

CONFIDENTIAL INFORMATION FORM

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Please begin by spending a few moments considering your overall goals and objectives. Recording your short-term, medium-term, and long-term goals is an important first step toward reaching them.

Short-Term Goals: Within the next 3 years

Medium-Term Goals: 4-10 years

Long-Term Goals: Beyond 10 years

Biographical Information

Name			Marital Status				
Street Address			Spouse Name				
City State Zip			Anniversary Date				
Birthdate			Spouse Birthdate				
SSN / TIN			Spouse SSN / TIN				
Mobile Phone			Spouse Mobile Phone				
Home Phone			Other Phone / Fax / Pager				
Email Address			Spouse Email Address				
Driver's License #			State	Expiration	Spouse Driver's License #	State	Expiration
Number of Dependents							
Child #1 Name			Date of Birth		SSN		
Child #2 Name			Date of Birth		SSN		
Child #3 Name			Date of Birth		SSN		
Child #4 Name			Date of Birth		SSN		

Employment Information

Employer Name

Spouse Employer Name

Employer Address

Spouse Employer Address

Employer Phone

Spouse Employer Phone

Job Title

Spouse Job Title

Specialty

Spouse Specialty

Date of Hire

Spouse Date of Hire

Salary

Spouse Salary

Income 3 Years

Spouse Income 3 Years

Income 5 Years

Spouse Income 5 Years

Income 10 Years

Spouse Income 10 Years

Other Income/ Bonus

Spouse's Other Income/ Bonus

Your Employment Goals / Anticipated Changes or Additional Training:

Liquid Cash or Equivalents (e.g. Checking, Savings, Money Markets)

Account Name	Account Type	Account Value
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Account Name	Account Type	Account Value
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Account Name	Account Type	Account Value
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Investments (e.g. Stocks, Bonds, Mutual Funds)

Account Company	Account Type	Account Value
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Account Company	Account Type	Account Value
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Account Company	Account Type	Account Value
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Retirement Accounts (e.g. IRA's, 401(k), 403(b), Pension Plans, Profit Sharing)

Account Company	Account Type	Account Value	Contribution
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Account Company	Account Type	Account Value	Contribution
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Account Company	Account Type	Account Value	Contribution
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Account Company	Account Type	Account Value	Contribution
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Account Company	Account Type	Account Value	Contribution
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Real Estate (Residence, Investment Property, Commercial, Land, Other):

Description	Date Acquired	Value	Rate	Monthly Payment
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Description	Date Acquired	Value	Rate	Monthly Payment
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Description	Date Acquired	Value	Rate	Monthly Payment
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Automobiles, Motorcycles, Boats, Etc.

Year	Make / Model	Loan Amount	Interest Rate	Monthly Payment
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Year	Make / Model	Loan Amount	Interest Rate	Monthly Payment
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Student Loans / Other Loans:

Bank / Company	Loan Purpose	Balance	Rate	Monthly Pmt
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Bank / Company	Loan Purpose	Balance	Rate	Monthly Pmt
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Bank / Company	Loan Purpose	Balance	Rate	Monthly Pmt
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Credit Cards

Bank / Company	Balance	Rate	Payment
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Bank / Company	Balance	Rate	Payment
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Bank / Company	Balance	Rate	Payment
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Bank / Company	Balance	Rate	Payment
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Monthly Expenditures

Mortgage / Rent

Utilities / Cable

Phone / Internet

Food / Groceries

Auto Payment

Auto Repair / Gas

Auto Insurance

Student Loans

Credit Cards

Entertainment

Personal Care / Clothes

Gym / Health

Charity / Tithing

Travel

Miscellaneous

Monthly Take Home

Total Monthly Expenses

Total Monthly Surplus

Insurance Questionnaire

You

Spouse

Do you have private life insurance?

Do you have private disability insurance?

Do you have life insurance through your employer?

Do you have disability insurance through your employer?

Do you have an umbrella liability policy?

Do you own Long Term Care Insurance?

Have you considered guaranteeing your childrens' insurability?

Do you feel you have enough insurance?

Disability Policy Information

Insured	Company	Group / Ind	Benefit Amt	Premium
Insured	Company	Group / Ind	Benefit Amt	Premium
Insured	Company	Group / Ind	Benefit Amt	Premium

Life Insurance Policy Information

Insured	Insurance Company	Type	Death Benefit	Premium
Insured	Insurance Company	Type	Death Benefit	Premium
Insured	Insurance Company	Type	Death Benefit	Premium
Insured	Insurance Company	Type	Death Benefit	Premium

SEI uses four elements to recommend a suitable strategy for a client: 1) the client's risk tolerance; 2) the client's selection of a desired investment time horizon; 3) the client's tax sensitivity; and 4) the client's selection of an investment objective. Please make your selections for each of these elements below.

1. What best describes your current situation? (select one)

Answer: _____

- A. Income and expenses are expected to rise and investable assets are accumulating (e.g., Early Career)
- B. Income and expenses are relatively steady and savings are growing modestly (e.g., Mid/Late Career)
- C. Income and expenses are relatively steady and savings are growing significantly (e.g., Mid/Late Career)
- D. Income and expenses are declining and/or savings are being used to maintain desired lifestyle (e.g., Retirement)

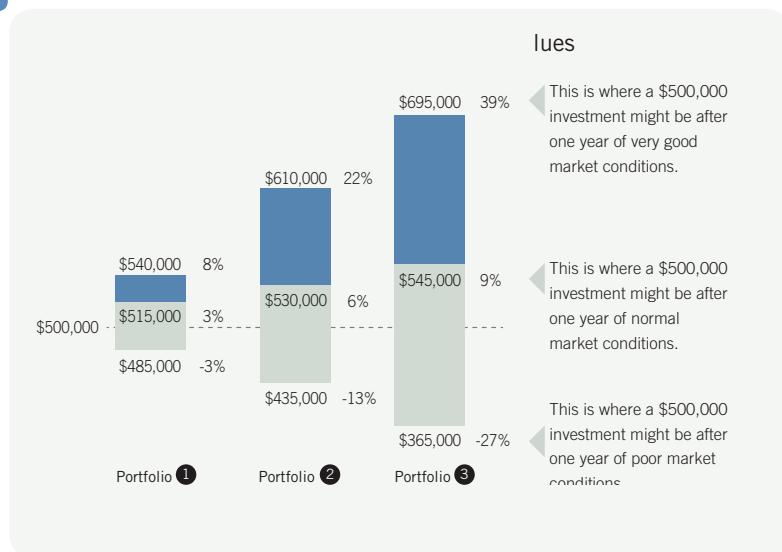
2. What is your greatest concern? (select one)

Answer: _____

- A. Not growing my assets significantly over time; I am willing to assume higher risk for higher return potential
- B. Losing money in a market downturn along the way
- C. Losing more than a certain amount of money within a given timeframe (e.g., retirement)
- D. Not having more confidence about achieving my wealth goal in the remaining time

3. Each year, the value of your portfolio fluctuates as markets change. If you invested \$500,000, which of the following portfolios below would you choose? (select one)

Answer: _____



- A. Portfolio 1
- B. Portfolio 2
- C. Portfolio 3

4. In addition to the information already provided with respect to your preferences for certain investment types, what describes you best? (select one)

Answer: _____

- A. I am a long-term investor focused on growing my assets
- B. I want to plan long-term but have a hard time shrugging off moderate to severe losses
- C. I need stable cash flows to meet my living expenses
- D. I am focused on preserving capital; I don't mind if this approach sacrifices return potential

5. If I look at my account statement and there is a moderate loss, my primary reaction is (select one):

Answer: _____

- A. Do nothing, I lost money and am unhappy but am willing to stick with it until a recovery
- B. Sell all of the investment; I don't like losses
- C. Buy more; I am okay with temporary losses, because they present opportunities
- D. Sell half; I can't lose all my money

6. If your portfolio experienced a market correction declining 10%, how would you feel?

Answer: _____

- A. Anxious
- B. Concerned, but understand that the market does fluctuate over time
- C. Indifferent; I am focused on long-term growth
- D. Fine; short-term fluctuations do not concern me in the least

7. From what source was this proposed account obtained? (select one per account)

Answer:

- A. Investment activities, personally taking market risks
- B. Entrepreneurial activities, personally taking business risks
- C. Inheritance or other large, one-time payment
- D. Accumulated savings over a long period of secure employment

Account 1 _____

Account 2 _____

Account 3 _____

8. If this proposed account suffered a temporary decline, could you cover your immediate cash-flow (i.e., expenses) needs from other sources of assets? (select one per account)

Answer:

- A. No. There are no other assets that I could use to cover my immediate cash-flow needs
- B. Yes. I have other assets that I could use to cover my immediate cash-flow needs, but it would be difficult to access them
- C. Yes. I have other assets that I could use to cover my immediate cash-flow needs
- D. This proposed account is not expected to fund any spending

Account 1 _____

Account 2 _____

Account 3 _____

9. Select your time horizon (select one per account)

Answer:

- A. Less than 3 years
- B. 3-8 years
- C. 9-15 years
- D. 16-20 years
- E. Greater than 20 years

Account 1 _____

Account 2 _____

Account 3 _____

10. How important is it for you to achieve the investment objective for these assets? (select one per account)

Answer:

- A. Highly important; this is a number-one priority
- B. Medium importance; I would like to do this, but can live without it
- C. Less important; this is not necessary

Account 1 _____

Account 2 _____

Account 3 _____