

## SFP CONFIDENTIAL QUESTIONNAIRE

**CLIENT NAME (1):** \_\_\_\_\_

**CLIENT NAME (2):** \_\_\_\_\_

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

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

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

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

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

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

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: (Home or Work) \_\_\_\_\_

Fax: (Home or Work) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

**FAMILY MEMBERS (Please list children and other dependants.)**

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

**Client Employer (1):** \_\_\_\_\_

Title/Job: \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

When do you plan to retire? \_\_\_\_\_

Salary: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

Other Earned Income: \_\_\_\_\_

Business Owner Profit \_\_\_\_\_

**TOTAL (Current Yr) =** \_\_\_\_\_

**Client Employer (2):** \_\_\_\_\_

Title/Job: \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

When do you plan to retire? \_\_\_\_\_

Salary: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

Other Earned Income: \_\_\_\_\_

Business Owner Profit \_\_\_\_\_

**TOTAL (Current Yr) =** \_\_\_\_\_

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

<u>Adviser</u>	<u>Dissatisfied</u>	<u>Satisfaction Rating</u>				<u>Not Applicable</u>
			-	<u>Very Satisfied</u>		
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
Insurance Agent	1	2	3	4	5	X

Client (1)

Client (2)

**INSURANCE**

	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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**

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

**Retirement Acct**

<u>Owner</u>	<u>Acct type</u>	<u>Annual Contribution</u>	<u>Apx. Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Attach or bring a copy of your most current brokerage, mutual fund and retirement statements.**

**Business Owner** should bring the latest tax statement for their business. Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

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**PERSONAL PROPERTY**

	<u>Estimated Value</u>
Primary Residence	_____
Vacation/Second Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**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>Payment</u>	<u>Current Balance</u>
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

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

**Please comment on the advice you seek.**

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**The following will be necessary for a planning engagement:**

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|------------------------------------|--------------------------------|
| Prior Year Tax Return              | Paycheck Stubs                 |
| Brokerage Account Statements       | Mutual Fund Account Statements |
| Trust Account Statements           | Employee Benefits Booklet      |
| Retirement Plan Account Statements | Legal Documents                |
| Loan Documents                     | Insurance Policies             |