

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



**CONFIDENTIAL QUESTIONNAIRE**

<b>Client Name 1:</b>	_____	<b>Client Name 2:</b>	_____
Home Address:	_____	Home Phone:	_____
City, State, Zip:	_____	Anniversary date:	_____
Client 1 Cell Phone:	_____	Client 2 Cell Phone:	_____
Client 1 Work Phone:	_____	Client 2 Work Phone:	_____
Fax: (Home)	_____	Fax: (Home)	_____
Fax: (Work)	_____	Fax: (Work)	_____
Birthdate:	_____	Birthdate:	_____
Email:	_____	Email:	_____
Send E-Newsletter here: <input type="checkbox"/>		Send E-Newsletter here: <input type="checkbox"/>	
Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>		Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>	
Primary Contact Person during business hours?	_____		
Contact me by <input type="checkbox"/> Email or <input type="checkbox"/> Telephone			

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

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

<b>Client Employer (1):</b>	_____	<b>Client Employer (2):</b>	_____
Occupation/ Title:	_____	Occupation/Title:	_____
#Years with this employer?	_____	#Years with this employer?	_____
Anticipated employment changes?	_____	Anticipated employment changes?	_____
Planned retirement date?	_____	Planned retirement date?	_____
Gross Annual Income (salary):	_____	Gross Annual Income (salary):	_____
Annual Raises	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Annual Raises	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Self Employment Income:	_____	Self Employment Income:	_____
Bonus/Commissions:	_____	Bonus/Commissions:	_____
Other Earned Income:	_____	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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Who prepares your tax return?  Self  Paid Preparer    Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

<b>Do you have estate planning documents?</b>	When and in what state were they drafted?
Wills <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Living Trusts <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Documents <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**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	≤50
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**

**Client 2**

Are you eligible? \_\_\_ Yes \_\_\_ No \_\_\_ Receiving Now

\_\_\_ Yes \_\_\_ No \_\_\_ Receiving Now

Amount of benefit/Age \$ \_\_\_\_\_ Use Program Estimate

\$ \_\_\_\_\_ Use Program Estimate

**Retirement Income**

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

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
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

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

**Joint Assets**

**Value**

**Additions/Yr**

**Joint Assets**

**Value**

**Additions/Yr**

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	___1	___2	___3	___4	___5	___X
Broker	___1	___2	___3	___4	___5	___X
Broker	___1	___2	___3	___4	___5	___X
Accountant	___1	___2	___3	___4	___5	___X
Tax Preparer	___1	___2	___3	___4	___5	___X
Attorney	___1	___2	___3	___4	___5	___X
Insurance Agent	___1	___2	___3	___4	___5	___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 • 12975 Brookprinter Place #140 • Poway, CA 92064

Phone: (858) 486-0100 • Fax: (858) 486-0108

Email: [info@FinancialBridges.com](mailto:info@FinancialBridges.com) Visit us on the web at [www.FinancialBridges.com](http://www.FinancialBridges.com)