



## INITIAL CONFIDENTIAL SURVEY

***This survey must be completed and returned prior to the Initial Interview.***

**Name** \_\_\_\_\_ Birth date \_\_\_\_\_  
First Middle Last

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Nickname \_\_\_\_\_

Drivers License # \_\_\_\_\_ State FL / MI Date of issue \_\_\_\_\_ Expiration \_\_\_\_\_

Employment Status (*Circle One*) Retired Retiring Within 1 Year Retired Working P/T Employed

If you did/do work, where did/do you work? \_\_\_\_\_ Occupation \_\_\_\_\_

Did you go to college (*Circle One*) Yes No If yes, where? \_\_\_\_\_

Do you play golf? (*Circle One*) Yes No Other favorite sports or hobbies? \_\_\_\_\_

What charities or organizations do you support or are you involved in? \_\_\_\_\_

What is your favorite soft drink? \_\_\_\_\_ Beer? \_\_\_\_\_ Wine? \_\_\_\_\_

Are any of your parents still living? (*Circle One*) Yes No Known health history Great Fair Poor Unknown

**Spouse** \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_  
First Middle Initial Last

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Nickname \_\_\_\_\_

Drivers License # \_\_\_\_\_ State FL / MI Date of issue \_\_\_\_\_ Expiration \_\_\_\_\_

Employment Status (*Circle One*) Retired Retiring Within 1 Year Retired Working P/T Employed

If you did/do work, where did/do you work? \_\_\_\_\_ Occupation \_\_\_\_\_

Did you go to college (*Circle One*) Yes No If yes, where? \_\_\_\_\_

Do you play golf? (*Circle One*) Yes No Other favorite sports or hobbies? \_\_\_\_\_

What charities or organizations do you support or are you involved in? \_\_\_\_\_

What is your favorite soft drink? \_\_\_\_\_ Beer? \_\_\_\_\_ Wine? \_\_\_\_\_

Are any of your parents still living? (*Circle One*) Yes No Known health history Great Fair Poor Unknown

**Your Home Address** \_\_\_\_\_  
Street City ST ZIP

**Home Phone** \_\_\_\_\_

Live Oak Financial Services  
Serving Texas: Phone: (281) 246-5141  
Serving NW FL: Phone (850) 279-4019

Advisory Services are offered through Creative Financial Designs, Inc., a Registered Investment Adviser, and Securities are offered through cfd Investments, Inc., a Registered Broker/Dealer, Member FINRA & SIPC, Live Oak Financial Services is not owned or controlled by the CFD companies.

Who referred you? \_\_\_\_\_

What did they say about me or my firm? \_\_\_\_\_

Have you ever worked with an advisor in the financial industry before? (Circle One) Yes No

If yes, what did you not like about that advisor? \_\_\_\_\_

What is your average rate of return expectation? (Circle One) 5%-6% 7%-8% 9%-10% 11%-12%

How would you summarize your current risk level? (Circle One) 1 being "no risk" and 10 being "high risk".

1 2 3 4 5 6 7 8 9 10

How would you best describe your reaction to a decline in your account value, assuming a diversified portfolio of stocks and bonds. (Circle one letter)

- A) Actually, I/we do not want any risk and do not want to experience any decline in values.
- B) I/We feel that a financial advisor should see that our account always goes up and that if my/our account(s) declined in any given year, we would probably move our account(s) to another advisor.
- C) I/We understand that it is normal and customary for negative returns to occur from time to time. I/We would likely stay the course.
- D) I/We understand that it is normal and customary for negative returns to occur from time to time. I/We would consider taking advantage of a potentially undervalued market and increase our risk.
- E) I/We don't really have any idea what you are asking.

Assuming you can tolerate variable returns, what is the approximate maximum decline you would be willing to accept in any given year? (Circle One)

N/A (I /we don't want any declines.) 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 12% 14% 16% 18% 20%

What percentage of your total investments are you considering having Live Oak Financial Services manage? (Circle One: Include employer retirement plan values in total investments.)

I have no current investments. 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

What is the approximate value of this percentage? \_\_\_\_\_

What is your current monthly income need to "pay the bills?" \_\_\_\_\_  
(Including All Taxes)

What additional monthly income do you desire? \_\_\_\_\_

**Total Monthly Income Need** \_\_\_\_\_

Do you currently receive any wages? If yes, how much monthly? \_\_\_\_\_ (Gross)

Do you currently receive pension income? If yes, how much monthly? \_\_\_\_\_ (Gross)

Do you currently receive Social Security? If yes, how much monthly? \_\_\_\_\_ (Gross)

Do you have any children? (Circle One) Yes No