



REGISTERED INVESTMENT ADVISER

Confidential Data of

Investment Adviser Representative

Date

Type of Plan

- Comprehensive Financial Plan **1**
- Budget Analysis/ Construction **2**
- Tax Analysis **3**
- Investment Analysis **4**
- Educational Funding Analysis **5**
- Income Funding Analysis **6**
- Accumulation Funding Analysis **7**
- Retirement Analysis **8**
- Medicaid Plan **9**
- Estate Analysis **10**
- Business Financial Plan **11**

You Gotta Have a Plan!

POLICY ON CONFIDENTIALITY OF OUR CLIENT'S INFORMATION

In the course of doing business with cfd Investments, Inc. or CREATIVE FINANCIAL DESIGNS, Inc., you share personal and financial information with us. We treat this information as confidential and recognize the importance of protecting access to it. You may provide information when communicating with us in writing, electronically, or by phone. For instance, information may come from your applications, your requests for forms or literature or your transactions with us. On occasion, such information may come from consumer reporting agencies and those providing services to us.

We do not sell information about our clients (whether current or former) to third parties. We do not disclose this information to third parties unless it is necessary to process a transaction or service an account. We may also disclose this information if otherwise legally permitted or required.

We may share information between the two companies in the course of providing or offering products and services to best meet your investing needs.

We may also share that information with companies performing administrative or marketing services for either company or with a business partner with whom we are developing or offering investment products.

However, use of information about our clients in such cases is severely restricted — the other party is prohibited from sharing or using it for any other purpose.

Finally, we may share your information with another broker/dealer in order to assist in the timely transition of your account in the event that your financial adviser leaves us and becomes associated with another securities firm. If you would prefer that we not disclose your information in that circumstance, you must let us know, in writing, addressed to cfd Investments, Inc., 2704 South Goyer Road, Kokomo, IN 46902, Attn: Chief Compliance Officer.

Personal Information

Client

LAST NAME _____

FIRST NAME _____ MI _____

BIRTH DATE / / SOCIAL SECURITY # _____

BIRTHPLACE (CITY, STATE, COUNTRY) _____

CELL PHONE _____

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

STREET _____

CITY _____ STATE _____

ZIP _____ DATE OF EMPLOYMENT / / _____

BUSINESS PHONE _____

BUSINESS FAX _____

BUSINESS EMAIL _____

TOBACCO USER YES NO

GENERAL HEALTH GREAT GOOD AVERAGE FAIR POOR

Spouse

LAST NAME _____

FIRST NAME _____ MI _____

BIRTH DATE / / SOCIAL SECURITY # _____

BIRTHPLACE (CITY, STATE, COUNTRY) _____

CELL PHONE _____

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

STREET _____

CITY _____ STATE _____

ZIP _____ DATE OF EMPLOYMENT / / _____

BUSINESS PHONE _____

BUSINESS FAX _____

BUSINESS EMAIL _____

TOBACCO USER YES NO

GENERAL HEALTH GREAT GOOD AVERAGE FAIR POOR

Residence

STREET _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____ FAX _____

Marital and Citizenship Data

Current Marriage

DATE OF MARRIAGE _____ PLACE _____

HUSBAND

WIFE

OCCUPATION AT DATE OF MARRIAGE _____

NET WORTH AT DATE OF MARRIAGE _____

IF YOU HAVE CHANGED YOUR STATE OF RESIDENCE DURING THE MARRIAGE, SHOW:

STATE	YEAR OF ARRIVAL	APPROXIMATE NET WORTH UPON ARRIVAL

Prior Marriages

HUSBAND/WIFE	SPOUSE NAME	TERMINATION DATE	HOW TERMINATED (e.g. by death)	CHILDREN OF MARRIAGE

Citizenship

IF ANY MEMBERS OF YOUR FAMILY ARE NOT U.S. CITIZENS, PLEASE INDICATE:

NAME	AGE	RELATIONSHIP	CIRCUMSTANCE

Advisers

Attorney

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Attorney

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Life Insurance

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Life Insurance

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Casualty Insurance

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Casualty Insurance

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Financial Planner

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Accountant

NAME _____

COMPANY _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Children and Education

Children's Data

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY #	CURRENT GRADE	MARRIED	NUMBER OF GRANDCHILDREN
1					
2					
3					
4					
5					
6					

Educational Data

	AVAILABLE ASSETS	YEAR RANGE	PRIVATE SCHOOL	PUBLIC COLLEGE	PRIVATE COLLEGE	GRADUATE SCHOOL
CHILD 1	\$	FROM				
		UNTIL				
CHILD 2	\$	FROM				
		UNTIL				
CHILD 3	\$	FROM				
		UNTIL				
CHILD 4	\$	FROM				
		UNTIL				
CHILD 5	\$	FROM				
		UNTIL				
CHILD 6	\$	FROM				
		UNTIL				

Parents and Special Needs

The following information is completely confidential. The people listed will not be contacted at anytime. The information is for the sole purpose to determine possible inheritance(s) and/or dependent need(s) of parents or relatives.

Client's Other Family Members

RELATION	NAME	AGE	SPOUSE NAME	AGE	CITY, STATE	ESTIMATED NET WORTH
FATHER						
MOTHER						
*						
*						
*						
*						
*						

* INDICATE BROTHER, SISTER HALF BROTHER/SISTER, STEP BROTHER/SISTER

Spouse's Other Family Members

RELATION	NAME	AGE	SPOUSE NAME	AGE	CITY, STATE	ESTIMATED NET WORTH
FATHER						
MOTHER						
*						
*						
*						
*						
*						

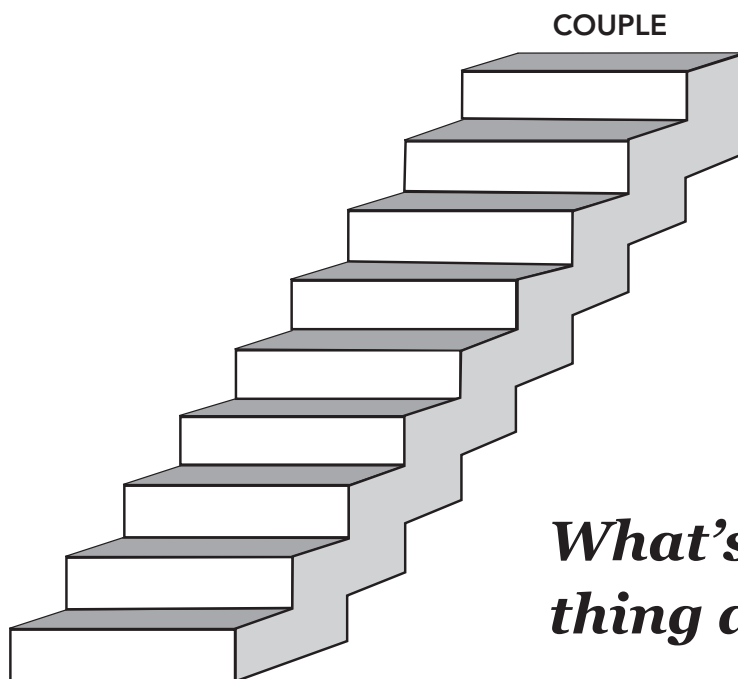
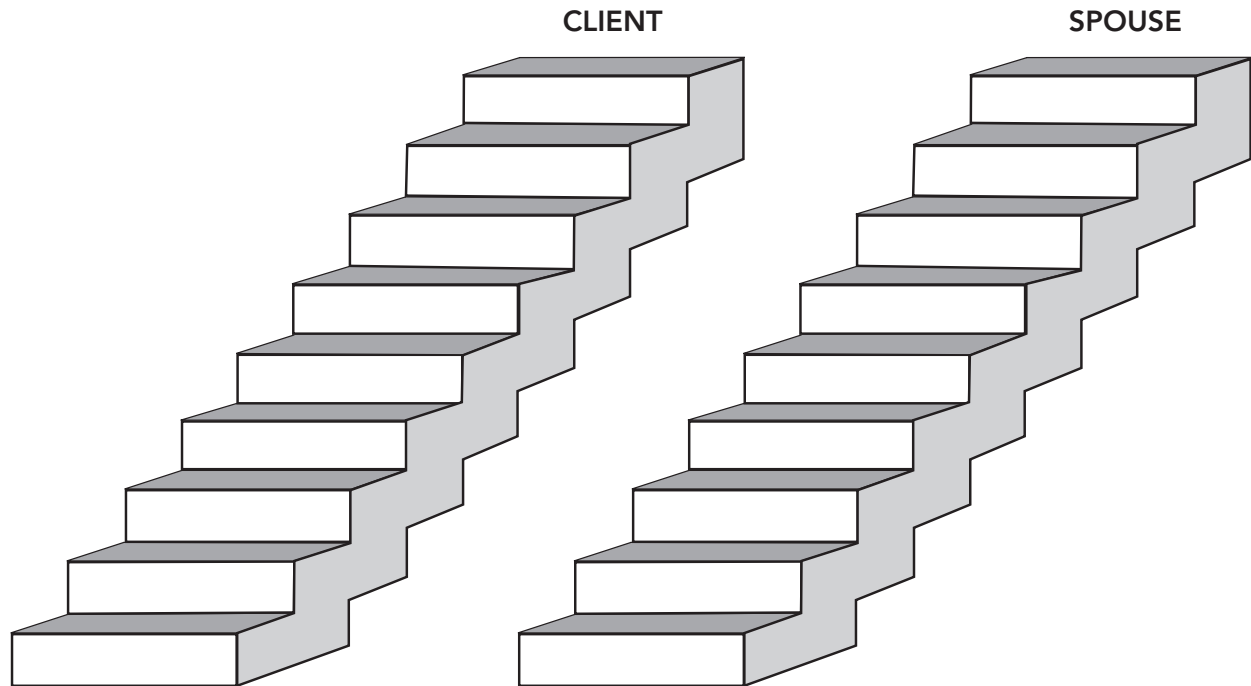
* INDICATE BROTHER, SISTER HALF BROTHER/SISTER, STEP BROTHER/SISTER

SPECIAL NEEDS DATA (PLEASE DETAIL WHO MIGHT NEED YOUR ASSISTANCE)

Prioritizing Your Values

WHAT TO DO

Start with the “bottom step” and answer the question: “What is important to you the (client, spouse, couple) about money? Take as much time as you need and use a one word answer. Move to the next “step” and ask: “What is important to you the (client, spouse, couple) about the (last answer). Continue all the way up the staircase until you feel you have reached your “top”.



What’s the most important thing about money to you?

Where Do You Want To Be & When Do You Want To Be There?

ON A SCALE OF
1 to 9

1 OF NO IMPORTANCE 2 3 OF LITTLE IMPORTANCE 4 5 FAIRLY IMPORTANT 6 7 VERY IMPORTANT 8 9 EXTREMELY IMPORTANT

PRIORITY BY NUMBER MONEY NEEDED DATE RANGE INCOME NEEDED DATE RANGE

REDUCE DEBT					
BUILD AN EMERGENCY FUND					
INCREASE INSURANCE COVERAGE					
BUY A HOUSE					
MAKE HOME IMPROVEMENT					
BUY A CAR					
MAKE SOME OTHER BIG PURCHASE					
HAVE CHILDREN					
FINANCE CHILDREN'S EDUCATION					
IMPROVE STEWARDSHIP					
TAKE AN EXPENSIVE VACATION					
TAKE AN UNPAID LEAVE FROM WORK					
START A BUSINESS					
TAKE EARLY RETIREMENT					
LIVE WELL AFTER RETIREMENT					
REDUCE TAX LIABILITY					
PROVIDE FOR YOURSELF IN EVENT OF DISABILITY					
MEDICAID • SPENDING DOWN • PRESERVING ASSETS					
PROVIDE FOR FAMILY IN EVENT OF DEATH					
PROVIDE INHERITANCE TO BENEFICIARIES					

Investment Philosophy and Objectives

Different investors have different risk tolerances. Much of the difference stems from time horizon. That is, someone with a short investment time horizon is less able to withstand losses. The remainder of the difference is attributable to the investor's appetite for risk. Volatility can be nerve-wracking for many people and they are more comfortable when they can avoid it. Risk and returns are related, however, and the investor needs to recognize the trade-off. The following risk tolerance questionnaire is designed to measure time horizon and tolerance for risk. The total score recommends which of the five portfolios is most appropriate for you the investor.

Time Horizon

- When do you expect to begin withdrawing money from your investment account?
 - Less than 1 year
 - 1 to 2 years
 - 3 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 years or more
- Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?
 - I plan to take a lump sum distribution
 - 1 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 years or more

Risk Tolerance

- Inflation, the rise in prices over time, can erode your investment return. Long-term investors should be aware that, if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually **decline**. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk.

Which of the following choices best reflects your attitude toward inflation and risk?

- My main goal is to avoid loss, even though I may only keep pace with inflation.
 - My main goal is to earn slightly more than inflation, while taking on a low level of risk.
 - My main goal is to increase my portfolio's value. Therefore, I am willing to accept short-term losses, but I am not comfortable with extreme performance shifts that may be experienced in the most aggressive investment options.
 - My main goal is to maximize my portfolio value, and I am willing to take on more extreme levels of risk and performance shifts in my portfolio to do so.
- The table below presents a hypothetical worst case loss, expected gain, and best case gain of five sample portfolios over a one-year period with an initial \$100,000 investment. Which portfolio would you prefer to hold?

Probabilities After 1 Year

	Hypothetical Best Case	Expected Gain	Hypothetical Worst Case
Portfolio 1	\$116,300	\$104,600	\$91,400
Portfolio 2	\$121,900	\$105,600	\$84,800
Portfolio 3	\$127,400	\$106,600	\$77,300
Portfolio 4	\$132,400	\$107,600	\$70,200
Portfolio 5	\$136,400	\$108,300	\$63,800

(Continued on next page)

Investment Philosophy and Objectives

(Continued)

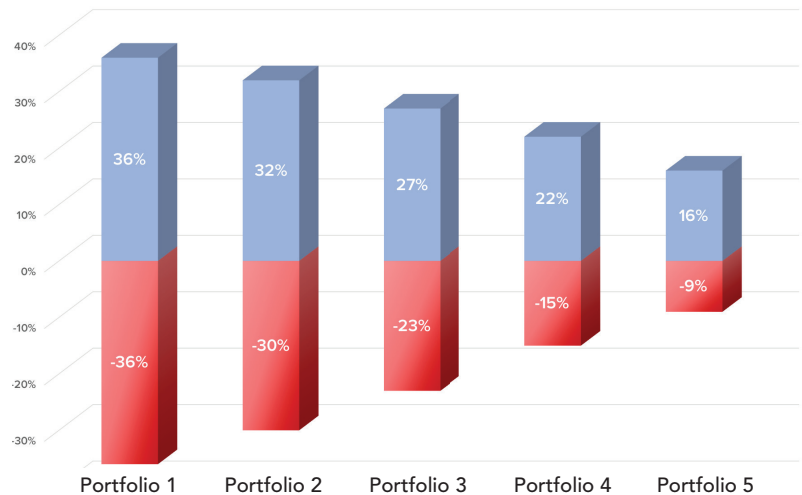
5. Investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have experienced greater fluctuations in the value of their portfolio and more frequent short-term losses than investors in more conservative investments have. Considering the above, which statement best describes your investment goals?

- Protect the value of my account. In order to minimize the chance for loss, I am willing to accept the lower long-term returns provided by conservative investments.
- Keep risk to a minimum while trying to achieve slightly higher returns than the returns provided by investments that are more conservative.
- Focus more on the long-term investment returns. Long-Term growth is equally as important as managing portfolio risk.
- Maximize long-term investment returns. I am willing to accept large and sometimes dramatic short-term fluctuations in the value of my investments.

6. Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% (i.e. \$1,000 initial investment would now be worth \$800) over a short period, consistent with the overall market. Assuming you still have 10 years until you begin withdrawals, how would you react?

- I would not change my portfolio.
- I would wait at least one year before changing to more conservative options.
- I would wait at least three months before changing to more conservative options.
- I would immediately change to more conservative options.

7. The following graph shows the hypothetical best and worst results of five sample portfolios over a one-year holding period. The best potential and worst potential gains and losses are presented. Note that the portfolio with the highest upside also has the largest downside.



Which of these portfolios would you prefer to hold?

- Portfolio 1
- Portfolio 2
- Portfolio 3
- Portfolio 4
- Portfolio 5

8. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns. What is your view regarding this statement?

- Strongly Disagree
- Disagree
- Somewhat Agree
- Agree
- Strongly Agree

RECOMMENDED PORTFOLIO

Investment Philosophy and Objectives

(Continued)

How much money do you feel you should maintain in cash, or its equivalent? \$ _____

Why? _____

Have you ever used an investment counselor?.....YES NO

Why? _____

Do you feel it is important to take into account the effects of inflation in your investment planning? _____

What rate of inflation do you feel will prevail over the next five years? _____

No opinion? _____

Do you maintain a margin account with a brokerage firm?.....YES NO

If yes, what firm? _____

Are there any investments that you feel tied to. (For past performance, family, or social reasons?)YES NO

If 'yes', which ones and why? _____

What is your single most important financial objective at this time? _____

If feasible, our consultants may recommend additional leveraging. How do you feel about borrowing money? _____

Do you consider tax consequences in making investments? _____

What methods are you now using to convert tax dollars into capital? _____

DO YOU KNOW WHERE YOUR MONEY IS INVESTED?

When you buy shares of a company, whether directly or through a mutual fund, you actually become an owner of that company. Millions of Americans have invested large amounts of money in the stock market through mutual funds as a method of growing money for future needs like retirement. Many have little idea what their money does or where it is invested. Many companies that are popular investments for mutual funds are involved in practices contrary to their beliefs while some actually support those beliefs.

	YES	NO
Are you concerned that your assets invest in companies that support abortion?		
Are you concerned that your assets invest in companies that support pornography?		
Are you concerned that your assets invest in companies that support anti-family entertainment?		
Are you concerned that your assets invest in companies that support non-married lifestyles?		
Are you concerned that your assets invest in companies that support alcohol?		
Are you concerned that your assets invest in companies that support tobacco?		
Are you concerned that your assets invest in companies that support gaming/casinos?		
Are you concerned that your assets invest in companies that support pharmaceuticals and medical diagnostic services and products?		
Are you concerned that your assets invest in companies that support interest-based financial institutions?		
Are you concerned that your assets invest in companies that support meat processing - pork and poultry products?		
Are you concerned that your assets invest in companies that support producers of caffeinated beverages?		
Are you concerned that your assets invest in companies with the goal of long-term growth and stability and have no excessive debt?		
Are you concerned that your assets invest in companies where management is seen more as a helping hand rather than merely an authoritative source?		
Are you concerned that your assets invest in companies where values training in new-hire or recurring employee training program is in place?		
Are you concerned that your assets invest in companies that have a stated, defined, published mission statement and/or values statement and/or vision statement?		
Are you concerned that your assets invest in companies that provide services for employees such as daycare and child development services, generous family leave programs, chaplain service, and other family-oriented programs and resources?		
Are you concerned that your assets invest in companies that are committed to a process of continuous improvement? The company should solicit and encourage customer feedback and act on trends and issues as identified?		
Are you concerned that your assets invest in companies whose products and/or services provide superior value and possess life enhancing characteristics?		
Are you concerned that your assets invest in companies that are a fun place to work and provide highly competitive benefits to its employees, including but not limited to: competitive wages, healthcare, retirement, education, and relocation?		
Are you concerned that your assets invest in companies that use team processes in core corporate divisions - corporate strategy, quality control, etc.		
Are you concerned that your assets invest in companies that exhibit a commitment to supporting causes with financial and tangible products and/or services?		
Are you concerned that your assets invest in companies that are involved in and support programs benefiting the local and extended community?		
Are you concerned that your assets invest in companies that are cognizant of and take steps to address any environmental concerns related to its industry?		
Are you concerned that your assets invest in companies that have a fair return/refund policy in effect and have a program to proactively address customer complaints and concerns?		
Are you concerned that your assets invest in companies whose awards and recognitions provide confirmation of a company's dedication to its employees, customers, and communities?		

Personal Satisfaction Rating

AREA	LITTLE/NO SATISFACTION	SOME SATISFACTION	MODERATE SATISFACTION	SIGNIFICANT SATISFACTION	GREAT SATISFACTION
FAMILY	1	2	3	4	5
PROFESSIONAL	1	2	3	4	5
PHYSICAL	1	2	3	4	5
COMMUNITY	1	2	3	4	5
SPIRITUAL OR FAITH	1	2	3	4	5
RECREATIONAL	1	2	3	4	5
FINANCIAL	1	2	3	4	5

Stewardship Evaluation

Circle the most appropriate response: 5 is high (or superior), 3 is acceptable, 1 low (or weak)

1. DILIGENT WORKER Proverbs 10:4 Lazy hands make a man poor, but diligent hands bring wealth.	1	2	3	4	5
2. GRATEFUL/GENEROUS GIVER Proverbs 11:25 A generous man will prosper, he who refreshes others will himself be refreshed.	1	2	3	4	5
3. COMMITTED SAVER Proverbs 21:5 The plans of the diligent lead to profit as surely as haste leads to poverty.	1	2	3	4	5
4. DISCIPLINED INVESTOR Ecclesiastes 11:2 Give portions to seven, yes to eight, for you do not know what disaster may come upon the land.	1	2	3	4	5
5. RELUCTANT DEBTOR Proverbs 22:7 The rich rule over the poor, and the borrower is servant to the lender.	1	2	3	4	5
6. DISCERNING CONSUMER Philippians 4:12 ...I have learned the secret of being content in any and every situation.	1	2	3	4	5
7. SACRIFICIAL LIFE Romans 12:1-2 Therefore I exhort you, brothers and sisters, by the mercies of God, to present your bodies as a sacrifice - alive, holy, and pleasing to God - which is your reasonable service. 2. Do not be conformed to this present world, but be transformed by the renewing of your mind, so that you may test and approve what is the will of God - what is good and well-pleasing and perfect.	1	2	3	4	5
8. CHEERFUL GIVER OF YOUR TIME John 9:4 We must perform the deeds of the one who sent me as long as it is daytime. Night is coming when no one can work.	1	2	3	4	5
9. WILLINGLY GIVE OF YOUR TALENTS 1 Peter 4:10 Just as each one has received a gift, use it to serve one another as good stewards of the varied grace of God.	1	2	3	4	5
10. STEWARD OF HIS CHURCH Romans 12:4-8 For just as in one body we have many members, and not all of the members serve the same function, so we who are many are one body in Christ, and individually we are members who belong to one another. And we have different gifts according to the grace given to us... 1 Corinthians 12:7-11 To each person the manifestation of the Spirit is given for the benefit of all. For one person is given through the Spirit the message of wisdom, and another the message of knowledge according to the same Spirit.	1	2	3	4	5
TOTAL _____					
Possible Score of 50 = 100%, 45 = 90%, 40 = 80%, 35 = 70%, 30 = 60%, 25 = 50%					

Getting To Know You

	Client	Spouse
HOBBIES		
FAVORITE RESTAURANT		
FAVORITE DRINK		
FAVORITE CANDY/SNACK FOOD		
FOOD ALLERGIES OR DIET RESTRICTIONS		
FAVORITE FLOWER		
FAVORITE READING MATERIAL		
FAVORITE MUSIC		
FAVORITE MOVIE		
FAVORITE GAME		
FAVORITE COLOR		
FAVORITE STORE		
FAVORITE HOLIDAY		
I'M A BIG FAN OF		
FAVORITE SPORTS TEAM		
FAVORITE VACATION SPOT		
I LIKE TO COLLECT		
FAVORITE OUTDOOR ACTIVITY		
BIGGEST ACCOMPLISHMENT		
GREATEST TALENT		
NAME OF CHURCH YOU ATTEND		
ORGANIZATIONS OR CLUB YOU ARE AFFILIATED WITH		
FAVORITE CHARITIES OR MINISTRIES		
POLO SHIRT SIZE		

Monthly Cash Flow Guide

Client

Please provide a copy of your current pay stub.

INCOME:	ANNUALLY
EMPLOYER INCOME (W-2)	_____
SELF-EMPLOYED INCOME (1099)	_____
OTHER (FARM, RENTAL, ETC)	_____
GROSS INCOME:	_____
DEDUCTIONS FOR:	ANNUALLY
FEDERAL AND STATE TAXES	_____
SOCIAL SECURITY TAXES	_____
GROUP EMPLOYER BENEFITS	_____
ALIMONY/CHILD SUPPORT	_____

Spouse

Please provide a copy of your current pay stub.

INCOME:	ANNUALLY
EMPLOYER INCOME (W-2)	_____
SELF-EMPLOYED INCOME (1099)	_____
OTHER (FARM, RENTAL, ETC)	_____
GROSS INCOME:	_____
DEDUCTIONS FOR:	ANNUALLY
FEDERAL AND STATE TAXES	_____
SOCIAL SECURITY TAXES	_____
GROUP EMPLOYER BENEFITS	_____
ALIMONY/CHILD SUPPORT	_____

HOW FREQUENTLY DO YOU GET PAID?WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

HOW FREQUENTLY DOES YOUR SPOUSE GET PAID?WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

DOES YOUR EMPLOYER CONTRIBUTE TO YOUR RETIREMENT PLAN?YES NO HOW MUCH? _____

DOES YOUR SPOUSE'S EMPLOYER MATCH YOUR RETIREMENT PLAN CONTRIBUTIONS? ...YES NO HOW MUCH? _____

DO YOU ROUTINELY SAVE TO ANY OTHER ACCOUNTS?YES NO

IF YES, WHERE AND HOW MUCH? _____

DOES YOUR SPOUSE ROUTINELY SAVE TO ANY OTHER ACCOUNTS?YES NO

IF YES, WHERE AND HOW MUCH? _____

Family Expenditures

(Please indicate if paid other than monthly, otherwise we will assume the amount is per month)

CHARITABLE CONTRIBUTIONS

TITHE	_____
MISSIONS	_____
UNIVERSITIES	_____
OTHER	_____

WATER	_____
GAS	_____
SANITATION	_____
CABLE TV	_____
INTERNET	_____
TELEPHONE	_____
YARD/POOL SERVICE	_____
MAINTENANCE	_____
OTHER	_____

HOUSING

MORTGAGE/RENT	_____
PROPERTY TAXES	_____
HOMEOWNERS INSURANCE	_____
ELECTRIC	_____

Family Expenditures (continued)

FOOD & BEVERAGE

GROCERY _____
 CONVENIENCE STORE _____
 OTHER _____

AUTOMOBILES

CAR PAYMENTS _____
 GASOLINE _____
 LUBE/OIL _____
 INSURANCE _____
 LICENSE PLATES _____
 MAINTENANCE _____

INSURANCE

LIFE _____
 MEDICAL _____
 DISABILITY _____
 UMBRELLA _____
 OTHER _____

DEBTS

CREDIT CARDS _____
 VISA/MASTERCARD _____
 AMEX/DISCOVER _____
 NOTES/LOANS _____
 BANKS _____
 FINANCE CO. _____
 OTHER _____

CLOTHING

ADULT _____
 CHILDREN _____

PERSONAL CARE

TOILETRIES _____
 COSMETICS _____
 BEAUTY SHOP / BARBER _____
 DRY CLEANING/LAUNDRY _____
 ALLOWANCE _____
 LUNCHES _____
 OTHER _____

FURNISHING

FURNITURE _____
 APPLIANCES _____
 OTHER _____

MEDICAL EXPENSES

DOCTOR _____
 DENTIST _____
 PRESCRIPTIONS _____
 OTHER _____

EDUCATION/SELF IMPROVEMENT

NEWSPAPER/MAGAZINES _____
 COMPUTER _____
 CHILDREN'S ACTIVITIES _____
 SCHOOL _____
 OTHER _____

ENTERTAINMENT

EATING OUT _____
 WEEKEND TRIPS _____
 BABY-SITTERS _____
 SPORTS _____
 SHOWS _____
 THEATER _____
 MEMBERSHIPS _____
 OTHER _____

VACATIONS & HOLIDAYS

VACATIONS _____
 CHRISTMAS _____
 BIRTHDAYS _____
 SHOWERS _____
 OTHERS _____

MISCELLANEOUS

CHILD CARE _____
 CHILD SUPPORT _____
 PET SUPPLIES _____
 OTHER _____

What You Own & What You Owe

Assets

(Please complete or provide current financial statement)

	STATEMENT PROVIDED?	MARKET VALUE	GROWTH RATE	CURRENT LIABILITY	OWNERSHIP
FIXED ASSETS					
CASH & CHECKING	<input type="checkbox"/>	_____	_____	_____	_____
T-BILLS, GOV'T BONDS, MONEY MARKET	<input type="checkbox"/>	_____	_____	_____	_____
SAVINGS ACCOUNTS & CDS	<input type="checkbox"/>	_____	_____	_____	_____
MUNICIPAL BOND FUNDS	<input type="checkbox"/>	_____	_____	_____	_____
CORP. BONDS, INCOME MUTUAL FUNDS	<input type="checkbox"/>	_____	_____	_____	_____
NOTES & MORTGAGE RECEIVABLE	<input type="checkbox"/>	_____	_____	_____	_____
LIFE INSURANCE CASH VALUE - FIXED	<input type="checkbox"/>	_____	_____	_____	_____
FIXED ANNUITIES	<input type="checkbox"/>	_____	_____	_____	_____
IRA, KEOGH, 401k - FIXED	<input type="checkbox"/>	_____	_____	_____	_____
CORPORATE QUALIFIED PLANS - FIXED	<input type="checkbox"/>	_____	_____	_____	_____
OTHER	<input type="checkbox"/>	_____	_____	_____	_____
VARIABLE ASSETS					
RESIDENCE	<input type="checkbox"/>	_____	_____	_____	_____
COMMON OR PREFERRED STOCK	<input type="checkbox"/>	_____	_____	_____	_____
GROWTH MUTUAL FUNDS	<input type="checkbox"/>	_____	_____	_____	_____
BALANCED MUTUAL FUNDS	<input type="checkbox"/>	_____	_____	_____	_____
LIFE INSURANCE CASH VALUE - VARIABLE	<input type="checkbox"/>	_____	_____	_____	_____
VARIABLE ANNUITIES	<input type="checkbox"/>	_____	_____	_____	_____
INCOME REAL PROPERTY	<input type="checkbox"/>	_____	_____	_____	_____
UNDEVELOPED LAND	<input type="checkbox"/>	_____	_____	_____	_____
REAL ESTATE LIMITED PARTNERSHIPS	<input type="checkbox"/>	_____	_____	_____	_____
ENERGY EXPLORATION PARTNERSHIPS	<input type="checkbox"/>	_____	_____	_____	_____
EQUIPMENT LEASING PARTNERSHIPS	<input type="checkbox"/>	_____	_____	_____	_____
BUSINESS INTEREST	<input type="checkbox"/>	_____	_____	_____	_____
AGRICULTURE & RANCHING	<input type="checkbox"/>	_____	_____	_____	_____
ART, ANTIQUES, STAMPS, & GEMS	<input type="checkbox"/>	_____	_____	_____	_____
GOLD, SILVER, & COINS	<input type="checkbox"/>	_____	_____	_____	_____
COMMODITIES / OPTIONS	<input type="checkbox"/>	_____	_____	_____	_____
IRA, KEOGH, TSA, 401k - VARIABLE	<input type="checkbox"/>	_____	_____	_____	_____
CORPORATE QUALIFIED PLANS - VARIABLE	<input type="checkbox"/>	_____	_____	_____	_____
OTHER VARIABLE ASSETS	<input type="checkbox"/>	_____	_____	_____	_____
PERSONAL ASSETS					
PERSONAL PROPERTY	<input type="checkbox"/>	_____	_____	_____	_____
AUTOMOBILES	<input type="checkbox"/>	_____	_____	_____	_____
RECREATIONAL PROPERTY	<input type="checkbox"/>	_____	_____	_____	_____
OTHER	<input type="checkbox"/>	_____	_____	_____	_____

Details of What You Owe

Secured Liabilities

	STATEMENT PROVIDED?	LENDER	ORIGINAL AMOUNT	OUTSTANDING BALANCE	TERM OF LOAN	INTEREST RATE %	CURRENT PAYMENT
HOME MORTGAGE	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
SECOND MORTGAGE	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
OTHER INVESTMENTS	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
OTHER INVESTMENTS	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
OTHER INVESTMENTS	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
HOME EQUITY LINE	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
AUTOMOBILE LOAN	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
AUTOMOBILE LOAN	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
BOAT LOAN	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
OTHER LOAN	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

Unsecured Liabilities

	STATEMENT PROVIDED?	LENDER	OUTSTANDING BALANCE	MONTHLY PAYMENT	INTEREST RATE %	CREDIT LIMIT
BANK CREDIT LINE	<input type="checkbox"/>	_____	_____	_____	_____	_____
OVERDRAFT CHECKING	<input type="checkbox"/>	_____	_____	_____	_____	_____
PERSONAL LOANS	<input type="checkbox"/>	_____	_____	_____	_____	_____
	<input type="checkbox"/>	_____	_____	_____	_____	_____
	<input type="checkbox"/>	_____	_____	_____	_____	_____
CREDIT CARDS	<input type="checkbox"/>	_____	_____	_____	_____	_____
	<input type="checkbox"/>	_____	_____	_____	_____	_____
	<input type="checkbox"/>	_____	_____	_____	_____	_____
	<input type="checkbox"/>	_____	_____	_____	_____	_____

If possible, it would be helpful to have a copy of the loan papers on any home mortgage loans, so that we can accurately calculate payoff terms, dates and pre-payment options.

Life Insurance

	TYPE (TERM, UL, WHOLE LIFE, VUL)	OWNERSHIP/ BENEFICIARY	WHO IS INSURED?	FACE AMOUNT	CASH VALUE/ GROWTH RATE	CURRENT/ FUTURE CV LOANS	ANNUAL PREMIUM/ INCR.
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%
COMPANY NAME		C S CP O	C S	\$	\$	\$	\$
POLICY NUMBER		C S CP O	O SD		%	\$	%

C - CLIENT
S - SPOUSE
O - OTHER

SD - SECOND TO DIE
CP - COMMUNITY PROPERTY

GROWTH RATE

For Cash Value, the growth rate should be the annual percentage by which the cash value is expected to grow. This should be a before-tax rate of return. For Cash Value Loans, the rate should indicate the annual percentage increase or decrease in the loan balance (negative rates can be used).

INSURED _____

POLICY NO _____ DATE _____

This will serve as your authorization to furnish Creative Financial Designs, Inc. with the forms and information requested below. This authorization shall remain valid until revoked. A copy of this authorization shall be considered as valid as the original.

Print Name	
Signature	Date MM - DD - YYYY
SIGN ▶	▶

- 1 ___ Confirm that policy is in force and for what amount. (Include Term Riders.)
- 2 ___ What is the premium Mode and when is next premium due?
- 3 ___ Forms and requirements to change plan to: _____
quote new premium and refund.
- 4 ___ Forms, requirement, and cost to add Waiver of Premium provisions.
- 5 ___ Amount of last annual dividend and Total amount dividend accumulations or Rd. Additions. Include Cash Value of Pd. Additions or forms and requirement to change accumulations to additions.
- 6 ___ Forms for change of dividend option to _____
- 7 ___ Forms to withdraw _____ of dividends.
- 8 ___ Is date of birth on record with the company satisfactory in the event of claim?
- 9 ___ Include common disaster clause _____ days.
- 10 ___ Name of owner. (If other than insured, relationship).
- 11 ___ Does policy contain Automatic Premium Loan? If not, provide forms to elect.
- 12 ___ Amount of policy loan, including any premium loan.
- 13 ___ Is policy assigned? Name of Assignee _____
- 14 ___ Remove War and Aviation Restriction.
- 15 ___ Is premium for standard or preferred risk; if not, kindly advise requirements for reduction.
- 16 ___ Provide forms to transfer ownership as follows: _____
- 17 ___ Quote maximum loan available (show dividends separately and provide forms to obtain).
- 18 ___ Send schedule of conservative cash value per \$1000 from _____
- 19 ___ Please provide In-Force Ledgers.
- 20 ___ For our records quote: annual, semi-annual, quarterly, and monthly bank plan premium rates.
___ (Indicate rates for riders separately).

___ Beneficiary forms outlined below:

Include Spendthrift Clause	Option
1st Beneficiary _____	_____
2nd Beneficiary _____	_____
Final Beneficiary _____	_____

INSURED _____

POLICY NO _____ DATE _____

This will serve as your authorization to furnish Creative Financial Designs, Inc. with the forms and information requested below. This authorization shall remain valid until revoked. A copy of this authorization shall be considered as valid as the original.

Print Name	
Signature	Date MM - DD - YYYY
SIGN ▶	▶

- 1 ___ Confirm that policy is in force and for what amount. (Include Term Riders.)
- 2 ___ What is the premium Mode and when is next premium due?
- 3 ___ Forms and requirements to change plan to: _____
quote new premium and refund.
- 4 ___ Forms, requirement, and cost to add Waiver of Premium provisions.
- 5 ___ Amount of last annual dividend and Total amount dividend accumulations or Rd. Additions. Include Cash Value of Pd. Additions or forms and requirement to change accumulations to additions.
- 6 ___ Forms for change of dividend option to _____
- 7 ___ Forms to withdraw _____ of dividends.
- 8 ___ Is date of birth on record with the company satisfactory in the event of claim?
- 9 ___ Include common disaster clause _____ days.
- 10 ___ Name of owner. (If other than insured, relationship).
- 11 ___ Does policy contain Automatic Premium Loan? If not, provide forms to elect.
- 12 ___ Amount of policy loan, including any premium loan.
- 13 ___ Is policy assigned? Name of Assignee _____
- 14 ___ Remove War and Aviation Restriction.
- 15 ___ Is premium for standard or preferred risk; if not, kindly advise requirements for reduction.
- 16 ___ Provide forms to transfer ownership as follows: _____
- 17 ___ Quote maximum loan available (show dividends separately and provide forms to obtain).
- 18 ___ Send schedule of conservative cash value per \$1000 from _____
- 19 ___ Please provide In-Force Ledgers.
- 20 ___ For our records quote: annual, semi-annual, quarterly, and monthly bank plan premium rates.
___ (Indicate rates for riders separately).

___ Beneficiary forms outlined below:

Include Spendthrift Clause	Option
1st Beneficiary _____	_____
_____	_____
2nd Beneficiary _____	_____
_____	_____
Final Beneficiary _____	_____
_____	_____

Other Insurance

Disability

COMPANY NAME	POLICY NUMBER	INSURED PARTY	MONTHLY BENEFIT	ANNUAL PREMIUM
_____	_____	C S	\$ _____	\$ _____
_____	_____	C S	\$ _____	\$ _____
_____	_____	C S	\$ _____	\$ _____
_____	_____	C S	\$ _____	\$ _____

Long Term Care

COMPANY NAME	POLICY NUMBER	INSURED PARTY	DAILY BENEFIT	ANNUAL PREMIUM
_____	_____	C S	\$ _____	\$ _____
_____	_____	C S	\$ _____	\$ _____
_____	_____	C S	\$ _____	\$ _____
_____	_____	C S	\$ _____	\$ _____

Casualty

	ANNUAL PREMIUM
MEDICAL	\$ _____
HOMEOWNER'S	\$ _____
AUTOMOBILE	\$ _____

DO YOU HAVE ANY SPECIFIC CONCERNS/QUESTIONS ABOUT YOUR INSURANCE COVERAGES?YES NO

DETAILS? _____

Provide most recent annual statements.

Financial Independence Data

Goals

RETIREMENT AGE DESIRED

CLIENT _____

SPOUSE _____

MAXIMUM RETIREMENT AGE

CLIENT _____

SPOUSE _____

ANNUAL RETIREMENT INCOME DESIRED

IDEAL _____

MINIMUM _____

Retirement Income Sources

PENSION

DO YOU HAVE A PENSION?YES NO
 (If so, please provide an updated projection statement along with survivor options for desired retirement age)

DOES YOUR SPOUSE HAVE A PENSION?YES NO
 (If so, please provide an updated projection statement along with survivor options for desired retirement age)

SOCIAL SECURITY

DO YOU QUALIFY FOR SOCIAL SECURITY?YES NO
 (If so, please log on to ssa.gov/myaccount to download an updated benefit projection)

DOES YOUR SPOUSE QUALIFY FOR SOCIAL SECURITY?YES NO
 (If so, please log on to ssa.gov/myaccount to download an updated benefit projection)

OTHER RETIREMENT INCOME SOURCES

WILL YOU HAVE RENTAL INCOME IN RETIREMENT?YES* NO \$ _____
 (Annually)

WILL YOU HAVE BUSINESS INCOME IN RETIREMENT?YES* NO \$ _____
 (Annually)

WILL YOU HAVE FARM INCOME IN RETIREMENT?YES* NO \$ _____
 (Annually)

WILL YOU HAVE EARNED/OTHER INCOME IN RETIREMENT?YES* NO \$ _____
 (Annually)

*DETAILS? _____

Estate Planning

Wills – Marital Agreement

	CLIENT	SPOUSE
WHAT KIND OF WILLS DO YOU HAVE?		
YEAR DRAWN?		
DATE IT WAS LAST REVIEWED?		
STATE IN WHICH IT WAS DRAWN?		
HOW DO THEY LEAVE YOUR PROPERTY? (One-Trust, Two-Trust, etc.)		

DO THESE WILLS ACCOMPLISH YOUR DESIRED CURRENT OBJECTIVE?YES NO

DETAILS: _____

ARE YOU INTERESTED IN PRESERVING ESTATE VALUES TO PASS ULTIMATELY TO YOUR CHILDREN?YES NO

DETAILS: _____

HAVE YOU NAMED A GUARDIAN FOR YOUR CHILDREN?YES NO

IF YES, WHO? _____

WHO IS THE EXECUTOR? _____

IF A TRUST IS INVOLVED, WHO IS THE TRUSTEE? _____

DO YOU HAVE A PRE OR POST NUPTIAL AGREEMENT?YES NO

ARE YOUR BENEFICIARIES GOOD AT MANAGING MONEY?YES NO

DETAILS: _____

DOES YOUR SPOUSE SHARE IN INVESTMENT DECISIONS?YES NO

IF YOU DIED FIRST, COULD YOUR SPOUSE...

CARRY ON YOUR BUSINESS?YES NO

MANAGE YOUR INVESTMENTS?YES NO

ARE YOU PLANNING ANY SPECIAL BEQUESTS TO ANY ORGANIZATIONS
(SUCH AS CHURCHES, SCHOOLS, CIVIC GROUPS, OR CHARITIES)?YES NO

DETAILS: _____

HAVE YOU MADE ANY SIZEABLE GIFTS TO RELATIVES OR OTHER NON-CHARITABLE BENEFICIARIES?YES NO

DETAILS: _____

Estate Planning

Wills – Marital Agreement (continued)

It takes a lifetime of work to accumulate enough savings for your retirement and to take care of your family. It’s sad, but anyone who has worked hard to accumulate significant financial assets is now targeted for “extra taxes”. Under current tax law, if you accumulate too much money in certain assets, you could pay taxes and legal fees as high as 70% of your entire estate. That’s why it is particularly important to take the time to protect your financial and family assets from lawsuits, estate taxes and unnecessary probate fees.

DO YOU HAVE “POWER OF ATTORNEY” TO PROTECT YOUR ASSETS IF YOU BECOME ILL?YES NO

HAVE YOU TAKEN STEPS TO PROTECT YOUR ESTATE FROM THE PROBATE PROCESS?YES NO

DO YOU HAVE A WILL AND TESTAMENTARY TRUST?YES NO

DO YOU HAVE A “LIVING TRUST” ESTABLISHED?YES NO

DO YOU HAVE A “LIVING WILL” ESTABLISHED?YES NO

DO YOU HAVE A PERSONAL HEALTH CARE REPRESENTATIVE APPOINTED?YES NO

DO YOU KNOW WHAT THE TAXES AND SETTLEMENT COSTS OF YOUR ESTATE WILL BE?YES NO

WHAT OTHER TRUST ARRANGEMENTS HAVE YOU ESTABLISHED TO PROTECT YOUR ASSETS FROM TAXES,
LAWSUITS AND PROBATES?: _____

Documents Required

Please submit the following documents with your Fact Finder.

Employment Information

- _____ FINAL PREVIOUS YEAR-END AND AS MANY CURRENT YEAR PAY STUBS AS AVAILABLE
- _____ SUMMARY PLAN DESCRIPTIONS FOR:
 - _____ GROUP LIFE INSURANCE
 - _____ GROUP MEDICAL/DENTAL INSURANCE
 - _____ GROUP DISABILITY
 - _____ PENSION/PROFIT SHARING PLAN(S)
 - _____ ESOP/STOCK OPTION PLAN(S)
 - _____ THRIFT/401K PLAN(S)
 - _____ DEFERRED COMPENSATION PLAN(S)
 - _____ TAX SHELTERED ANNUITIES/TSA's
 - _____ ACCOUNT STATEMENTS (FOR ABOVE PLANS)
 - _____ BENEFICIARY DESIGNATIONS (FOR ABOVE PLANS)
 - _____ ANNUAL BENEFITS SUMMARY STATEMENTS
 - _____ PENSION DOCUMENTS/PROJECTION STATEMENTS
 - _____ SOCIAL SECURITY DOCUMENTS/PROJECTION STATEMENTS

Investment Records

- _____ PERSONAL FINANCIAL STATEMENT
- _____ **ACCOUNT STATEMENTS FOR:**
 - _____ BROKERAGE ACCOUNTS (PURCHASE PRICES, DATE PURCHASED, SPLITS, ETC.)
 - _____ MUTUAL FUND/DIVIDEND REINVEST ACCOUNTS
 - _____ IRA/KEOGH/PENSION ACCOUNTS
 - _____ PARTNERSHIP/AGREEMENTS
 - _____ LOAN & MORTGAGE AGREEMENTS (BALANCES, ORIGINAL AMOUNTS, INTEREST RATES, TERM(S), PAYMENTS)
 - _____ SAVINGS BONDS
 - _____ PROSPECTUS/OFFERING MEMORANDA
 - _____ TRANSACTION CONFIRMATIONS/CORRESPONDENCES/K-1'S)
 - _____ PERSONAL PROPERTY VALUES (FURNITURE, AUTOS, MISC.)
 - _____ IRA/KEOGH PLAN DESCRIPTION (5500'S)
 - _____ REAL ESTATE RENTAL PROPERTIES (SUCH AS ABOVE PLUS RENTS, EXPENSES & INSURANCE POLICIES)

Individual Insurance Policies

(Including Recent Premium, Loan and Dividend Statements)

- _____ LIFE
- _____ ANNUITIES
- _____ DISABILITY
- _____ HOSPITALIZATION/MAJOR MEDICAL
- _____ HOMEOWNERS/RENTERS
- _____ AUTOMOBILE
- _____ OTHER PROPERTY
- _____ LIABILITY UMBRELLA

Miscellaneous

- _____ WILLS, TRUST AGREEMENTS, AND ANY OTHER PERTINENT LEGAL DOCUMENTS
- _____ INFORMATION ON PRESENT OR ANTICIPATED INHERITANCES
- _____ COMPLETED BUDGET WORKSHEET
- _____ CHECKBOOKS & CHECK REGISTERS

Tax Returns

- _____ FEDERAL & STATE INCOME TAX FOR THE LAST 3 YEARS
- _____ FEDERAL GIFT TAX RETURNS
- _____ DETAILS ON QUARTERLY TAX ESTIMATES
- _____ INCOME & DEDUCTION ESTIMATED FOR CURRENT YEAR TAX PREPARATION

Business Owners Only

- _____ COPIES OF CORPORATE RETURNS, FEDERAL AND STATE
- _____ COPIES OF PARTNERSHIP AGREEMENTS OR ARTICLES OF INCORPORATION
- _____ COPIES OF LATEST BUSINESS FINANCIAL STATEMENTS
- _____ COPIES OF BUY & SELL, STOCK REDEMPTION, SPLIT DOLLAR AND OTHER AGREEMENTS
- _____ VALUE OF BUSINESS AND STOCK OR OWNERSHIP PERCENT
- _____ QUALIFIED, RETIREMENT DEFERRED COMPENSATION PLANS, DOCUMENTS & STATEMENTS
- _____ BUSINESS INSURANCE COVERAGE



Financial Planning Services Agreement

THIS AGREEMENT is entered into by & among Creative Financial Designs, Inc., (the "Adviser"), a Registered Investment Adviser, and _____ ("Client(s)")(each a "Party", and collectively, the "Parties").

Adviser and Client (collectively, "Parties") agree as follows:

DUTIES OF ADVISER—It will be the principal duty of the Adviser to provide financial planning services(the "services"), at the request of the Client(s), which will be limited to providing information or advice relating to the topics as requested by the Client(s), and as more specifically identified on the attached Exhibit A, which may be modified from time-to-time. It is understood that the services may include the provision of advice that is not considered "investment advice" under the provisions of the Investment Advisers Act of 1940. Further, this Agreement does not relate to any investment advisory services provided in connection with a Managed Account, which would require separate agreements.

SCOPE OF SERVICES—Unless otherwise specifically identified in the description of service on Exhibit A, the services provided pursuant to this Agreement will not require the ongoing monitoring of investments and/or investment related topics for developments or changes.

CONFIDENTIALITY—All information and advice furnished by and between the Parties shall be treated as confidential and will not be disclosed to third parties except as authorized by the other Party or as required by law.

LEGAL AND REGULATORY COMPLIANCE—Adviser agrees that it will perform the services under this Agreement in accordance with the requirements of applicable federal and state laws (and rules and regulations adopted thereunder).

CONSTRUCTION OF THIS AGREEMENT—This Agreement shall be construed and interpreted in accordance with the laws of the State of Indiana, without regard to its choice of law provisions.

NO ASSIGNMENT—No assignment of the Agreement may be made by either Party except with the prior written consent of the other Party.

STANDARD OF CARE—Adviser shall not be liable to Client for (i) any act done or omitted under this Agreement so long as such act or omission shall not have involved gross negligence, willful malfeasance or bad faith on its part, or reckless disregard of its obligations and duties or (ii) any material misstatement or omission in any Client documentation. Notwithstanding the foregoing, Client understands that Adviser may owe duties to Client under the Investment Advisers Act or other federal or state statutes, rules or regulations, the breach thereof which may confer upon Client certain rights of action even if no violation of this stated standard of care occurred. The standard is not intended to be a waiver or limitation of any such rights of action.

LIMITATION OF LIABILITY—The Parties agree that, in the event of a breach of the Standard of Care set forth above, or in the event of any violation of this Agreement or any laws, rules or regulations governing the investment advisory industry, the liability of the Adviser shall be limited to the fees paid pursuant to the terms of this Agreement, and shall not extend to any losses or costs incurred based on reliance on any advice provided under this Agreement, to the extent that such losses or costs exceed the fees paid pursuant to the terms of this Agreement. The Parties further agree that the services provided pursuant to this Agreement are personal in nature and solely between Adviser and Client, and no third party beneficiaries, either intended or incidental are created by the terms herein.

NO GUARANTEE—The Client understands, acknowledges and agrees that no assurance has been or can be given to the Client that the Client will achieve his or her investment objectives or a profit by accepting or implementing in whole or in part any investment strategy or any specific recommendation made by the Adviser.

NO LEGAL OR TAX ADVICE—The Parties agree that services rendered by Adviser pursuant to this Agreement are not and should not be interpreted as legal or tax advice. Client(s) understand that they need to contact an attorney or an accountant in order to seek legal or tax advice.

Agreement continues on next page. ►►

CLIENT INFORMATION—Client agrees to provide such information and/or documentation as may be reasonably requested by Adviser, in Adviser's sole discretion, in order to provide the services hereunder. Client acknowledges that the scope and adequacy of Adviser's services are subject to the comprehensiveness and accuracy of information provided by Client to Adviser. Adviser is not obligated to, and will not, verify any information obtained from or provided by the Client.

IMPLEMENTATION OF ADVICE—Client is free at all times to accept or reject any recommendation from Adviser, and that no guarantees or warranties are made with respect to the implementation of advice provided pursuant hereto. If Client chooses to implement these recommendations, Client may do so through the broker/dealer or financial adviser of Client's choice.

SOURCE OF RESEARCH INFORMATION—In connection with performing services under this Agreement, Adviser may obtain and utilize information prepared by a wide variety of parties other than Adviser. While Adviser will not utilize any such information or data that is believed to be inaccurate, Adviser will not independently verify and cannot guarantee such information and data and makes no representations or warranties with respect to any reports or statements prepared for Client therefrom.

ARBITRATION AGREEMENT—Parties agree that all controversies which may arise between Client and Adviser, whether arising prior to, on, or subsequent to, the date hereof, shall be determined by arbitration. Client understands that this Agreement to arbitrate does not constitute a waiver of the right to seek judicial forum where such waiver would be void under state or federal statutes. Arbitration shall be conducted before, and according to the requirements of, the American Arbitration Association. The award of the arbitrators, or the majority of them, shall be final and judgment upon the award rendered may be entered in any court, state or federal, having jurisdiction.

Any arbitration proceeding under the terms of this agreement shall be conducted in Indianapolis, Indiana.

REPRESENTATIONS BY CLIENT—Client represents that the terms hereof do not violate any obligation by which Client is bound, whether arising by contract, operation of law or otherwise. If required, this contract has been fully authorized by appropriate action and is binding upon Client in accordance with its terms. The Client will deliver to Adviser such evidence of such authority as it may reasonably require, whether by way of a certified resolution(s), trust agreement, or otherwise. Client represents that the information furnished in all documents is accurate and complete in all material respects as of the date published or produced and that the Client will promptly notify Adviser in writing of any material changes in the information furnished by the Client in such documents. Client will promptly inform Adviser in writing of any errors or discrepancies in the information Client provides to Adviser in order to obtain the services hereunder. Also, Client will treat as confidential all information, recommendations and advice furnished in conjunction with the provision of the services. In this regard, to the extent that any reports, statements or other information provided to Client in conjunction with the provision of the services contains material that is copyrighted, Client shall observe the protection of such material as provided under applicable copyright laws.

NOTICE—All recommendations, notices, and other communications shall be deemed effective when received in writing. Receipt of written notice shall be presumed if mailed postage prepaid by registered or certified mail. The Parties may presume the correctness of such address set forth herein until notified in writing to the contrary.

EFFECTIVE DATE—Adviser may refuse to accept this Agreement in its sole discretion for any reason. For purposes of referring to this Agreement, the effective date of this Agreement shall be the date of acceptance by an authorized officer of Adviser.

TERMINATION—This Agreement shall be valid until terminated by the Adviser or by Client, or upon its terms, upon the completion of the services outlined in Exhibit A. This Agreement may be terminated at any time by Adviser or by Client upon prior written notice. Termination of this Agreement shall not affect any liability for payment resulting from the provision of services initiated prior to termination.

REFUND OF FEES—In the event of termination of the Agreement by Client, any unearned prepaid fees will be refunded.

SURVIVAL—No termination of this Agreement will affect the liabilities or obligations of the Parties arising from or in connection with services performed or transactions initiated prior to the termination. The foregoing notwithstanding, the provisions relating to confidentiality, fee payment, and arbitration shall survive any termination of the Agreement.

ACKNOWLEDGMENT OF RECEIPT OF BROCHURE AND OTHER DISCLOSURES—Client hereby acknowledges that Client has received and had an opportunity to read the Adviser's Privacy Policy and advisory Brochure, which may be Adviser's Form ADV Part II, and may request and receive an updated Brochure from the Adviser at any time.

AGREEMENT—This Agreement represents the entire Agreement between the Parties with respect to the matters described herein and may not be modified or amended except with prior written notice to the other Party to be changed, except that Adviser may modify this Agreement subject to reasonable prior written notice to Client, in which case Client's continued acceptance of services thereafter shall be deemed to constitute Client's consent to such modification.

PAYMENTS* — Based on Services per attached Exhibit A (may combine payment methods):

1. Paid in full: Compensation for the services listed requires a total payment of \$ _____ due and payable immediately after services are rendered.
2. Initial deposit with monthly payments: Compensation for the services listed requires a total payment of \$ _____. The Parties agree that an up-front deposit is to be paid in the amount of \$ _____ and a monthly payment of \$ _____ is due for each of the next _____ months.
3. Initial deposit with balance paid in full: Compensation for the services listed requires a total payment of \$ _____. The Parties agree that an up-front deposit is to be paid in the amount of \$ _____. The remainder of the fees are due and payable immediately after the services are rendered.
4. Hourly Rate: Adviser shall be paid compensation for services at the rate of \$ _____ per hour. The fee range will be: \$ _____.
5. Retainer: Client elects to pay Adviser a periodic fee of \$ _____ per {Circle as appropriate: month **or** calendar quarter} for the provision of services hereunder. The periodic fee is collected in arrears and collected near the end of the period for which services will be provided. Adviser will provide the services for such fees which may, depending upon the services requested during a period, result in an hourly equivalent fee that is higher or lower than Client would have paid during the period on a standard hourly basis. *(For this section only, Adviser must complete the services schedule outlined in Section 3 of the Exhibit A.)*

***Acceptable payment options are set forth in the firm's ADV, and Creative Financial Designs will not approve payment options outside of the ADV.**

Continue to next page. ►►

Owner and Co-Owner Signature

Print Owner Name	
Owner Signature	Date MM - DD - YYYY
SIGN ▶	▶

Date of Birth MM DD YYYY	Social Security or Taxpayer ID Number

Print Co-Owner Name	
Co-Owner Signature	Date MM - DD - YYYY
SIGN ▶	▶

Date of Birth MM DD YYYY	Social Security or Taxpayer ID Number

Address		
City	State	ZIP Code

Adviser Signature

Print Adviser Name	Adviser Number
Adviser Signature	Date MM - DD - YYYY
SIGN ▶	▶

Creative Financial Designs
2704 South Goyer Road
Kokomo, Indiana 46902
765.453.9600

**** Note that this Schedule is not effective until the Agreement is approved by the home office of Creative Financial Designs, Inc. as evidenced by a stamp on the face of the Agreement. This agreement is invalid unless submitted to Creative Financial Designs along with a completed Exhibit A, and the client's signature above is agreement to the services contained in the attached Exhibit A. Exhibit A can be amended by agreement between the Client(s) and Creative Financial Designs at any time.**

Exhibit A

**** Note, this Exhibit A must be submitted to Creative Financial Designs along with the corresponding Agreement for Financial Planning Services, as executed by the client(s).**

Services covered under this agreement include the following:

1. Data Collection

The gathering of all information and documentation relative to the type of plan the Client desires Adviser to prepare including the pertinent financial goals along with family income and expenditures, assets, liabilities, tax records, insurance policies, employee benefits, estate documentation, legal contracts, and business agreements. Client agrees to provide any such additional information as needed, as well as accurate and complete data related to attitude and opinions regarding investment philosophies and financial management.

2. Plan Preparation

Adviser(s) will prepare for the Client a written document appropriate for the type of plan selected which will include the following:

List additional services in "Other- Specify" Section following this list.

- | | | |
|---|--|---|
| <input type="checkbox"/> Comprehensive Financial Plan (Advisers will calculate each of the following analyses as indicated below) | <input type="checkbox"/> Personal Life Insurance Analysis/Review | <input type="checkbox"/> Retirement Analysis/Review |
| <input type="checkbox"/> Budget Analysis/Construction/Review | <input type="checkbox"/> Disability Insurance Analysis/Review | <input type="checkbox"/> Medicaid Planning |
| <input type="checkbox"/> Cash Flow Analysis/Review | <input type="checkbox"/> Long Term Care Insurance Analysis/Review | <input type="checkbox"/> Estate Analysis/Review |
| <input type="checkbox"/> Tax Analysis/Review | <input type="checkbox"/> Educational, Income, and other Accumulation Funding Analyses/Review (List specific objectives in "Other" Section) | <input type="checkbox"/> Business Financial Planning (List objectives in "Other" Section) |
| <input type="checkbox"/> Investment Analysis | | |

3. Retainer Services

Advisers will perform ongoing Financial Planning Services, as outlined below.

Please check

- | | | |
|--|---|--|
| <input type="checkbox"/> Budget Analysis/Construction/Review | <input type="checkbox"/> Long Term Care Insurance Analysis/Review | <input type="checkbox"/> Availability of adviser(s) by phone and/or emails as questions arise |
| <input type="checkbox"/> Cash Flow Analysis/Review | <input type="checkbox"/> Educational, Income, and other Accumulation Funding Analyses/Review (List objectives in "Other" Section) | <input type="checkbox"/> Access to online financial dashboard |
| <input type="checkbox"/> Tax Analysis/Review | <input type="checkbox"/> Retirement Analysis/Review | <input type="checkbox"/> Employee Benefits Review |
| <input type="checkbox"/> Investment Analysis | <input type="checkbox"/> Medicaid Planning | <input type="checkbox"/> Adviser Checkup provided every ___ months |
| <input type="checkbox"/> Investment Management of taxable accounts | <input type="checkbox"/> Estate Analysis/Review | <input type="checkbox"/> Coordination of tax and estate planning issues with other advisers as requested |
| <input type="checkbox"/> Investment Management of Qualified Accounts | <input type="checkbox"/> Post meeting recommendations and follow up | <input type="checkbox"/> Business Financial Planning (List objectives in "Other" Section) |
| <input type="checkbox"/> Personal Life Insurance Analysis/Review | | |
| <input type="checkbox"/> Disability Insurance Analysis/Review | | |

4. Other

Specify or see additional attachment.

Reminder: This Exhibit A must be submitted to Creative Financial Designs along with the corresponding Agreement for Financial Planning Services, as executed by the client(s).

OUR MISSION

creative financial centre® is a financial service center dedicated to providing individuals, families, businesses, and organizations with quality financial products and/or services for the achievement of their goals and objectives through a network of associates committed to serving clients in a Christ-like manner by assisting them in development of stewardship in their lives believing that “it profits a man nothing to gain the whole world and lose his soul”.

***“Great plans do not happen by chance...
They result from creative designs.”***