Date of Completion:_________________

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):	______________	**CLIENT NAME (2):**	______________
Home Address:	______________	City, State, Zip:	______________
Home Phone:	______________	Cell Phone:	______________
Work Phone:	______________	Work Phone:	______________
E-mail:	______________	E-mail:	______________
Birthdate:	______________	Birthdate:	______________

Primary Contact Person during business hours? ______________ Contact me by (circle one) E-mail or Phone

FAMILY MEMBERS (Please list children and other dependants.)

Name	Relationship	Date of Birth	Dependent	Resides? (City & State)
		/ /	**Y N**	
		/ /	**Y N**	
		/ /	**Y N**	

INCOME:

Client Employer (1):	______________	**Client Employer (2):**	______________
Title/Job:	______________	Title/Job:	______________
Number of years with this employer?	______________	Number of years with this employer?	______________
Anticipated employment changes?	______________	Anticipated employment changes?	______________
When do you plan to retire?	______________	When do you plan to retire?	______________
Salary or Self Emp Income:	______________	Salary or Self Emp Income:	______________
Pension Income:	______________	Pension Income:	______________
Social Security:	______________	Social Security:	______________
Other Earned Income:	______________	Other Earned Income:	______________
TOTAL (Current Yr) =	______________	**TOTAL (Current Yr) =**	______________

Who prepares your tax return?

☐ Self
☐ Paid Preparer

Name ____________________________
Address__________________________
____

Phone (___) ______-___________
Fax (___) ______-___________

Do you have estate-planning documents?
When and in what state were they drafted?

Wills	Y N	____________________
Living Trusts	Y N	____________________
Power of Attorney	Y N	____________________
Living Will	Y N	____________________
Other Documents	Y N	____________________

How were your current investment assets selected? ____

____

____

What goals do you wish to accomplish by meeting with a financial planner? ____________________

____

____

In which area of your financial life would you like to see results first? ______________________

____

____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.
(1 being most true and 5 least true)

____ I would rather work longer than reduce my standard of living in retirement.
____ I feel that I/we can reduce our current living expenses to save more for the future if needed.
____ I am more concerned about protecting my assets than about growth.
____ I am comfortable with investments that promise slow, long term appreciation and growth.
____ I feel comfortable with aggressive growth investments.
____ I am optimistic about my financial future.
____ My immediate concern is for income rather than growth opportunities.
____ I am a risk taker.
____ I need to focus my investment efforts on building cash reserves.
____ I prefer predictable, steady return on my investments, even if the return is low.

Rate your working relationships with each of the following advisors that apply:

	Satisfaction Rating					
Adviser	Dissatisfied		-		Very Satisfied	Not Applicable
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

INSURANCE

	Client (1)			Client (2)		
	Coverage/Cost	**Group**	**Individual**	**Coverage/Cost**	**Group**	**Individual**
Health	______	☐	☐	______	☐	☐
Disability	______	☐	☐	______	☐	☐
Life	______	☐	☐	______	☐	☐
Life	______	☐	☐	______	☐	☐
Umbrella Liability	______	☐	☐	______	☐	☐
Long Term Care	______	☐	☐	______	☐	☐

Have you ever been turned down for Insurance? ☐ Yes ☐ No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Avg. Balance
			$
			$
			$
			$

Other Investment Accounts – 401K, 403B, IRA and Taxable Accounts

Type (401K, IRA, etc.)?	Where Held?	Stock/Bond/MF?	Ownership	Apx. Value
				$
				$
				$
				$
				$
				$
				$

Pensions and Annuities

Type (Pension/Annuity)?	Where Held?	COLA Y/N?	Est. mo. pmt	Apx. Value
				$
				$
				$

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

____

____

____

PERSONAL PROPERTY

		Estimated Value
Primary Residence		______
Furnishings (Liquidation Value)		______
Vehicle	______	______
Vehicle	______	______
Other	______	______
Other	______	______

LIABILITIES

Debts (Mortgage, Auto, Business, School)	Term	Interest Rate	Payment	Current Balance	Original Balance
		%	$	$	
		%	$	$	
		%	$	$	
		%	$	$	

Credit Cards	Interest Rate*	Average Monthly Payment	Current Balance
	%	$	$
	%	$	$
	%	$	$
	%	$	$

*If not paid in full each month

Have you received a copy of your credit report recently? ☐ **Yes** ☐ **No**

Please comment on the advice you seek.

______

______

______

______

______

______

______

These items may be needed, should you engage our services:

- Prior Year Tax Return
- Brokerage Account Statements
- Trust Account Statements
- Retirement Plan Account Statements
- Loan Documents
- Paycheck Stubs
- Mutual Fund Account Statements
- Employee Benefits Booklet
- Legal Documents
- Insurance Policies