



Confidential Data Form

Please return this form to **John Shellenberger, Jr. CFP®**, Estate Conservation Associates
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Please complete this information to establish your relationship with Estate Conservation Associates and Pacific West Financial Consultants, Inc. (a Registered Investment Advisor)/Pacific West Securities, Inc. NASD, SIPC. Please print clearly.

I. Basic Data:

Date _____

Name _____ Name _____

SSN _____ SSN _____

Date of Birth _____ Date of Birth _____

Date of Marriage _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Employer's Address _____

Business Phone _____ Business Phone _____

Home Address _____

Home Phone _____ E-mail Address _____

Name of Trust (if any) _____

Trust I.D. No. _____

Children:

Name _____ Birth Date _____ School Grade _____ SSN _____

Name _____ Birth Date _____ School Grade _____ SSN _____

Name _____ Birth Date _____ School Grade _____ SSN _____

Name _____ Birth Date _____ School Grade _____ SSN _____

II. Checklist of Information Items

Please bring with you to your first meeting the following items, if available:

- Recent paycheck stubs
- Life insurance policies
- Automobile insurance policy
- Homeowners' policy
- Last year's Federal and State tax returns
- Copies of any wills and trusts
- Employee fringe benefit descriptions
- Statements for pension plans or profit sharing accounts
- A list of any investments, including real estate
- This completed data form
- Any additional materials that may be relevant

III. Personal Financial Objectives

1. General Goals and Objectives

- Maintain/expand standard of living
- Increase lifetime income
- Supplement income from investments
- More effective withdrawal of retirement resources
- Build retirement income resources
- Decrease expenses (including debt payments)
- Funds for education of children or grandchildren
- Funds for care of other family members
- Decrease income taxes
- Sell certain assets without paying capital gains taxes
- Avoid the triple tax on retirement plan assets (including IRAs)
- Reduce or eliminate estate taxes
- Minimize estate transfers to heirs
- Fulfill philanthropic interests
- Create a more meaningful legacy for my children and grandchildren
- Other (please describe)

2. Your Specific Needs and Interests

- Life insurance
- Long-term care insurance
- Medical insurance/supplemental Medicare insurance
- Disability insurance
- Capital for new business
- Protection against liability exposure
- Socially screened investment program
- IRA/Roth IRA
- Tax-deferred annuities
- Mutual funds
- Other (please describe)

IV. Balance Sheet

1. Assets

A. Current Assets (liquid within one year)

- Cash and Checking _____
- Savings Accounts/
Credit Union _____
- T-Bills, etc. _____
- Certificates of Deposit _____
- Money Market Assets _____
- Bonds:
U.S. Savings, Treas. _____
- Stocks _____
- Mutual Funds _____
- Brokerage Acct Assets _____
- Other Liquid Securities _____
- Stock Options _____

B. Fixed Assets

- Limited Partnerships _____
 - Real Estate _____
 - Other _____
- Gold, Diamonds, Stamps _____
- Notes Outstanding _____
- Other Receivables _____
- Household Assets,
Antiques _____
- Automobiles _____
- Business Interests _____
- Home _____
- Other Real Estate _____
 - Improved _____
 - Unimproved _____
 - Second Home _____
 - Investment R.E. _____

C. Deferred Assets

- Deferred Comp. Plans _____
- Current Pension Accum. _____
- Other Retirement Plans _____
- IRA/KEOGH Accts _____
- Incentive Stock Options _____
- Annuities _____
- Life Insurance
Cash Values _____
- Inheritances in Probate _____

D. TOTAL ASSETS _____

2. Liabilities

A. Current Liabilities (due within 12 months)

- Notes Payable _____
- Life Insur. Loans _____
- Installment Loan _____
- Credit Card Balances _____

- Property Taxes Due _____
- Other Liabilities (\$1000+) _____

B. Long Term Debt (Over 12 months)

- Mortgage: Home (1st) _____
- Mortgage: Home (2nd) _____
- Mortgage: Second Home _____
- Mortgage(s):
Income Prop. _____
- Auto Loans _____
- Other Loans _____

C. TOTAL LIABILITIES _____

3. NET WORTH

(Assets minus Liabilities) _____

V. Income & Tax Information

1. Ordinary Income (Monthly)

- Salary 1 _____
- Salary 2 _____
- Consulting Fees _____
- Commissions _____
- Interest _____
- Dividends _____
- Royalties _____
- Rental Income _____
- Loan Payments _____
- Pension Income _____
- Retirement Income (Other) _____
- Social Security _____
- Alimony/Child Support _____
- Trust Income _____
- Other Income _____

TOTAL MONTHLY _____

TOTAL ANNUAL INCOME _____

2. Income and Estate Tax Information

Federal Income Tax Bracket (see table at end of form to determine your tax bracket):

- 15% 28% 31% 36% 39.6%

Federal Estate Tax Bracket (see table at end of form to determine your tax bracket):

- 37% 39% 41% 43% 45% 49% 53% 55%

Assets to be subject to capital gains tax if sold:

- Stock: Approximate value _____ Cost basis _____
- Bonds: Approximate value _____ Cost basis _____
- Mutual Funds: Approximate value _____ When purchased? _____
- Annual income currently generated from investments: _____
- Real Estate: Approximate value _____
 - Amount of debt on the property _____
 - Original cost basis _____
 - Depreciation taken _____
 - Annual income currently generated _____
- Other (please describe) _____ Approximate Value _____

VI. Current Expenditures

(Be careful not to duplicate entries)

1. Expenses: Ordinary (Monthly)

- Savings/Investments _____
- Food _____
- Household Items _____
- Clothing _____
- Transportation
(Air, Train, etc.) _____
- Utilities _____

- Auto Operating Expense _____
- Auto Maintenance &
Repair _____
- Auto Insurance _____

- Medical/Dental Expense _____
- Medical/Dental
Insurance _____

- Life/Disability Insurance _____
- Homeowners Insurance _____

- Mortgage Payments/Rent _____
- Condo Fees, Other Fees _____
- Other Loan Payments _____

- Business Exps Not
Reimbursed _____

- Newspapers, Magazines _____
- Educational Expenses _____
- Books, Games _____
- Hobbies _____
- Recreational Expenses _____
- Club Dues/
Memberships _____

- Gifts _____
- Contributions _____
- Support Payments _____
- Other _____

Monthly Subtotal _____
x 12 _____

2. Expenses: Periodic (Annual)

- Taxes:
 - Federal Income _____
 - State Income _____
 - Property: Residence _____
 - Property: Second Home _____
 - Property: Income Prop. _____
 - Property: Other _____

- Tax Accounting _____
- Financial Planning _____
- Legal Expenses _____

- Auto Repairs _____
- Automobile Insurance _____
- Auto Purchase _____

- Special Medical/
Dental Expense _____

- Life Insurance _____
- Homeowners' Insurance _____

- Home Remodeling _____
- Furnishings _____
- Appliances _____

- Education Expense/
Tuition _____
- Vacations/Trips _____
- Holiday Expenses _____
- Recreation Purchases _____
- Gifts _____
- Contributions _____
- Miscellaneous _____

Annual Subtotal _____

GRAND TOTAL _____

VII. Insurance

1. Auto Insurance Premium _____

Liability Limits
Bodily Injury _____
Medical Payments _____
Uninsured Motorists _____
Property Damage _____

2. Homeowners' Insurance Premium _____

Liability Limits _____
Amount of Loss Coverage _____

Full Replacement Value? Yes No

3. Umbrella Liability Insurance Premium _____

Liability Limits _____

4. Health Insurance Premium _____

Through employer? Yes No
Company _____

5. Disability Insurance Premium _____

Through employer? Yes No
Company _____
Amount of Coverage _____

6. Supplemental Medicare Premium _____

(65 and over)
Company _____

7. Long-Term Care Insurance Premium _____

Company _____ Daily Coverage _____ Length of Coverage _____

8. Life Insurance

A. Insured _____ Company _____

Face Amt _____ Cash Value _____ Premium _____

Type: Term Whole Life Univ. Life Variable Life Other Loans? _____

B. Insured _____ Company _____

Face Amt _____ Cash Value _____ Premium _____

Type: Term Whole Life Univ. Life Variable Life Other Loans? _____

C. Insured _____ Company _____

Face Amt _____ Cash Value _____ Premium _____

Type: Term Whole Life Univ. Life Variable Life Other Loans? _____

D. Insured _____ Company _____

Face Amt _____ Cash Value _____ Premium _____

Type: Term Whole Life Univ. Life Variable Life Other Loans? _____

(For additional policies, please use a blank page)

VIII. The Relationship with Your Advisor

Do you expect that the best investment advisors can pick the best investments most of the time?

Yes No

Do you expect that the best investment advisors know **when** to be invested in the market and **when** to get out?

Yes No

With respect to the relationship with your advisor, do you want

- an ongoing, long-term relationship?
- short term advice?

With respect to your approach to the management of your assets, do you want

- ongoing stock and bond trading?
- one-time purchase and hold with periodic follow-up communications?
- a long-term strategy with periodic meeting to discuss how the investment program is performing and meeting the objectives that were determined at the outset?

With respect to capital gains and income taxes, do you want

- some attention paid to taxes and a program to mitigate taxes?
- no particular attention given to tax consequences of investment decisions?
- relief from paying Alternative Minimum Tax?

With respect to taxes, do you want

- some attention paid to estate taxes and a program to mitigate these potential taxes?
- no particular attention given to estate tax consequences?

With respect to compensation to your advisor, do you prefer

- our advisor to be compensated by a commission on the sale of the investment products you purchase?
- to compensate the advisor with a modest fee charged against your portfolio on an ongoing basis and based on the advisor's continuing relationship with you?