

## Confidential Questionnaire

<b>CLIENT NAME (1):</b> _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home / Work) _____ E-mail: _____ Social Security #: _____ Birth date: _____	<b>CLIENTNAME (2):</b> _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home / Work) _____ E-mail: _____ Social Security #: _____ Birth date: _____
Primary Contact Person during business hours? _____	

### FAMILYMEMBERS (Please list children and other dependants.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides? (City &amp; State)</u>
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

### EMPLOYMENT AND SALARY INFORMATION

Client Employer (1): _____ Title/Job: _____ Years with current employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self-Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____	Client Employer (2): _____ Title/Job: _____ Years with current employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self-Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____
--	--

## TAX AND PLANNING INFORMATION

Who prepares your tax return?

- Self  
 Paid Tax Accountant

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Estate Planning Documents:

Wills	Y	N
Living Trusts	Y	N
Power of Attorney	Y	N
Living Will	Y	N
Other Documents	Y	N

When and in what state were they drafted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were your current investment assets selected? (Who devised where they were going to go and why):

\_\_\_\_\_

\_\_\_\_\_

**Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.**  
 (1 being most true and 5 least true)

- \_\_\_\_\_ 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 mutual funds to individual stocks and bonds.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I am interested in providing for my children's education

**Rate your working relationships with each of the following advisors that apply:**

Adviser	Dissatisfied		Satisfaction		Very Satisfied	Not applicable
Financial Planner	1	2	3	4	5	X
Broker One	1	2	3	4	5	X
Broker Two	1	2	3	4	5	X
Tax Accountant	1	2	3	4	5	X
Accountant (if different)	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent (life)	1	2	3	4	5	X
Insurance Agent (car/home)	1	2	3	4	5	X

# INSURANCE

## Client (1)

## Client (2)

	Coverage (Name)	Group	Individual		Coverage	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability (work)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability (Personal)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (work)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (personal)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (whole life?)	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance?  Yes  No

**ASSETS** (If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

### Bank Accounts

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Avg. Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### CD's

Institutions Held At?	Interest Rate	Maturity Date	Ownership	Approx. Value
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

(Please attach a copy of your most current brokerage, mutual fund and retirement statements.)

### PERSONAL PROPERTY

	Estimated Value
Primary Residence:	\$ _____
Furnishings: (Liquidation Value)	\$ _____
Vehicle: _____	\$ _____
Vehicle: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

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

---



---



---

**LIABILITIES**

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

*\*If not paid in full each month*

<u>Debts (Residence, Auto, Business, School)</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

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

Please list the top 3-5 areas of concern:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**List of additional items to bring: (Highlighted items are very important)**

- 1) **Prior Two Years Tax Returns**
- 2) **Confidential Questionnaire.doc**
- 3) Current Paycheck Stubs
- 4) Brokerage Account Statements
- 5) Mutual Fund Account Statements
- 6) Trust Account Statements
- 7) Employee Benefits Booklet
- 8) Retirement Plan Account
- 9) Statements of Legal Documents
- 10) Loan Documents
- 11) Insurance Policies

*If you will be coming to our office for your financial consultation, please bring this completed form with you.*

*If we will be teleconferencing with you, please (1) keep a copy of your completed form,  
(2) fax or mail a copy to us in advance or our teleconference appointment.*