

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



### CONFIDENTIAL QUESTIONNAIRE

**Client Name 1:**

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Client 1 Cell Phone: \_\_\_\_\_

Client 1 Work Phone: \_\_\_\_\_

Fax: (Home) \_\_\_\_\_

Fax: (Work) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Send E-Newsletter here: \_\_\_\_\_

Smoker  Non-Smoker 

Primary Contact Person during business hours? \_\_\_\_\_

Contact me by  Email or  Telephone**Client Name 2:**

Home Phone: \_\_\_\_\_

Anniversary date: \_\_\_\_\_

Client 2 Cell Phone: \_\_\_\_\_

Client 2 Work Phone: \_\_\_\_\_

Fax: (Home) \_\_\_\_\_

Fax: (Work) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Send E-Newsletter here: \_\_\_\_\_

Smoker  Non-Smoker **Family Members (Please list children and other dependents.)**

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

**Client Employer (1):**

Occupation/Title: \_\_\_\_\_

# Years with this employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

Planned retirement date? \_\_\_\_\_

Gross Annual Income (salary): \_\_\_\_\_

Annual Raises  Yes  No  %

Self Employment Income: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

Other Earned Income: \_\_\_\_\_

**Client Employer (2):**

Occupation/Title: \_\_\_\_\_

# Years with this employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

Planned retirement date? \_\_\_\_\_

Gross Annual Income (salary): \_\_\_\_\_

Annual Raises  Yes  No  %

Self Employment Income: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

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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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Do you have estate planning documents?**

When and in what state were they drafted?

Wills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<hr/>
Living Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<hr/>
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<hr/>
Other Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<hr/>

**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
Avg Score	50	54	59	45	48	52

Insurance	Coverage/Cost	Client (1)		Client (2)	
		Group	Individual	Group	Individual
Health	_____	_____	_____	_____	_____
Disability	_____	_____	_____	_____	_____
Disability	_____	_____	_____	_____	_____
Life	_____	_____	_____	_____	_____
Life	_____	_____	_____	_____	_____
Life	_____	_____	_____	_____	_____
Homeowners	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____
Umbrella	_____	_____	_____	_____	_____
Liability	_____	_____	_____	_____	_____
Professional	_____	_____	_____	_____	_____
Liability	_____	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____	_____

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**

Yes  No  Receiving Now  
 \$  Use Program Estimate

**Retirement Income**

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

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 \$ \$ \$
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**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	\$ _____	\$ _____	\$ _____	\$ _____

<b>Joint Assets</b>	<b>Value</b>	<b>Additions/Yr</b>	<b>Joint Assets</b>	<b>Value</b>	<b>Additions/Yr</b>
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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Broker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Broker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Accountant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Tax Preparer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Attorney	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Insurance Agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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)