



81 MAIN STREET, SUITE #501, WHITE PLAINS, NY 10601 • 914.615.9214 • LIZ@LANDAUADVISORY.COM

## Landau Advisory, LLC Confidential Questionnaire

Date of completion \_\_\_\_\_

### Client Information

Client Name (1) \_\_\_\_\_ Client Name (2) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Primary Contact Person during business hours? \_\_\_\_\_

Please contact me by (circle one) Email or Phone

### Family Members (please list children and other dependents)

Name	Relationship	D.O.B	Dependent?	Resides (City/State)
_____	_____	_____	Y N	_____

_____	_____	_____	Y	N	_____
_____	_____	_____	Y	N	_____
_____	_____	_____	Y	N	_____

**Employment**

<b>Client Employer (1)</b> _____	<b>Client Employer (1)</b> _____
Title/job _____	Title/job _____
Number of years with employer? _____	Number of years with employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
At what age do you plan to retire? _____	At what age do you plan to retire? _____
Salary _____	Salary _____
Self-employment income _____	Self-employment income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
<b>TOTAL (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____

**Financial Opinions/Preferences**

Of the following statements, summarize your attitudes or beliefs using a scale of 1-5

Client 1      Client 2      1 = Most True, 5 = Least True

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_____	_____	I would rather work longer than reduce my standard of living in retirement.
_____	_____	I feel that I/we can reduce our current living expenses to save more for the future if needed.
_____	_____	I am more concerned about protecting my assets than about growth.
_____	_____	I prefer the ease of mutual funds over individual securities.
_____	_____	I am comfortable with investments that promise slow, long term appreciation and growth.
_____	_____	I don't brood over bad investment decisions I've made.
_____	_____	I feel comfortable with aggressive growth investments

## Financial Opinions/Preferences (Con't)

Of the following statements, summarize your attitudes or beliefs using a scale of 1-5

Client 1      Client 2      1 = Most True, 5 = Least True

_____	_____	I don't like surprises.
_____	_____	I am optimistic about my financial future.
_____	_____	My immediate concern is for income rather than growth opportunities.
_____	_____	I am a risk taker.
_____	_____	I make investment decisions comfortably and quickly.
_____	_____	I like predictability and routine in my daily life.
_____	_____	I usually pick the tried and true, the slow, safe but sure investments.
_____	_____	I need to focus my investment efforts on building cash reserves.
_____	_____	I prefer predictable, steady return on my investments, even if the return is low.

How were your current investment assets selected?

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## Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

Advisor

Satisfaction Rating

	1=dissatisfied		3	4	5=very satisfied		Not Applicable
	1	2			5		
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Insurance Agent (1)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

**Insurance**

	Client (1) Coverage		Group	Individual	Client (2) Coverage		Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Long term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			

**Assets**

(If you have information in a format of your design, please feel free to omit this section and attach necessary documentation)

**Bank Accounts Checking (C), Savings (S), or Money(MM)**

Bank Name	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	Ownership	Average Balance
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

**CDs**

Institution	Interest Rate	Maturity Date	Ownership	Average Balance
_____	_____ %	____/____/____	_____	\$ _____
_____	_____ %	____/____/____	_____	\$ _____
_____	_____ %	____/____/____	_____	\$ _____

Do you have a pension?  Yes  No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_.

COLA?  Yes  No

**Personal Property**

**Estimated Value**

Primary residence	_____
Furnishings (Liquidation value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**Please attach a copy of your most recent brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Liabilities**

**Credit Cards**

**Interest Rate**

**Avg. Monthly Payment\***

**Current Balance**

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

\*if not paid in full each month

**Debts**

(residence, auto, business, school)

**Term**

**Interest Rate**

**Payment**

**Approximate Balance**

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

Have you received a copy of your credit report recently?  Yes  No

## Tax & Estate Planning Documentation

### Who prepares your tax return?

<input type="checkbox"/> Self	Preparer Name _____	Phone _____
<input type="checkbox"/> Paid	_____	Fax _____
Preparer	Address _____	Email _____
	_____	

### Do you have estate planning documents?

	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

### Other

Please comment on the advice you seek.

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### Additional Information:

**These items, as well as others, may be needed should you engage our services:**

- Prior year tax returns
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your financial consultation:

- If you will be meeting with me in person, please bring this completed form with you.
- If we will be teleconferencing with you, please keep a copy of your completed form AND send me a copy at:

Landau Advisory  
P.O. Box 334  
White Plains, NY 10605

- Or you can email us a scanned copy of this questionnaire at [Liz@LandauAdvisory.com](mailto:Liz@LandauAdvisory.com)