

**CONFIDENTIAL QUESTIONNAIRE**

<b>CLIENT NAME (1):</b>	_____	<b>CLIENT NAME (2):</b>	_____
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 (select one) E-mail or Phone
			_____

**FAMILY MEMBERS (Please list children and other dependants.)**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	<b>Y N</b>	_____
_____	_____	/ /	<b>Y N</b>	_____
_____	_____	/ /	<b>Y N</b>	_____

**INCOME:**

<b>Client Employer (1):</b>	_____	<b>Client Employer (2):</b>	_____
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:	_____
<b>TOTAL (Current Yr) =</b>	_____	<b>TOTAL (Current Yr) =</b>	_____

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**

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

INSURANCE	Coverage/Cost	Client (1)		Coverage/Cost	Client (2)	
		<u>Group</u>	<u>Individual</u>		<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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**

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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

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

**Pensions and Annuities**

<u>Type (Pension/Annuity)?</u>	<u>Where Held?</u>	<u>COLA Y/N?</u>	<u>Est. mo. pmt</u>	<u>Apx. Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Please bring a copy of your most current brokerage, mutual fund and retirement statements to our meeting; you do not need to forward these ahead of time.**

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**

<u>Debts (Mortgage, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____%	\$ _____	\$ _____	_____
_____	_____	_____%	\$ _____	\$ _____	_____
_____	_____	_____%	\$ _____	\$ _____	_____
_____	_____	_____%	\$ _____	\$ _____	_____

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____

\*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.**

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

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