

JEDI MANAGEMENT, INC.

Registered Investment Advisor & Wealth Management Firm

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JEDI MANAGEMENT, INC. **GENERAL CLIENT QUESTIONNAIRE**

Note: The below is meant to provide us with information regarding you and your financial situation. As part of our fact gathering and due diligence process we will likely request additional information, documents and the like regarding you, your financial circumstances as well as relevant, non-financial matters. Remember, wealth management is a process; not a one-time event. Please do your best to complete the Questionnaire as completely, thoroughly and accurately as possible. Please feel free to reach out with any questions. Thank you!

Date: _____

Name: _____

Male/Female: _____

Date of Birth/Age: _____

U.S. citizen: Yes/No: _____

➤ If No, do you plan on becoming one?

Home Address: _____

Own or rent your home?: _____

of years you've maintained a residence
at your home address: _____

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If own a secondary residence,
please provide its address:

of years you've maintained a residence at
your secondary address:

Rent or live in secondary residence?: *

*Please specify/provide details:
(e.g. do you rent part of the year and
reside in the home part of the year; etc.).

Telephone #(s):

- Specify if cell; office; home; etc.

Email address:

- Specify if work or personal.

Fax #:

Preferred method of contact:

Marital status: **

**If not married, please specify if you are in a committed relationship and/or anticipate getting married in the near future.

If married, is your spouse a U.S. citizen?:

- If No, does he/she plan on becoming one?

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Children – if so, please specify how many and their ages: *

*Also note if any are married and, if so, whether they have children.

Step-children – if so, please specify how many and their ages: **

**Also note if any are married and, if so, whether they have children.

Grand-children – if so, please specify how many and their ages:

Step-Grand-children – if so, please specify how many and their ages:

If anyone in your immediate family has any 'special needs', please specify:

Aside from you, your spouse/partner and any children/step-children, are you financially responsible for anyone else – family members or otherwise? If so, please provide applicable details as to such arrangement/relationship.

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Have you ever been previously married?: * _____

*If divorced:

Alimony payments being made ?	Y / N	Y / N
If yes: How much per year:	\$ _____	\$ _____
Until what date?	_____	_____
Child support payments being made ?	Y / N	Y / N
If yes: How much per year:	\$ _____	\$ _____
Until what date?	_____	_____
Alimony payments being received ?	Y / N	Y / N
If yes: How much per year:	\$ _____	\$ _____
Until what date?	_____	_____
Child support payments being received ?	Y / N	Y / N
If yes: How much per year:	\$ _____	\$ _____
Until what date?	_____	_____

How would you assess your overall health?: _____

Occupation: _____

of years working for current employer: _____

Are you an owner of this business?: ** _____

**If you are an owner:

- What % do you own? _____
- How many other owners are there? _____
- Is everyone active in the business? _____
- What are the owner's ages? _____

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- What type of legal entity is the business/how is it set-up? _____
- Is there a Buy-Sell Agreement with appropriate funding in place? * _____

*If yes, when was the last time the Agrmt. and/or funding was reviewed/evaluated? _____

Do you have a passive ownership interest in any privately owned entity? ** _____

**If yes, please summarize: _____

Approximately how many months of living expenses do you maintain in liquid savings? _____

Do you have any major planned expenditures over the next five (5) years? *** _____

***If yes, please specify along with the anticipated source(s) of funding? _____

Do you own any of the following types of insurance? Please list 'Yes' or 'No' next to each and, for any 'Yes' answers, please (a) specify whether Personal [P] and/or Business [B] and (b) provide us with requested information as contained in the 'Initial Document Request' (for Personal and Business, as applicable):

- Life insurance: _____
- Disability income insurance: _____
- Business overhead insurance: _____
- Business reducing term disability: _____

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- Long-term care insurance: _____
- Health insurance: _____
- Property insurance: _____
- Auto insurance: _____
- Umbrella/excess liability insurance: _____
- Malpractice/E&O insurance: _____
- Other insurance (e.g. Board of Director's) _____

Who manages your investments? _____

What is your current asset allocation with respect to all of your investments? _____

Do you own individual securities and/or pools/baskets of securities? If both, what % do each comprise of the total? _____

What percentage (%) does your largest investment holding comprise of the total? _____

When was the last time your portfolio was rebalanced? _____

When you think of investing, do you focus more on the potential rewards, risks or equally on both? _____

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Do you receive Social Security benefits? *

*If yes, specify (a) the amount and (b) the type (e.g. retirement benefit; spousal benefit; Survivor's benefit; etc.).

If you are at least 65, are you in Original Medicare or Medicare Advantage? **

**If in Original Medicare, do you have a Medigap (Medicare Supplement Plan) as well as Medicare Prescription Drug (Part D) Plan?

When do you plan on retiring?

What is your projected annual after-tax cash flow required in retirement to sustain your lifestyle?

Do you serve on any outside Board of Directors? ***

***If Yes, please specify.

Have you ever had a financial and/or estate plan prepared for you? If so, (a) who prepared it; (b) approximately when and (c) was it fully implemented?

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Do you anticipate receiving an inheritance?
If so, how much and comprised of what?

Do you presently work with any financial-related professionals? If so, **(a)** in which fields (e.g. accountant; estate planning attorney; insurance broker; investment advisor; etc.), **(b)** for approximately how long and **(c)** what is the name of such individual(s) and/or firm(s)?

Please list your most important financial and/or estate planning goals and objectives (up to 5):

- 1.
- 2.
- 3.
- 4.
- 5.

What three (3) things keep you up at night/concern you the most?

- 1.
- 2.
- 3.

Signature: _____ Date: _____

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INITIAL DOCUMENT REQUEST

The below is not meant to be an all-exhaustive list; however, it should cover most pertinent items relating to your personal finances and/or business interests. If there are any documents you believe are relevant and not listed below, please include these as well. **To the extent you need a template to complete your Balance Sheet or Cash Flow Statement, please let us know.**

PERSONAL

- Last Will and/or Revocable Living Trust (if the latter, there may be a Pour-Over Last Will).
- Health care directive and/or living will (may be combined within an Advance Health Care Directive).
- Durable (and any other, such as springing or limited) powers of attorney.
- Trust agreements (whether revocable or irrevocable; also if you are one or more of a grantor, trustee, beneficiary or trust protector of a trust).
- Income tax returns for each of the last three (3) years.
 - Also a year-to-date pay stub.
- Gift tax returns for each of the last three (3) years.
 - Please also specify if any gifts were made during the past three (3) years absent the filing of a gift tax return; if so, **(a)** to whom was such gift made; **(b)** how much and **(c)** for what purpose(s)?
- Estate tax returns of any estate for which you are/were recently a beneficiary.
- Divorce settlement(s)/separation agreement(s), etc. (e.g. child support arrangement).
- Insurance policies/Declaration (Summary) pages and/or applicable information for all insurance policies owned (personally or via entity; including those you maintain as an employee working for an employer for whom you have no ownership interest) – such as:
 - Life insurance
 - Please note below the primary (and any secondary) purpose of such Coverage(s).

Primary: _____

Secondary: _____
 - Disability income insurance
 - Long-term care insurance
 - Health insurance

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- Property insurance
- Auto insurance
- Umbrella/excess liability insurance
- Critical care insurance
- Other insurance (e.g. Board of Director's)
- Annuity contacts, statements and applicable information.
- Deferred compensation agreement(s).
- Most recent account statements for all investments owned.
 - For an employer-sponsored qualified retirement plan (such as a 401(k)), please also include a list of the available investment options, and by ticker symbol, to the extent this is not included on account statement.
- Investment Policy Statement.
- Summary Plan Description for your employer qualified retirement plan and any other employer-provided benefits.
- Balance Sheet – listing **(a)** the asset/liability; **(b)** the approximate fair market value; **(c)** the owner and **(d)** who would receive such asset (or be responsible for such debt(s)) in the event of your demise; and **(e)** any additional relevant information (e.g. in the case of debt, the interest rate and whether it is fixed or variable; monthly repayment amount and if this consists of interest and principal or interest only; maturity date of the debt; whether the debt may be paid back early absent a prepayment penalty; collateral for the debt; etc.).
- Cash Flow Statement – brown down as follows (annually if possible to smooth out month-by-month fluctuations).
 - Earned income (denoting fixed versus variable compensation, such as bonuses; commissions; etc.).
 - Unearned income (e.g. investments; real estate; Social Security; etc.).
 - Total pre-tax income.
 - Qualified plan contributions (e.g. elective 401(k) plan salary deferrals).
 - Net cash flow.
 - Total expenditures (fixed & variable).
 - Net surplus/(deficit).

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BUSINESS

(applicable if you have an ownership interest – whether active or passive in nature)

- Income tax returns and annual financial statements for each of the last three years.
 - Also year-to-date financial statements.
- Buy-sell agreements.
- Employment and/or confidentiality agreements, including covenants-not-to-compete.
- Stockholders/Partnership/Membership and Operating agreements.
- Copy of insurance policies/Declaration (Summary) pages for all insurance policies owned (thru your business) – such as:
 - Life insurance – including specifying the purpose (e.g. for buy-out).
 - Disability income insurance.
 - Business overhead insurance.
 - Business reducing term disability income insurance.
 - Long-term care insurance.
 - Health insurance.
 - Property insurance.
 - Auto insurance.
 - Umbrella/excess liability insurance.
 - Critical care insurance.
 - Malpractice/errors & omissions insurance.
 - Other insurance (e.g. Board of Director's).
- Deferred compensation agreements.
- Most recent account statements for all investments owned.
 - For an employer-sponsored qualified retirement plan (such as a 401(k)), please also include a list of the available investment options, and by ticker symbol, to the extent this is not included on account statement.
- Investment Policy Statement for your qualified retirement plan, as maintained by the Plan Sponsor.