Confidential Questionnaire

Instructions:

1. Complete the following four pages.
2. Collect and copy documents as listed and any additional you may want to provide.
3. Bring completed Confidential Questionnaire and collected documents to Initial Consultation.

The information you provide is strictly confidential and will not be disclosed to anyone without your consent.

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Confidential Questionnaire

Client name (1): ____________________	**Client name (2):** ____________________
Birth Date: ____________________	Birth Date: ____________________
Address: _________________________	Address: _________________________
City, State, ZIP: ___________________	City, State, ZIP: ___________________
Home Phone: _________________	Home Phone: _________________
Work Phone: _________________	Work Phone: _________________
Cell Phone _________________	Cell Phone: _________________
Email: ________________________	Email: ________________________

Primary contact person during business hours? ___________________phone or email ?

How did you hear about me? ____

Please check one: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Family Members – list children and other dependents

Name	Relationship	Birth Date
______________________	________________________	__ / __ / __
______________________	________________________	__ / __ / __
______________________	________________________	__ / __ / __

Employment

	Client (1)	Client (2)
	☐ Employed ☐ Self-Employed ☐ Retired ☐ Not Employed	☐ Employed ☐ Self-Employed ☐ Retired ☐ Not Employed
Title/Job:	____________________________	____________________________
Years with current employer?	____________	____________
Target Retirement Age:	____________	____________
Salary:	____________	____________
Bonus / Commissions:	____________	____________
Other Earned Income:	____________	____________
Total (current year) =	____________	____________

Contributions:

Are you contributing on a regular basis to a retirement plan, college savings, or other savings type? If yes, complete amounts below.

Client (1) Type (401k, Roth, 529, etc.)	Amount	**Client (2)** Type (401k, Roth, 529, etc.)	Amount
____________________	________/year	____________________	_______/year
____________________	________/year	____________________	_______/year

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Assets

Bank Accounts:

Bank Name	Checking / Savings Money Market / CDs	Average Balance
____________________	___________________	$ _______________
____________________	___________________	$ _______________
____________________	___________________	$ _______________

Investments: please attach a COPY of your most current brokerage, mutual fund and retirement statements.

Other Investment Assets: list below and estimate a value for any other investments assets not on statements or listed above.

____

Personal Property / Real Estate: Provide estimated current value.

Primary Residence	_____________	Other Real Estate	_____________
Furnishings / Personal Items	_____________		
Vehicle (1) Make/Model:	_______________	Value:	_____________
Vehicle (2) Make/Model:	_______________	Value:	_____________
Vehicle (3) Make/Model:	_______________	Value:	_____________
Other:	_______________	Value	_____________

Liabilities

Credit Cards

Credit Card Name	Interest Rate	Average Monthly Payment	Current Balance
_________________	_______%	$___________	$_________
_________________	_______%	$___________	$_________
_________________	_______%	$___________	$_________
_________________	_______%	$___________	$_________

Loans

	Owed to:	Interest Rate	Payment	Current Balance
Primary Mortgage	____________	_________%	$______	$__________
Home Equity Loan	____________	_________%	$______	$__________
Vehicle Loans	____________	_________%	$______	$__________
Other:	____________	_________%	$______	$__________

Describe your approach to credit and loans:_______________________________________
Has your credit balance increased or decreased in the past year? ______________________
Why? ____

Confidential Questionnaire

Estate Planning – What provisions have you made for your estate and dependents?

Document	**Client (1) Date**	**Client (2) Date**
Last Will and Testament		
Trust: indicate type (marital, QTIP, ILIT, Credit Shelter, bypass, etc.)		
Executor provision		
Trustee provision		
Power of Attorney		
Living Will		
Health Care Power of Attorney		
Other: ________________		
Other: ________________		

Describe your charitable intents, if relevant to estate planning:

____

What type of legacy would you like to leave upon your death?

Client (1) Client (2)

________________________________ ___________________________

________________________________ ___________________________

Advisor Information

Who prepares your tax return? ☐ Self ☐ Paid Preparer

What other advisors do you use? (i.e. accountant, lawyer, insurance agent, broker)

____

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial advisor or consultant? ___________ If yes, please explain:

____

____

Investor Information

How were your current investment assets selected?

____

Are there any investments you feel tied to for past performance, income tax, family or social reasons?

____

How experienced are you in managing your investments?

Client (1)	Client (2)
☐ Very Experienced	☐ Very Experienced
☐ Somewhat Experienced	☐ Somewhat Experienced
☐ Not Experienced	☐ Not Experienced

Confidential Questionnaire

Financial Goals and Concerns

What are your three most important financial goals?

1. ____
2. ____
3. ____

What are your top three financial concerns?

1. ____
2. ____
3. ____

What do you hope to accomplish working with a financial planner?

1. ____
2. ____
3. ____

When we meet one year from now, what would have happened for you to feel you had made progress toward your goals and addressed your concerns?

1. ____
2. ____
3. ____

Is there any other information you would like to provide at this time? ________________
____

Signed: ____________________________ Client (1)
Date: _________________________

Signed: ____________________________ Client (2)
Date: _________________________