

PURPOSE:

To assist Ronald Blue Trust with tailoring our services to fit your individual financial situation. If you are unable to readily supply the requested information, simply send us what you have and we can start from there. Additionally, if you have information that you can provide in another format (statements, paycheck stubs, etc.), there will be no need to fill in the corresponding blanks within the questionnaire.

DOCUMENTS REQUESTED:

Please note that all information provided to us is strictly confidential. In addition to completing the relevant sections of the questionnaire, please send copies of the following documents:

- Most recent Federal and State Tax Returns
- Two most recent paycheck stubs
- Investment account statements (brokerage, IRA, 401(k), 403(b), education funds, etc.)
- Other (if available):
 - Budget or spending plan
 - Social Security statements
 - Recent statement(s) regarding any loans (including mortgage)
 - Life insurance policy summaries
 - Employee benefit and pension information

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Guidelines to Complete and Submit Form

The form you requested follows this page. You can either complete it on your computer while saving changes to the form or print it out first and fill it in by hand.

Follow these easy steps to complete and submit your form/documents:

1. Open the questionnaire using Adobe® Reader® from your computer (do not view the questionnaire within a web browser).

2. Scroll down and type the requested information in the corresponding field.

Name	John
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- You can move among the fields by using your mouse or the “Tab” key.

3. When you have completed the questionnaire or reached a point where you would like to pause, SAVE your information.

4. Submit the completed questionnaire and requested documents using one of the following methods:

- Contact us to receive a secure link to upload documents by sending an email to your advisor or info@ronblue.com referencing your need for a secure upload link.
- Print, scan, and email the questionnaire while faxing other documents separately as they may be more sensitive in nature (see pg. 11 for Ronald Blue Trust locations and contact information).
- Mail the questionnaire and other documents (see pg. 11 for Ronald Blue Trust locations and contact information). Due to the sensitive nature of this information, you may want to use a mailing option that can be tracked (e.g. FedEx or UPS).

Email sent through the internet is not secure. Ronald Blue Trust recommends that you do not send any confidential or sensitive information to us via electronic mail.

Any original documents sent can be copied and returned or shredded.

Protecting your personal information is very important to us. Please go here to read our Privacy Policy – www.ronblue.com/privacy-regulatory

PERSONAL INFORMATION

Date Questionnaire Completed: _____ Preferred Advisor (if known): _____

How did you hear about us? Please select option from below:

article
 book
 website
 friend
 client
 other

	Client	Spouse	
Full Legal Name	First	First	
	Middle	Middle	
	Last	Last	
Date of Birth			
Phone Number	Home	Home	
	Mobile	Mobile	
	Work	Work	
Email			
Occupation			
Employer			
Home Address			
City, State, Zip	City	State	Zip

Children/Dependents	Sex	DOB	Grade	Dependent
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y

** List the grade student will be in during the fall of the current calendar year.*

Do you anticipate additional children or dependents? If so, please estimate how many and when?

Do you, your children, or other dependents have any special medical or other situation that would impact your finances? If so please explain:

Additional information may be required, please provide contact preferences below:

What are the best days and times to contact you?

	a.m.	p.m.
MON		
TUE		
WED		
THU		
FRI		

Preferred contact method:

- email
- home phone
- work phone
- mobile phone

PERSONAL INFORMATION (CONTINUED)

Which would best describe your current approach to your investing?

Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	DO-IT-YOURSELFER You find great satisfaction and comfort in being involved in the day-to-day management of all personal financial affairs and decisions.
<input type="checkbox"/>	<input type="checkbox"/>	COLLABORATOR 1) You want to do the majority of the financial analysis yourself, and then have an advisor confirm your own research or 2) You want an advisor to do the majority of the financial analysis and you personally confirm the advisor's research.
<input type="checkbox"/>	<input type="checkbox"/>	DELEGATOR You prefer an expert worthy of trust because you feel that you do not have the time, desire, and/or aptitude to manage investments yourself.

Which would best describe your desired future approach?

DO-IT-YOURSELFER
 COLLABORATOR
 DELEGATOR

Do you presently have someone that provides financial advice or guidance to you (i.e. broker, insurance agent, CPA, etc.)?

VEHICLES

Make/Model	Year	Primary Driver	Year to Replace	Cost to Replace	No. Years to Keep New Vehicle

EDUCATION FUNDS

If you are planning for education expenses, please complete the following per child:

Child Name	K - 12		Undergraduate		Graduate	
	Public	Private	Public	Private	Public	Private
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

Please provide an estimate of the cost of each of the above (current year cost) if known:

In which of the following areas do you have questions, concerns, or issues that you feel need to be addressed?

- | | |
|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> goal setting | <input type="checkbox"/> retirement |
| <input type="checkbox"/> charitable giving | <input type="checkbox"/> savings/investments |
| <input type="checkbox"/> income tax | <input type="checkbox"/> education |
| <input type="checkbox"/> budgeting/cash flow management | <input type="checkbox"/> insurance |
| <input type="checkbox"/> wills/trusts | <input type="checkbox"/> other |

What are your most important short-term (immediate) financial goals?

What are your most important long-term (life) financial goals?

Describe your concept of retirement and the age at which you want it to start.

Other than vehicles, what major purchases do you anticipate within the next 5 years?
Please indicate timing and amount.

LONG-TERM INVESTMENTS RISK ASSESSMENT

In general, what would you consider the most important goal for your long-term investments?

Client Spouse

GROWTH

I don't mind occasional portfolio value ups and downs – even 15% or more - since I expect the long-term trend to be upwards and I desire to outpace inflation.

STABILITY

I don't want "stock market" exposure in my portfolio and I am content to keep pace with inflation.

PRESERVATION

Safety of my original investment is my most important objective. I am willing to risk not keeping pace with inflation to avoid account losses.

On a scale of 1 to 10, how would you rate yourself in general as an investor:

Client	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Minimize losses and volatility

Growth in spite of volatility

Which of the \$100,000 investment scenarios below would you be most comfortable with for a one year period?

Client	Spouse	AVERAGE	POSSIBLE 1 YEAR RETURNS		VALUE AFTER 1 YEAR	
		Annual Return	Best Increase	Worst Decline	Best Increase	Worst Decline
<input type="checkbox"/>	<input type="checkbox"/>	9.0%	73%	-54%	\$173,000	\$46,000
<input type="checkbox"/>	<input type="checkbox"/>	8.0%	61%	-43%	\$161,000	\$57,000
<input type="checkbox"/>	<input type="checkbox"/>	7.0%	45%	-23%	\$145,000	\$77,000
<input type="checkbox"/>	<input type="checkbox"/>	6.0%	28%	-12%	\$128,000	\$88,000
<input type="checkbox"/>	<input type="checkbox"/>	4.0%	8%	-6%	\$108,000	\$94,000
<input type="checkbox"/>	<input type="checkbox"/>	2.0%	2%	-2%	\$102,000	\$98,000

The range of future positive and negative returns in any single investor's portfolio will likely differ from those illustrated.

If your investment of \$100,000 declined in one quarter to \$75,000, you would:

What is your expected long-term rate of investment return?

INCOME

	Annual	Monthly	Client	Spouse
Base Salary	<input type="checkbox"/>	<input type="checkbox"/>		
# of Paychecks per Year	<input type="checkbox"/>	<input type="checkbox"/>		
Commission/Bonus	<input type="checkbox"/>	<input type="checkbox"/>		
Expected Increase %	<input type="checkbox"/>	<input type="checkbox"/>		
Self Employment Income	<input type="checkbox"/>	<input type="checkbox"/>		
Pension/Annuities	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>		
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>		
Other Income	<input type="checkbox"/>	<input type="checkbox"/>		

Current % of Gross Income
or \$ Amount:

Goal % or \$ Amount:

Church/Other Charities		
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LIVING EXPENSES

Which of the following statements best describes you?

- You have a closely monitored budget or spending plan.
- You generally know where your money goes.
- You do not have a budget or spending plan.

If you checked either of the first options, please note an expense number below. The expense number should include the categories of rent (not mortgage), groceries, entertainment, utilities, education, auto, and home insurance, etc. Do not include debt, taxes, saving, or giving.

Annual Amount

\$

If available, please provide documentation.

NON-MORTGAGE DEBT

Ex: Credit Cards, Auto Loans, Home Equity, etc.

Description	Purchase Date	Amount Financed	Loan Term (in years)	Interest Rate	Current Loan Balance	Monthly Payment	Extra Monthly Principal	Total Monthly Payment

CHECKING, SAVINGS, INVESTMENT, RETIREMENT

Type of Account	Company	Account Balance	Intended Use of Funds (if applicable)
Checking			
Savings/Money Market			
401(k) / 403(b)			
IRA, Roth IRA			
Other			

DEPOSITS TO SAVINGS/INVESTMENT

Specific Account Name	Account Type	Amount	Annual	Monthly
Retirement Savings			<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings			<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings			<input type="checkbox"/>	<input type="checkbox"/>
Education Savings			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

REAL ESTATE/MORTGAGE

	Primary Residence	Other Property/ 2nd Mortgage	Other Property
Description			
Current Value			
Purchase Date			
Original Purchase Amount			
Original/Refinanced Loan Amount			
Term of Loan (in years)			
Current Loan Balance			
Interest Rate			
Monthly Payment (principal & interest)			
Monthly Real Estate Tax Amount			
Monthly Insurance Amount			
Extra Monthly Principal			
Total Monthly Payment			

Does your employer provide a match for your retirement savings?

If yes, how much? %

Will you have an employer funded pension at retirement? If available, please provide your benefit statements.

If yes, what is your projected benefit? \$ Monthly Annual

OTHER ASSETS

Not noted previously. If you own a business, please provide general information regarding the structure (e.g. S Corp, LLC,) value, etc.

Asset Description	Estimated Value

ESTATE

Client	Do You Have?	Date Drafted	State
<input type="checkbox"/>	Will		
<input type="checkbox"/>	Living Trust		
<input type="checkbox"/>	Durable Power of Attorney		
<input type="checkbox"/>	Health-Care Proxies/Living Will		
Spouse			
<input type="checkbox"/>	Will		
<input type="checkbox"/>	Living Trust		
<input type="checkbox"/>	Durable Power of Attorney		
<input type="checkbox"/>	Health-Care Proxies/Living Will		

INSURANCE

LIFE INSURANCE

Including employer provided insurance (or include policy summary)

Insurance Company	Insured	Beneficiary	Purchase Date	Length of Policy (if term)	Death Benefit	Insurance Cash Value (if permanent)	Annual Premium

DISABILITY INSURANCE

or include policy summary

Insured	Premium Payment		Monthly Benefit	Waiting Period	Length of Policy (term)	Benefit to age	Annual Premium
	Personal	Employer					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

LONG-TERM CARE INSURANCE

or include policy summary

Insured	Premium Payment		Daily Benefit	Inflation Rider?		Annual Premium
	Personal	Employer		Y	N	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Do you have a personal umbrella liability policy? If so, please indicate coverage amount and annual premium.

Please list any other insurance coverage that you would like us to be aware of.

