



ROBERT WASILEWSKI

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CLIENT QUESTIONNAIRE

This client questionnaire asks for confidential information which always will be kept in strict confidence.

PERSONAL INFORMATION

Client (1)

Client (2)

Name _____ Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Fax (Home or Work?) _____ Fax (Home or Work?) _____

E-mail _____ E-mail _____

Date of Birth _____ Date of Birth _____

Who is the primary person to contact? _____

When is the best time to be reached? _____

Check the best method to reach you: E-mail Home Phone Work Phone Cell Phone

Family Members (please list children and other dependents)

Name	Relationship	DOB	Dependent	State of Residence	Marital Status	# of Children
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____

Employment

Client (1)

Client (2)

Employer _____	Employer _____
Type of business _____	Type of business _____
Title/Job _____	Title/Job _____
# of years w/ this employer? _____	# of years w/ this employer? _____
Plans to change employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plans to change employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

ANNUAL INCOME

Client (1)

Client (2)

Salary/Self-employment\$ _____	Salary/Self-employment \$ _____
Bonus/Commissions \$ _____	Bonus/Commissions \$ _____
Investments \$ _____	Investments \$ _____
Other \$ _____	Other \$ _____
TOTAL (Current Year) \$ _____	TOTAL (Current Year) \$ _____

QUICK PLANNING QUESTIONS

When do you plan to retire? _____

How are your current investment assets selected? _____

Are you currently working with an investment advisor/broker/financial planner? _____

Why are you seeking the services of RW Investment Strategies? _____

How comfortable are you in choosing your own investments? _____

What average annual rate of return do you expect on your investments? _____

Yes No

___ ___ Do you expect any extraordinary expenses within the next two years?

___ ___ Do you expect any extraordinary capital receipts within the next two years?

___ ___ Do you have a will?

___ ___ Do you have a living trust?

___ ___ Do you have a durable power of attorney?

___ ___ Do you have a healthcare power of attorney (living will)?

___ ___ Do you have an accountant?

___ ___ Do you have an attorney?

Your Opinions/Preferences

Client (1) Client (2)

Rank these questions on a scale from 1 to 10,
with 1 being **not important** and 10 being **very important**.

_____ _____ How important is capital preservation?

_____ _____ How important is growth?

_____ _____ How important is low volatility?

_____ _____ How important is inflation protection?

_____ _____ How important is current cash flow?

