



# CONFIDENTIAL QUESTIONNAIRE

Date: \_\_\_\_\_

ADVISOR USE ONLY:	
Investment Objectives:	_____
Investment Horizon:	_____
Risk Tolerance Score:	_____

<b>CLIENT NAME (1):</b>	_____	<b>CLIENT NAME (2):</b>	_____
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:	_____
Driver License #:	_____	Driver License #:	_____
Social Security #:	_____	Social Security #:	_____
Birthdate:	_____	Birthdate:	_____

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

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

<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>	_____

<b>Client Employer (1):</b>	_____	<b>Client Employer (2):</b>	_____
Title/Job:	_____	Title/Job:	_____
Number of years with this employer?	_____	Number of years with this employer?	_____
Anticipated employment changes?	_____	Anticipated employment changes?	_____
When do you plan to retire?	_____	When do you plan to retire?	_____
Salary/Pension:	_____	Salary/Pension:	_____
Self Employment Income:	_____	Self Employment Income:	_____
Bonus/Commissions:	_____	Bonus/Commissions:	_____
Other Income/Social Security:	_____	Other Income/Social Security:	_____
<b>TOTAL (Current Yr) =</b>	_____	<b>TOTAL (Current Yr) =</b>	_____

**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 or Investment Accounts**

<u>Owner</u>	<u>Account type</u>	<u>Annual Contribution</u>		<u>Apx. Value</u>
		<u>Employee %</u>	<u>Co %</u>	
_____	<b>401k</b>	_____	_____	\$ _____
_____	<b>401k</b>	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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

**Business Owners** 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

**Do you have experience with financial advisors?**

Yes  No

If yes, what organization(s) did you have a relationship with? \_\_\_\_\_

**Have you reviewed your estate plan or will(s) recently?**

Yes  No

**Have you received a copy of your credit report recently?**

Yes  No

	Client (1)			Client (2)		
<b>INSURANCE</b>	<b>Coverage</b>	<b><u>Group</u></b>	<b><u>Individual</u></b>	<b>Coverage</b>	<b><u>Group</u></b>	<b><u>Individual</u></b>
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

**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             |
| Social Security Benefit Report     | Estate Documents               |