



CONFIDENTIAL QUESTIONNAIRE

DATE: _____

CLIENT 1

CLIENT 2

Name		
Home Address		
City, State, Zip		
Home Phone		
Mobile Phone		
E-mail		
Date of Birth		

Primary Contact during business hours _____

Contact me / us by (check one) E-mail or Phone

FAMILY MEMBERS (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent	Resides (City & State)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE DESCRIBE THE FINANCIAL PLANNING TOPICS THAT ARE MOST IMPORTANT TO YOU:

(I refer to this frequently when preparing your plan. If your time is limited, concentrate on this section.)

EMPLOYMENT	CLIENT 1	CLIENT 2
Employer		
Title/Job		
Number of years with employer		
Anticipated employment change		
When do you plan to retire		
Salary		
Self-employment Income		
Bonus/Commission		
Other Earned Income		

DOCUMENTS NEEDED *(electronic copies can be uploaded securely using this link):*

- Paystubs (most recent 2 paystubs)
- Bank Statements
- Investment Statements
- 401(k) / 403(b) / 457 statements
(please include the investments that are available to you)
- Social Security Benefit Estimate
(please provide the report that shows your salary history)
- Pension Benefit Estimates
- Tax Return – most recent
- Mortgage Statement
- Loan Statements (Auto, Student, Home Equity)
- Credit Card Statements
(only if you do NOT pay off your credit cards in full each month)
- Insurance
 - Homeowners
 - Life
 - Umbrella
 - Auto
 - Disability
 - LTC

PERSONAL PROPERTY:

	Approximate Value
Primary Residence	_____
Furnishings (<i>greater than \$10,000</i>)	_____
Vehicle	_____
Vehicle	_____
Other (<i>jewelry, art, collectibles greater than \$10,000</i>)	_____
Other	_____
Other	_____
Other	_____

TAX & ESTATE PLANNING DOCUMENTATION

Who prepares your tax return?

Paid Preparer	Preparer Name _____	Phone _____
	Address _____	E-mail _____
Self	City, State, Zip _____	

Do you have estate planning documents?	Year Drafted	State Drafted
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Wills	_____	_____
Powers of Attorney	_____	_____
Health Care Proxy	_____	_____
Living Will	_____	_____
Other	_____	_____

HOW WERE YOUR INVESTMENTS CHOSEN?
