



G A L E INVESTMENT
MANAGEMENT

Thank you for taking the time to fill out this confidential questionnaire. We're required to understand your household's financial situation, and these answers will help us provide the best advice regarding your investments. Feel free to add clarifications or your questions in the margins for discussion during your consultation.

FULL LEGAL NAME:

DATE OF BIRTH:

MAILING ADDRESS:

DAYTIME PHONE(S):

E-MAIL:

NAME OF EMPLOYER:

OCCUPATION:

START DATE :

(Jefferson Healthcare Employees Only)

1) Are you a U.S. citizen? Circle: Y N

2) Please check the line below with your current marital status:

___ Single ___ Married ___ Widowed ___ Divorced ___ Partnered (not married)

Gross Annual Income: You _____ Partner _____

Number of dependents (that you claim on your federal tax form): _____

Ages of your children: _____

3) How do you anticipate filing your taxes for the current year?

___ Single ___ Married filing jointly ___ Married filing singly

Preferred means of contact (check one): ___ Phone ___ E-mail
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4) What is the anticipated gross **income** for your household for the current year? Sources may include employment, alimony, social security, investment income, rental income. List by income earner or source. (Gross income can be found on Line 22 of your most recent IRS form 1040).

Source	\$ Amount
Total	

5) Do you anticipate any changes in your household income in the next few years? If so, give details.

6) Approximately how much are your household's normal, recurring **living expenses**? (These could include mortgage, rent, car payments, utilities, food, clothing, interest on debts, insurance premiums, alimony or child support.) Please indicate if this is a *monthly* or *annual* sum.

Total \$ _____ Monthly or Annual? (circle one)

7) Do you foresee having any **special expenses** beyond your normal budget in the next few years? (These could be the purchase or remodeling of a home, purchase of a car, educational expenses, or medical expenses.) Please explain, give a dollar value, and indicate approximately how many years out below.

Time frame required for funding special expenses (check one):

<1 year 1-3 years 3-5 years 6-10 years 10+years

8) Do you currently have an emergency fund?

No Yes, with 1-3 months of household living expenses
 Yes, with 4-6 months of household living expenses

9) At what rate do you expect to save for the next five years?

The same Less More

10) What is your household's federal tax bracket? This is not your effective tax rate as a percentage of your taxable income, but the highest tax rate you are subject to.

(See www.moneychimp.com/features/tax_brackets.htm.)

0-15% 25-27.5% Over 27.5%

11) Please list below any debt you have besides your mortgage, including the type (ie. Education, credit card, etc.):

Type	\$ Amount	Balance

12) How would you describe your general investment knowledge?

Limited Good Extensive

13) What would you consider to be your main investment objectives? Rank all that apply, with "1" being the most important.

Income with Limited Growth

Income with Moderate Growth

Growth & Income

___ Growth

___ Aggressive Growth

14) How much do you intend to contribute to your retirement accounts this year?

15) Do you currently have other accounts, investments, pensions, assets or liabilities that significantly affect your financial/retirement decisions? If so, please list here:

Owner	Registration type (ie. Roth, 401k, etc.)	Balance

16) Anything else we should know about?

**To keep your personal information secure, please return this form to
Gale Investment Management in one of the following ways:**

- Mail to 425 Washington St., Port Townsend, WA 98368.
- Hand-deliver to our downtown Port Townsend office at the above address between 8:30 a.m.- 5 p.m. weekdays.
- Fax to (360) 343-0699.
- Call our office to arrange for a *secure email* to which you can reply with this form attached.

Call us at (360) 385-5044 if you have any questions!