest Rate	Moturity 1	Date	Ownership	Any Voluo		
where Heid?	mieresi Kate %	·			Apx. Value \$		
	%				<u>\$</u>		
	%				\$		
Attach a copy of your most c	urrent brokerage	, mutual fund an	id retireme	nt statement	S.		
Please list below and estimate statements provided:	a value for any oth	er investment ass	ets not appe	earing on the	list above or the		
Other		Estimated Value					
<u>LIABILITIES</u>							
Constitution of		I		erage	Comment Delemen		
Credit Cards		Interest Rate* %	Montnly \$	Payment	Current Balance \$		
		// //////////////////////////////////	\$		\$		
	<u> </u>	/0	\$		\$		
		%	\$		\$		
				not paid in fi			
			<u>'11</u>	*If not paid in full each month			
Debts (Residence, Auto, Busin	ess, School)	Interest Rate*	Pay	<u>ment</u>	Current Balance		
	<u> </u>	 %	\$		\$		
		%	\$		\$		
		%	\$		\$		
		%	\$		\$		
Have you received a copy of you	ur credit report rec	ently? □ Yes	□ No				

Please comment on the advice you seek.		
	 ,	

These items may be needed, should you engage our services:

Prior Year Tax Return
Brokerage Account Statements
Trust Account Statements
Retirement Plan Account Statements
Loan Documents

Paycheck Stubs
Mutual Fund Account Statements
Employee Benefits Booklet
Legal Documents
Insurance Policies

Please keep a copy of this completed form and fax, email or mail a copy to us in advance of our appointment.

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