



GET ACQUAINTED QUESTIONNAIRE **Date:** _____

To make our initial discovery meeting effective & efficient, please complete the following information. When completed; fax, email or deliver the completed form to our Santa Cruz office at least 3 business days prior to our appointment. Delivery information is on page 4.

Note: do not use the "enter" key. Instead, use the "tab" keys, cursor control keys, or the mouse to move from one field to the next.

	Client #1		Client #2	
Name				
Home Address				
Home Phone			City & Zip	
Cell Phone				
Email Address				
Date of Birth		Age		Age
Marital Status	<input type="checkbox"/> Married date: _____ <input type="checkbox"/> Single <input type="checkbox"/> Committed Relationship			
Primary contact person during business hours:				
Best way to contact you during business hours: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email (check one)				
What is your primary reason for contacting our office?				

Children	#1	#2	#3
Name (first)			
Name (last if different)			
Relationship (son, daughter, etc.)			
Date of Birth/Age			

Income	Client #1	Client #2
Title/Job:		
Employer		
Salary:	\$	\$
Bonus/Commissions:	\$	\$
Self Employment Income:	\$	\$
Other Earned Income:	\$	\$
TOTAL (Current Yr) =	\$	\$

Estate Planning Documents (DPOA = durable power of attorney)



		Notes
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Health Care POA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
General Financial POA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
HIPAA Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Asset - Real Estate (Title = Persons Name, Joint Tenant, Community Property, Trust)				
Description	Year Purchase	Purchase Price	Approx. Loan Balance	Estimated Value
Primary Residence				\$
Other Real Estate:				\$
Other Real Estate:				\$

Assets - Retirement Accounts (401(k), 403(b), IRA, Roth IRA, 457, Keogh, etc.)			
Title (who owns)	Institution (where it's held)	Description (401K, IRA, etc.)	Approx. Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Assets - Other (Mutual Funds, Brokerage Acc., ESPP Stock, business, etc.)			
Title (Who owns)	Institution (where it's held)	Description (Mutual Funds, Annuities)	Approx. Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Assets - Bank Accounts (checking, savings, money market, CDs, savings bonds, etc.)



	Title (who owns)	Type	Approx. Total Balance
1	Client 1		\$
2	Client 2		\$
3	Joint		\$

Assets - Stock Options, RSU's Etc.			
Title (who owns)	Type	Company	Approx. Values

Liabilities – Debts (residence, autos, business, school, etc.)		
Description (loan on what)	Institution (where it's held)	Approx. Current Balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Advisor Relationships (where applicable, rate your working relationships with each of the following advisors)		
1 = Very Dissatisfied; 5 = Very Satisfied (enter a value for each advisor or check "Not Applicable")		
Advisor	1 2 3 4 5 NA	Name & Comments
Financial Planner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Stock Broker #1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Stock Broker #2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Accountant/Taxes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Attorney	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent #1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent #2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent #3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Investment Management Preference (check the one that that best fits your personality, experience and time)		
Client 1	Client 2	
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to make my own investment decisions.
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to make my own investment decisions with occasional "as needed" advice from a financial professional.
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to "team" with a financial professional for ongoing advisory services during the year.
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to transfer responsibility of all investment decisions to a money manager.



What would the best possible outcome of our working together?

Any other information you would like to share?



CHAMBERLAIN FINANCIAL
PLANNING & WEALTH MANAGEMENT

Please return a completed copy of this form (fax, email, or mail) **at least three business days** before our initial meeting.

Email **mike@chamberlainfp.com**

Fax **831-423-1341**

Mail address **Chamberlain Financial Planning & Wealth Management, 303 Water Street Suite 120, Santa Cruz CA 95060**

The Following may be needed should you engage our services.

- | | |
|--|---|
| 1. Paycheck Stubs – 2 Most Recent | 9. Bank Account Statements – Most Recent 3 Months |
| 2. Employee Benefits Statements | 10. Retirement Account Statements (401k, 403b, IRAs, etc.) |
| 3. Tax Returns & W2s – 2 Most Recent | 11. Retirement Account Investment Options for Company Plans |
| 4. Dependents' Bank Statements, 529 Account Statements, Insurance Policies & Trust Documents | 12. Brokerage Account & Mutual Fund Statements |
| 5. Estate Planning Documents: Wills, Trusts, etc. | 13. Annuity Statements & Prospectuses |
| 6. Insurance Policies: Life, Disability, Homeowners', Auto, Long-Term Care, Umbrella, etc. | 14. Mortgage Statements |
| 7. Social Security Statements | 15. Credit Card Statements – Most Recent 3 Months |
| 8. Pension Plan Statements | 16. Other Loan Statements: School, Business, Farm, etc. |
| | 17. Budget or cash flow |
| | 18. Business Balance Sheet & Income Statement |