Tango Capital Management Inc.

# Client Questionnaire

As a Registered Investment Adviser, Tango Capital Management, LLC is a **Fiduciary** to our clients. This requires that we know our clients and make investments that serve their best interests. The following questions are designed to help us better understand your priorities, your financial situation and how we can best help you meet your goals.

Name ______________________ Date of Birth ____________
Address ______________________
______________________
Social Security Number ______________________
Telephone ____________ Cell: ____________ Work: ____________
Email ______________________
Estimated Annual Salary ______________________
Employer ______________________
Employer Address ______________________
______________________

Spouse Name ______________________ Date of Birth ____________
Address ______________________
______________________
Social Security Number ______________________
Telephone ____________ Cell: ____________ Work: ____________
Email ______________________
Estimated Annual Salary ______________________
Employer ______________________
Employer Address ______________________
______________________

**From the list below, indicate your highest priorities, along with what keeps you up at night. Please use**

***1 - Very important – your biggest priority or concern***
***2 - Important but not of the greatest concern right now***
***3 - Currently irrelevant***

- ☐ I need to generate more income from my investments.
- ☐ I'm afraid of losing too much of my investments.
- ☐ I'm concerned about not having enough for retirement and being unable to retire when I want.
- ☐ I want to make higher returns on my investments.
- ☐ I have too much of a tax burden.
- ☐ I don't have enough savings and have to save more.
- ☐ College costs are rising. How am I going to save and pay for college?
- ☐ I have a new job and need to rollover retirement assets.
- ☐ My career advancement is at a dead end.
- ☐ I'm at risk of losing my job.

- [ ] I want to buy a home or afford to keep my home.
- [ ] I want to be able to have funds available for a planned vacation.
- [ ] How should my pension be invested?
- [ ] We are retired need to make certain we do not outlive our savings.
- [ ] Who is going to take care of my family when I'm gone? Will they have enough money to get by?
- [ ] Do I have the right health insurance coverage and enough life insurance?
- [ ] Does my estate planning make sense?
- [ ] What is the best way to handle my employee options?
- [ ] My stock broker, money manager or financial planner doesn't call me, making me fear the worst.
- [ ] I've been burned in the past by brokers or financial people. How do I find a money manager I can trust?
- [ ] I am interested in setting up charitable giving.
- [ ] Other concerns? ______________________________
- [ ] Other concerns? ______________________________
- [ ] Other concerns? ______________________________

**Please list your current assets and savings.**

This information assists us in developing a sound asset allocation. If we know you are already heavily weighted in real estate, a business or other asset classes, your Tango portfolio will be designed to balance the risk of those investments. It also allows us to consider tax implications or withdrawal strategies in managing your assets.

| **Assets** | | **Liabilities – Your Current Debt Obligations** | |
|---|---|---|---|
| Savings accounts | $ | Mortgages | $ |
| Checking accounts | $ | Car loans | $ |
| CDs/Bonds/Certificates outside brokerage accts | $ | Student loans | $ |
| | | Other loans | $ |
| Annuities outside brokerage accounts | $ | Credit cards | $ |
| | | Other liabilities | $ |
| Options: qualified or non-qualified | $ | **Total Liabilities** | $ |
| Investment/brokerage accounts | $ | | |
| IRA accounts | $ | | |
| Roth accounts | $ | | |
| 401k/pension or work retirement | $ | | |
| Trust accounts | $ | | |
| Home value | $ | | |
| Gold/collectibles/art/antiques | $ | | |
| Other property | $ | | |
| Business/partnerships | $ | | |
| Inheritance | $ | | |
| **Total Assets** | $ | | |

**Do you have children under the age of 21 or dependents that you support? If yes, please complete the information below.**

Name ______________________ Date of birth ______________ Age ________
Social Security Number (for beneficiary and account ownership designations) ______________
How many years until college? ______________
UTMA/Custodian accounts $ ______________
529 Account $ ______________
Education accounts $ ______________
Other savings, CDs, bonds, investment or assets $ ______________

Name ______________________ Date of birth ______________ Age ________
Social Security Number (for beneficiary and account ownership designations) ______________
How many years until college? ______________
UTMA/Custodian accounts $ ______________
529 Account $ ______________
Education accounts $ ______________
Other savings, CDs, bonds, investment or assets $ ______________

Name ______________________ Date of birth ______________ Age ________
Social Security Number (for beneficiary and account ownership designations) ______________
How many years until college? ______________
UTMA/Custodian accounts $ ______________
529 Account $ ______________
Education accounts $ ______________
Other savings, CDs, bonds, investment or assets $ ______________

Name ______________________ Date of birth ______________ Age ________
Social Security Number (for beneficiary and account ownership designations) ______________
How many years until college? ______________
UTMA/Custodian accounts $ ______________
529 Account $ ______________
Education accounts $ ______________
Other savings, CDs, bonds, investment or assets $ ______________

**Who is the designated Custodian or Guardian of your children?**

Guardian or Custodian Name ______________________________
Address ______________________________
Telephone ______________________________
Email ______________________________
Fax ______________________________

**If you currently have no children, are you planning to start a family in the near future?**

☐ Yes
☐ No

In the event an emergency arises or Tango Capital Management needs to provide information and work directly with your tax accountant, estate lawyers, executors, custodians or guardians to service your accounts and financial needs, we ask that you provide their names and contact information.

Tax Accountant Name or Firm ____________________
Address ____________________
Telephone ____________________
Email ____________________
Fax ____________________

Attorney Name or Firm ____________________
Address ____________________
Telephone ____________________
Email ____________________
Fax ____________________

Executor Name or Firm ____________________
Address ____________________
Telephone ____________________
Email ____________________
Fax ____________________

Health Care Power of Attorney,
Guardian or Custodian ____________________
Address ____________________
Telephone ____________________
Email ____________________
Fax ____________________

Thank you for providing the information above. This information provides us with a starting point to understanding your needs. Do not hesitate to go beyond this information to explain your concerns and goals, financial issues that may be of concern now or in the future, and how we can better serve you. I look forward to speaking directly with you and providing high quality investment management in the years ahead.

Sincerely,

Victor Vuskalns
Portfolio Manager