



Confidential Questionnaire

Date Completed: _____

CLIENT NAME (1): _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Birthdate: _____

Previous Marriages? Yes No

Children from Previous Relationships? Yes No

Employer: _____

Title/Job: _____

Annual Income: _____

Years with Employer: _____

Anticipated employment changes? Yes No

At what age do you plan to retire? _____

Income Tax Filing Status:

- Single Head of Household
- Married Filing Jointly Married Filing Separately
- Qualifying Widower Unsure

CLIENT NAME (2): _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Birthdate: _____

Previous Marriages? Yes No

Children from Previous Relationships? Yes No

Employer: _____

Title/Job: _____

Annual Income: _____

Years with Employer: _____

Anticipated employment changes? Yes No

At what age do you plan to retire? _____

Wedding Anniversary, if married: _____

Preferred Contact Method: Phone Email

FAMILY MEMBERS *(Please list children and other dependents)*

Name	Relationship	Date of Birth	Dependent	Resides at (City, State)
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

INSURANCE

Client (1)

Client (2)

Coverage & Cost

Coverage & Cost

Life	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group
Life	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group
Life	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group
Health	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group
Disability	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group
Long-Term Care	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group
Umbrella Liability	_____	<input type="radio"/> Personal	<input type="radio"/> Group	_____	<input type="radio"/> Personal	<input type="radio"/> Group

ASSETS

Bank Accounts

Bank Name	Type of Account	Owner	Average Balance
_____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Market	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____
_____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Market	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____
_____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Market	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____
_____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Market	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____

CDs

Where Held?	Interest Rate	Maturity Date	Owner	Approximate Value
_____	_____ %	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____
_____	_____ %	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____
_____	_____ %	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____
_____	_____ %	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Both	\$ _____

Please list below any other investment accounts not appearing in the list above or for which you do not have a recent statement. This includes retirement plans and IRAs.

Personal Property

	Estimated Market Value	
Primary Residence	\$ _____	
Secondary Residence	\$ _____	
Auto 1	\$ _____	
Auto 2	\$ _____	
Other Major Assets	\$ _____	Description: _____

LIABILITIES

Mortgages & Loans	Term (years)	Interest Rate	Payment	Current Balance	Original Balance
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____

Credit Cards & Lines of Credit	Interest Rate	Monthly Payment	Current Balance
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

RETIREMENT INCOME SOURCES

	Client 1		Client 2	
	Amount/Month	@Age	Amount/Month	@Age
Social Security	\$ _____	_____	\$ _____	_____
Pension (1)	\$ _____	_____	\$ _____	_____
Pension (2)	\$ _____	_____	\$ _____	_____
Other: _____	\$ _____	_____	\$ _____	_____

MISCELLANEOUS

Who prepares your tax return? Self Paid Preparer

Do you have estate planning documents?

- Wills Yes No
- Durable Powers of Attorney Yes No
- Medical Powers of Attorney Yes No
- Living Wills Yes No

What State?

What Year?

What would you like to accomplish by working with a financial planner? (check all that apply)

- Get an overall evaluation of my financial picture
- Retirement planning review
- Tax planning / tax minimization
- Get advice on maximizing my charitable giving
- Save for a specific goal (please specify) _____
- Other (please specify) _____
- Get estate planning advice
- Plan for education / college funding
- Investment review
- Review insurance needs / coverages
- Reduce / eliminate debt

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

Advisor	Very Dissatisfied			Very Satisfied		
Financial Planner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
Investment Broker	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
Insurance Agent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
CPA / Tax Preparer	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
Estate Planning Attorney	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
Mortgage Professional	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A

ITEMS TO BRING TO INITIAL CONSULTATION

The items below will be needed if financial planning services are desired. These items may prove helpful during the initial consultation, but are not required. However, gathering these items in advance will save time in the long run.

- | | |
|---|---|
| Current investment account statements | List of retirement plan investment options |
| Most recent federal income tax return | Most recent Social Security benefit statement |
| Employee benefit statements and handbooks | Recent paystub |
| Most recent pension statement or pension booklet | Most recent gift tax return, if ever filed |
| Current mortgage statement | Annuity statements |
| Stock option and restricted stock statements | |
| Bonus plan and/or deferred compensation plan information | |
| Life, disability, and long-term care insurance policies with statements | |

If you own a business, please also include the following items:

- | | |
|---|----------------------------------|
| Current profit and loss statement | Most recent business tax returns |
| Entity agreements | Buy-sell agreements |
| Business insurance policies, statement, and illustrations | Retirement plan documents |

PLEASE BRING A COMPLETED COPY OF THIS DOCUMENT WITH YOU TO THE INITIAL CONSULTATION.