



INSIGNIA

FINANCIAL COMPANY

COMMITTED TO PROVIDING CLEAR DIRECTION

GET ACQUAINTED QUESTIONNAIRE



To Prepare For Our First Meeting

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DURING OUR INITIAL VISIT, THERE ARE TWO OBJECTIVES

1. WE NEED TO LEARN ABOUT YOU.

We will want to know about your current financial circumstances, your goals, your values, your concerns and what you are looking for in an advisory relationship. This will help us determine how we will best be able to serve you. Since you play a key role in this process, we want to make sure you understand your responsibilities if our relationship is going to be a success.

2. YOU NEED TO LEARN ABOUT US.

You will need to decide if we are the right fit for you. We want to make sure that you have a clear understanding of what we do, how we work and what the benefits will be of choosing **INSIGNIA FINANCIAL COMPANY** as your “financial partner”. We will answer any questions you may have and detail what your experience with us will be like.

Our initial meeting will be used by both of us to learn about each other and typically lasts around 90 minutes. To make our time together as productive as possible, we ask that you take a few minutes to complete the information contained in this document and return it prior to our first meeting.

OVERVIEW QUESTIONS

How did you hear about us?

Why are you looking for a financial advisor?

What would a good relationship look like?

What is the best investment you have ever made?

What is the worst investment you have ever made?

BASIC INFORMATION ABOUT YOU:

	You	Spouse/Partner
Full Name (First, Middle, Last)		
Preferred Name We Use		
Age		
Address		
City		
State		
Zip		
Home Phone		
Cell Phone		
Email Address		
Preferred Method of Contact:		
Marriage/Partnership		
Anniversary Date:		
Children # & Ages:		
Grandchildren # & Ages:		

Please check all the events that have occurred in the past year or you anticipate occurring in the next year.

- | | | |
|--|--|---|
| <input type="checkbox"/> New Child or grandchild | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Buy or sell a home |
| <input type="checkbox"/> New job or promotion | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Death of a family member |
| <input type="checkbox"/> Buy or sell a business | <input type="checkbox"/> New investment or insurance | <input type="checkbox"/> Retirement |

FINANCIAL OVERVIEW

	You	Spouse/Partner
Employer (if applicable)		
Occupation		
Annual Income		
Do you participate in Company stock plans, i.e. Stock Options, Restricted Stock, SARS, etc.		
Total Cash in Bank/Money Market Accounts		
Total Value Investment Accounts		
Total Value Real Estate		
Total of Your Debts		

FINANCIAL SATISFACTION

Directions:

The statements below will help you reflect about and assess how satisfied you are with many aspects of your financial life. Select your level of satisfaction for each statement (scoring between 1 and 5, with 5 being “very satisfied” and 1 being “not satisfied”). Please add all numbers and record the total.

Please Note: If there are two of you, print out two copies so that you can each complete your own Financial Satisfaction Survey.

NOT SATISFIED		MODERATELY SATISFIED	VERY SATISFIED	
1	2	3	4	5

CASH FLOW MANAGEMENT

	#	N/A
With my ability to meet my financial obligations	<input type="text"/>	<input type="text"/>
With the income potential that my current job or career provides me	<input type="text"/>	<input type="text"/>
With my spending habits	<input type="text"/>	<input type="text"/>
With the level of debt I carry	<input type="text"/>	<input type="text"/>
With the “extras” that I am able to buy for myself and/or loved ones	<input type="text"/>	<input type="text"/>

RISK MANAGEMENT/INVESTMENTS/BENEFITS

	#	N/A
With the level & quality of insurance protection I currently have	<input type="text"/>	<input type="text"/>
With the amount of money that I save & invest on a regular basis	<input type="text"/>	<input type="text"/>
With my current investment choices	<input type="text"/>	<input type="text"/>
That I am on track to build a sufficient retirement nest egg	<input type="text"/>	<input type="text"/>
With the level of employee benefits I receive	<input type="text"/>	<input type="text"/>

MANAGEMENT/ESTATE/EDUCATION

	#	N/A
With my style of personal bookkeeping & Financial records management	<input type="text"/>	<input type="text"/>
With my ability to provide financial help to family members	<input type="text"/>	<input type="text"/>
With my estate plan	<input type="text"/>	<input type="text"/>
With my level of charitable giving	<input type="text"/>	<input type="text"/>
With the level of personal financial education I have attained	<input type="text"/>	<input type="text"/>

QUALITATIVE CONCERNS

With how I respond emotionally to my personal financial matters

#	N/A
<input type="text"/>	<input type="text"/>

With my ability to communicate about my financial matters

<input type="text"/>	<input type="text"/>
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With the feelings I have about my money life

<input type="text"/>	<input type="text"/>
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That financial issues do not cause stress or strain in the relationships that are important to me

<input type="text"/>	<input type="text"/>
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With the working relationships I have with my financial service providers (that is insurance agents, banker, financial planner, broker, accountant)

<input type="text"/>	<input type="text"/>
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TOTAL SCORE (Maximum score is 100)

<input type="text"/>

Please send us this completed questionnaire (4 pages) before our meeting to:

efoster@insigniafinco.com or via mail

Insignia Financial Company
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Suite 300
Livonia, MI 48152

Attn: Elizabeth Foster