

Client Questionnaire

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(Please note that additional information may be included via separate sheets and/or images, as applicable)

Client Name:

Joint Client Name:

Home Address:

Home Phone:

Date of Review:

Review Conducted By: Sir & Mister Bharadwaj "Brad" Venkata Sesha "V. S." Nippani
 Founder, Owner, President & Chief Compliance Officer

This Document (Page 1 of 2) Is Complete Only When With The Financial Process Signatures Page (Page 2 of 2).

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Client Questionnaire

General Information: Self

Contact Information

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address Line 1

Address Line 2

City State Zip Code Country

Home Phone Work Phone Mobile Phone Pager

Fax E-mail

Personal Information

Male Female _____
Date of Birth SSN State in Which You File Your Taxes

Marital Status Wedding Anniversary Expected Retirement Age

Driver's License Number Driver's License Expiration Date State in Which Driver's License Issued

Professional Information

Employment Status Number of Years at Current Job Employer Name

Occupation Job Description

Client Questionnaire

General Information: Partner

Contact Information

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address Line 1

Address Line 2

City State Zip Code Country

Home Phone Work Phone Mobile Phone Pager

Fax E-mail

Personal Information

Male Female _____
Date of Birth SSN State in Which You File Your Taxes

Expected Retirement Age Driver's License Number Driver's License Expiration Date State in Which Driver's License Issued

Professional Information

Employment Status Number of Years at Current Job Employer Name

Occupation Job Description

Client Questionnaire

General Information: Other Members of Your Household (If none, Include Emergency Contact Information here)

General Information

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent (Yes/No) Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Client Questionnaire

General Information: Other Members of Your Household

General Information

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent (Yes/No) Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Client Questionnaire

Assets: Taxable

Accounts

Account Name		Ticker Symbol	Investment Type (Bank Account, Mutual Fund, Stock, etc.)		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal (Accumulation, Retirement, Education, etc.)			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Client Questionnaire

Assets: Taxable

Accounts

Account Name		Ticker Symbol	Investment Type (Bank Account, Mutual Fund, Stock, etc.)		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal (Accumulation, Retirement, Education, etc.)			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Account Name		Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year	
Account Owner		Account Goal			

Client Questionnaire

Assets: Tax-Deferred

Employer-Sponsored Retirement Plans

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	_____	_____	_____		
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Contract (GIC) \$		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
<i>Current Loan</i>	_____	_____	_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____	_____	_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	_____	_____	_____		
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Contract (GIC)		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded	Balance			
<i>Current Loan</i>	_____	_____	_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____	_____	_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

Client Questionnaire

Assets: Tax-Deferred

Employer-Sponsored Retirement Plans

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	_____	_____	_____		
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Contract (GIC) \$		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
<i>Current Loan</i>	_____	_____	_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____	_____	_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	_____	_____	_____		
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Contract (GIC)		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded	Balance			
<i>Current Loan</i>	_____	_____	_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____	_____	_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

Client Questionnaire

Assets: Tax-Deferred

IRAs

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal (e.g., Retirement)		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

Client Questionnaire

Assets: Tax-Deferred

Personal Property, Businesses, and Other Assets

Asset Name	Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner

Asset Name	Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner

Asset Name	Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner

Asset Name	Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner

Asset Name	Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner

Asset Name	Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner

Client Questionnaire

Liabilities

Liability

Name		Type	Collateralized (Yes/No)
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	
Lender Name		Borrower	

Name		Type	Collateralized
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	
Lender Name		Borrower	

Name		Type	Collateralized
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	
Lender Name		Borrower	

Client Questionnaire

Income: Present

Employment, Investment Income, Alimony, Child Support, and Other Income

Income Name			Income Type			
Start Date	End Date	Tax Status (Taxable, Tax-Deferred, Tax-Free)	Amount	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum
Recipient			Annual Adjustment (% or \$)	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum

Income Name			Income Type			
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum

Income Name			Income Type			
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum

Income Name			Income Type			
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum

Income Name			Income Type			
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly	<input type="radio"/> Annually	<input type="radio"/> Lump Sum

Client Questionnaire

Income: Future

Pensions

Pension Name

Annual Pension Income

Start Year

Tax Status (Taxable, Tax-Deferred, Tax-Free)

Cost of Living Adjustment (COLA) Benefit (Yes/No)

Owner

Pension Name

Annual Pension Income

Start Year

Tax Status

Cost of Living Adjustment (COLA) Benefit

Owner

Pension Name

Annual Pension Income

Start Year

Tax Status

Cost of Living Adjustment (COLA) Benefit

Owner

Social Security

Annual Amount

Age to Collect

Recipient

Annual Amount

Age to Collect

Recipient

Annual Amount

Age to Collect

Recipient

Client Questionnaire

Income: Future

Working During Retirement, Expected Windfalls, etc.

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment(% or \$)	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Income Name	Start Year	End Year
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner

Client Questionnaire

Expenses

Retirement Expenses

% of Salary or Dollar Amount

Retirement Year

Retirement Age

Recipient

% of Salary or Dollar Amount

Retirement Year

Retirement Age

Recipient

Education Expenses

Student Name

School Name

Birth Year

College Start Year

College End Year

Current Cost (Tuition/Board)

Annual Growth Rate Above Inflation

Student Name

School Name

Birth Year

College Start Year

College End Year

Current Cost

Annual Growth Rate Above Inflation

Student Name

School Name

Birth Year

College Start Year

College End Year

Current Cost

Annual Growth Rate Above Inflation

Student Name

School Name

Birth Year

College Start Year

College End Year

Current Cost

Annual Growth Rate Above Inflation

Client Questionnaire

Expenses Goals

Miscellaneous Expenses, Goals, Other

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Client Questionnaire

Insurance: Life

Life Insurance

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Client Questionnaire

Insurance: Life

Life Insurance

_____ Policy Name		_____ Policy Type	
_____ Beneficiary	_____ Contingent Beneficiary	_____ Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
_____ Death Benefit	_____ Coverage Ceases at Age	_____ Premium Payer	_____ Frequency
_____ Waived at Disability (Yes/No)	_____ Premium Amount	_____ Premium Cease at Age	_____ Beneficiary
_____ Policy Owner			

_____ Policy Name		_____ Policy Type	
_____ Beneficiary	_____ Contingent Beneficiary	_____ Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
_____ Death Benefit	_____ Coverage Ceases at Age	_____ Premium Payer	_____ Frequency
_____ Waived at Disability	_____ Premium Amount	_____ Premium Cease at Age	_____ Beneficiary
_____ Policy Owner			

_____ Policy Name		_____ Policy Type	
_____ Beneficiary	_____ Contingent Beneficiary	_____ Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
_____ Death Benefit	_____ Coverage Ceases at Age	_____ Premium Payer	_____ Frequency
_____ Waived at Disability	_____ Premium Amount	_____ Premium Cease at Age	_____ Beneficiary
_____ Policy Owner			

Client Questionnaire

Insurance: Medical

Medical, Long-Term Care, and Disability

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Client Questionnaire

Insurance: Property

Auto, Homeowners, and Umbrella Liability Insurance

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

