



CONFIDENTIAL QUESTIONNAIRE

Date: _____

ADVISOR USE ONLY:

Investment Objectives: _____

Investment Horizon: _____

Risk Tolerance Score: _____

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: _____

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)
		/ /	Y N	
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1): _____ **Client Employer (2):** _____

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: _____

TOTAL (Current Yr) = _____ **TOTAL (Current Yr) =** _____

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>
	401k	Employee %	Co %	\$
	401k	Employee %	Co %	\$
				\$
				\$
				\$
				\$

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

Estimated Value

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)			
INSURANCE							
	Coverage	<u>Group</u>	<u>Individual</u>	Coverage	<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

Please comment on the advice you seek.

- The following will be necessary for a planning engagement:
- | | |
|------------------------------------|--------------------------------|
| 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 |