

Date of Completion: \_\_\_\_\_



### CONFIDENTIAL QUESTIONNAIRE

<b>Client Name 1:</b> _____	<b>Client Name 2:</b> _____
Home Address: _____	Home Phone: _____
City, State, Zip: _____	Anniversary date: _____
Client 1 Cell Phone: _____	Client 2 Cell Phone: _____
Client 1 Work Phone: _____	Client 2 Work Phone: _____
Fax: (Home) _____	Fax: (Home) _____
Fax: (Work) _____	Fax: (Work) _____
Birthdate: _____	Birthdate: _____
Email: _____	Email: _____
Send E-Newsletter here: _____	Send E-Newsletter here: _____
Smoker __ Non-Smoker __	Smoker __ Non-Smoker __
Primary Contact Person during business hours? _____	
Contact me by __ Email or __ Telephone	

### Family Members (Please list children and other dependents.)

Name	Relationship	Date of Birth	Dependent Yes or No	Resides? (City & State)
_____	_____	_____	__ __	_____
_____	_____	_____	__ __	_____
_____	_____	_____	__ __	_____

<b>Client Employer (1):</b> _____	<b>Client Employer (2):</b> _____
Occupation/ Title: _____	Occupation/Title: _____
# Years with this employer? _____	# Years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
Planned retirement date? _____	Planned retirement date? _____
Gross Annual Income (salary): _____	Gross Annual Income (salary): _____
Annual Raises _____ Yes ____ No ____ %	Annual Raises _____ Yes ____ No ____ %
Self Employment Income: _____	Self Employment Income: _____
Bonus/Commissions: _____	Bonus/Commissions: _____
Other Earned Income: _____	Other Earned Income: _____

**Rank your top major financial concerns from 1 to 3:**

<input type="checkbox"/> Asset Allocation	<input type="checkbox"/> Debt Management	<input type="checkbox"/> Portfolio Review
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Retirement Planning
<input type="checkbox"/> Cash Flow	<input type="checkbox"/> Insurance	<input type="checkbox"/> Tax Planning
<input type="checkbox"/> College Planning	<input type="checkbox"/> Investments	<input type="checkbox"/> Tax Preparation

**Explain your concerns further. Is there one thing that keeps you up at night?**

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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 ☐ Yes ☐ No  
Living Trusts ☐ Yes ☐ No  
Power of Attorney ☐ Yes ☐ No  
Other Documents ☐ Yes ☐ No

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**Risk Score**

How much market risk are you willing to accept? On a scale of 1 to 100 with 1 being the lowest risk and 100 being the highest risk, what's your risk score?    Client 1:     Client 2:

Two thirds of all investors score between 40 and 60 and only 1 in 1000 select lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

Men				Women		
Avg Group	≥64	50-64	≤50	≥64	50-64	≤50
Avg Score	50	54	59	45	48	52

**Insurance**

	Coverage/Cost	Client (1)		Coverage/Cost	Client (2)	
		Group	Individual		Group	Individual
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homeowners	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Umbrella	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Social Security Benefits

Client 1

Are you eligible?    \_\_\_ Yes \_\_\_ No \_\_\_ Receiving Now  
Amount of benefit/Age \$ \_\_\_\_\_    \_\_\_ Use Program Estimate

Client 2

Are you eligible?    \_\_\_ Yes \_\_\_ No \_\_\_ Receiving Now  
Amount of benefit/Age \$ \_\_\_\_\_    \_\_\_ Use Program Estimate

Retirement Income

Description	Owner		Monthly Amount	Yr It Ends or # of Yrs	Check if amount inflates	% Survivor Benefit (Pension Only)
	C1	C2				
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

ASSETS (If you have this information in a different format feel free to omit this section and attach your documents.)

Bank Accounts

Bank Name	Checking (C), Savings (S), or Money (MM)	Ownership	Avg Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

Where Held?	Interest Rate	Maturity Date	Ownership	Apx Value
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

Investment Assets

Description	Client (1)		Client (2)	
	Value	Additions/Yr	Value	Additions/Yr
Total Employer Retirement Plan	\$ _____	\$ _____	\$ _____	\$ _____
Total Traditional IRA	\$ _____	\$ _____	\$ _____	\$ _____
Total Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
Total Tax Deferred	\$ _____	\$ _____	\$ _____	\$ _____

Joint Assets	Value	Additions/Yr	Joint Assets	Value	Additions/Yr
Taxable	\$ _____	\$ _____	Tax-Free	\$ _____	\$ _____

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

PERSONAL PROPERTY

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

**Liabilities**

Credit Cards	Interest Rate*	Average Mthly Pyt	Current Balance	Credit Limit
_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____	\$ _____

\* If not paid in full each month

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

Have you received a copy of your credit report recently? \_\_\_ Yes \_\_\_ No

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

**Satisfaction Rating**

Adviser	Dissatisfied			Very Satisfied		Not Applicable
Financial Planner	___1	___2	___3	___4	___5	___X
Broker	___1	___2	___3	___4	___5	___X
Broker	___1	___2	___3	___4	___5	___X
Accountant	___1	___2	___3	___4	___5	___X
Tax Preparer	___1	___2	___3	___4	___5	___X
Attorney	___1	___2	___3	___4	___5	___X
Insurance Agent	___1	___2	___3	___4	___5	___X

Please comment on the advice you seek:

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

Most Recent Tax Return	Paycheck Stubs
Brokerage Account Statement(s)	Mutual Fund Account Statement(s)
Most Recent Social Security Statement(s)	Employee Benefits Booklet
Retirement Plan/IRA Account Statement(s)	Insurance Policy Declaration Pages
Bank and Loan Documents	Legal Documents

Please (1) keep a copy of your completed form, (2) fax, mail or email a copy to us at the following address:

Financial Bridges • Mailing Address: 13319 Poway Rd #506 • Poway, CA 92064

Phone: (858) 486-0100 • Fax: (858) 486-1641

Email: [info@FinancialBridges.com](mailto:info@FinancialBridges.com) Visit us on the web at [www.FinancialBridges.com](http://www.FinancialBridges.com)