



**FinLit**  
WEALTH



# Client Questionnaire

## INSTRUCTIONS

Please complete this information to the best of your ability. You can either save the document and e-mail it or mail it back to the office.

***In addition to this questionnaire, please also send:***

- Copies of your Social Security Statements
- Copies of statements for any investment accounts you have
- Copies of statements for any pensions you have
- Copy of paystubs for the past month
- Details for any insurance policies you may have.

**CLIENT NAME** \_\_\_\_\_

**MEETING DATE** \_\_\_\_\_

# BASIC INFORMATION



## CLIENT 1

## CLIENT 2

**Name** \_\_\_\_\_

**Gender**  Male  Female  I do not wish to disclose

**Age** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Marital Status**  Single  Married  Divorced  Widowed

**Veteran**  Yes  No

**Employment Status**  Employed  Retired

**Employer** \_\_\_\_\_

**Yearly Income** \_\_\_\_\_

**# of Paychecks/Year** \_\_\_\_\_

**Other Income** Description \_\_\_\_\_  
Amount \_\_\_\_\_

\_\_\_\_\_

**Gender**  Male  Female  I do not wish to disclose

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marital Status**  Single  Married  Divorced  Widowed

**Veteran**  Yes  No

**Employment Status**  Employed  Retired

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Income** Description \_\_\_\_\_  
Amount \_\_\_\_\_

**At tax time do you usually owe taxes or get a refund?**

**Federal**  Owe Amount \_\_\_\_\_  Refund Amount \_\_\_\_\_  Break Even Amount \_\_\_\_\_

**State**  Owe Amount \_\_\_\_\_  Refund Amount \_\_\_\_\_  Break Even Amount \_\_\_\_\_

**If you work with an accountant, please include their name, phone number, and email:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## PARENTS

<b>Father</b> Age _____ <input type="radio"/> Deceased	<b>Father</b> Age _____ <input type="radio"/> Deceased
<b>Mother</b> Age _____ <input type="radio"/> Deceased	<b>Mother</b> Age _____ <input type="radio"/> Deceased

**Do you expect that any of your parents will become financially dependent on you? If so, please explain:**

## CHILDREN

Name	DOB	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you have a college savings plan?**  Yes  No

**Additional details about you or your family that you feel are important to share:**

**CLIENT 1** Age or Year You Want to Retire \_\_\_\_\_ **CLIENT 2** Age or Year You Want to Retire \_\_\_\_\_

**How much do you want to spend a month?** (Monthly amount) \_\_\_\_\_

**Do you have a budget?**  Yes  No **IF SO, PLEASE SUBMIT A COPY OF YOUR BUDGET.**

**How much money, after taxes and deductions, is deposited to your bank monthly?** \_\_\_\_\_

**What are your average monthly expenses?** \_\_\_\_\_

**Please check the box that correctly identifies your monthly cash flow:**  Surplus  Deficit  Break Even

**What are some other financial goals you are saving for?** (i.e. kids college, home renovations, vacation home, etc.)

Goals Description	Cost of Goal	When will you be paying for this goal?	Are you currently saving for this goal? If so, explain. (i.e. \$100/month is going into a 529 plan for each child. Or \$150/month is going into a bank savings account)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional details about your financial goals that you feel are important to share:**

## Are you entitled to a pension?

Who's pension is it?	Survivorship available?	Description
<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Yes <input type="radio"/> No	_____
<input type="radio"/> Client 1 <input type="radio"/> Client 2	<input type="radio"/> Yes <input type="radio"/> No	_____

**INCLUDE A COPY OF A RECENT PENSION STATEMENT**

## Do you rent or own your home?

**Rent** Monthly Rent \_\_\_\_\_

**Own** Mortgage Balance \_\_\_\_\_ Years Left on Mortgage \_\_\_\_\_

Monthly Principal and Interest Payment ONLY (Don't include escrowed taxes) \_\_\_\_\_

Monthly Escrowed Taxes \_\_\_\_\_ Estimated Home Value \_\_\_\_\_

Do you plan to keep this home in retirement?     Yes     No     Not Sure

If "No", what are your plans? \_\_\_\_\_

### OTHER REAL ESTATE

Description of Property \_\_\_\_\_

Mortgage Balance \_\_\_\_\_ Years Left on Mortgage \_\_\_\_\_

Monthly Principal and Interest Payment ONLY (Don't include escrowed taxes) \_\_\_\_\_

Monthly Escrowed Taxes \_\_\_\_\_ Estimated Home Value \_\_\_\_\_

Do you plan to keep this home in retirement?     Yes     No     Not Sure

## Do you have any liabilities? (i.e. credit cards, student loans, personal loans, etc.)

Description	Balance	Monthly Payment	When do you expect this expense will be gone?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Do you have any investment or retirement accounts?

Yes  No

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Fidelity IRA, Voya 403(6), etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

Are you making contributions to this account?  Yes  No

Contribution Amount \_\_\_\_\_

Is this account from an old employer?  Yes  No

**INCLUDE A COPY OF THIS ACCOUNT'S STATEMENT**

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Fidelity IRA, Voya 403(6), etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

Are you making contributions to this account?  Yes  No

Contribution Amount \_\_\_\_\_

Is this account from an old employer?  Yes  No

**INCLUDE A COPY OF THIS ACCOUNT'S STATEMENT**

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Fidelity IRA, Voya 403(6), etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

Are you making contributions to this account?  Yes  No

Contribution Amount \_\_\_\_\_

Is this account from an old employer?  Yes  No

**INCLUDE A COPY OF THIS ACCOUNT'S STATEMENT**

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Fidelity IRA, Voya 403(6), etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

Are you making contributions to this account?  Yes  No

Contribution Amount \_\_\_\_\_

Is this account from an old employer?  Yes  No

**INCLUDE A COPY OF THIS ACCOUNT'S STATEMENT**

## Do you have bank savings accounts, cash accounts or CD's?

Yes  No

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Bank of American Savings Account, 12 month CD, etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Bank of American Savings Account, 12 month CD, etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

**Account Owner**  Client 1  Client 2  Joint

Account Description (i.e. Bank of American Savings Account, 12 month CD, etc.) \_\_\_\_\_

Current Balance \_\_\_\_\_

**Do you currently have any life insurance policies?**

Owner	Description	Face Value	Cash Value
<input type="radio"/> Client 1 <input type="radio"/> Client 2	_____	_____	_____
<input type="radio"/> Client 1 <input type="radio"/> Client 2	_____	_____	_____
<input type="radio"/> Client 1 <input type="radio"/> Client 2	_____	_____	_____
<input type="radio"/> Client 1 <input type="radio"/> Client 2	_____	_____	_____

**INCLUDE A STATEMENT FOR EACH LIFE INSURANCE POLICY YOU HAVE**

**Do you currently have Long Term Care Insurance?**

**CLIENT 1**    Yes    No                      **CLIENT 2**    Yes    No

**IF "YES", PLEASE INCLUDE A COPY OF YOUR LONG TERM CARE STATEMENTS**

**Additional details about your assets and liabilities that you feel are important to share:**

**Do you have updated Wills?**CLIENT 1  No  Yes. When was it last updated? \_\_\_\_\_CLIENT 2  No  Yes. When was it last updated? \_\_\_\_\_**Do you have a Living Will?**CLIENT 1  No  YesCLIENT 2  No  Yes**Do you have a Trust?**CLIENT 1  No  Yes **IF "YES", PLEASE PROVIDE A COPY OF THE TRUST**CLIENT 2  No  Yes **IF "YES", PLEASE PROVIDE A COPY OF THE TRUST****Does anyone have Power of Attorney for you?**CLIENT 1  No  Yes. Who? \_\_\_\_\_CLIENT 2  No  Yes. Who? \_\_\_\_\_**Do you have an Attorney that you work with? If yes, please provide their name or firm:**

\_\_\_\_\_

**Are all of your beneficiaries on your accounts up to date?**CLIENT 1  No  Yes  Not SureCLIENT 2  No  Yes  Not Sure**Do you think it's likely you may inherit any assets in the future?**CLIENT 1  No  YesCLIENT 2  No  Yes**How important is it to you that you leave something to your family, estate, or other entity when you pass away?**CLIENT 1  Extremely Important  Important  Not ImportantCLIENT 2  Extremely Important  Important  Not Important**Additional details about your estate plans that you feel are important to share:**

**Have you ever worked with a Financial Advisor before?**  Yes  No

**If so, please briefly describe your experience** (i.e. How often did you meet? How long since your last meeting? Did you discuss all aspects of your retirement plans or just one or two accounts?, etc).

**Have you ever had a financial plan created to pull all of the information covered in this questionnaire together?**  Yes  No

**If yes, with whom and when was it last updated?**

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**Is there anything else you would like me to know or any particular topics that you would like to discuss when we meet?**