

CONFIDENTIAL

CLIENT

QUESTIONNAIRE

Confidential Client Questionnaire

Before You Begin...

This *Confidential Client Questionnaire* is designed to help you gather all the required information for your financial plan. The questionnaire's easy-to-follow format will allow you to enter your required personal data and financial details. These items are necessary so we can create a complete and thorough picture of your *current* and *future* financial situation.

The following documents will help you to complete the questionnaire. **Please bring these documents with you to the meeting.**

- Two years of federal and state tax returns
- Pay stubs (two consecutive)
- Pension Plan Benefits Statements
- Latest statements from trust companies, brokers, mutual fund companies, and banks pertaining to all your investments (retirement and non-retirement)
- Certificates of deposit with maturity dates
- Statement of projected social security benefits (Form SSA-7004)
- Most recent mortgage statement
- Latest wills
- Trust agreements

Keep in mind...

The more information you provide, the more realistic your financial plan will be. **If you are unsure of an exact value for any piece of information, please give it your best estimate.**

Confidential Client Questionnaire

PERSONAL INFORMATION

Please provide the following information. All information will be held in the strictest confidence.

Today's Date _____

Legal Name (client) _____

Legal Name (co-client) _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Client's E-Mail Address _____ Co-Client's E-mail Address _____

Wedding Anniversary (if applicable) _____

	Client	Co-client
Please address me as...	_____	_____
U.S Citizen?	Yes No	Yes No
Birthdate	_____	_____
Social Security #	_____	_____
Occupation/Title	_____	_____
Employer Name	_____	_____
Date Employed	_____	_____
Street Address (Work)	_____	_____
City, State, Zip	_____	_____
Work Phone	_____	_____
Work Fax	_____	_____
Preferred Method of Contact		
_____ Home Telephone	_____ 's E-mail	_____ 's Work Phone
Send Correspondence to		
_____ Home Address	_____ 's Work Address	_____ Other Address

Confidential Client Questionnaire

FAMILY INFORMATION

	Child 1	Child 2
Child's Name	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Child's Spouse	_____	_____
Their children's names	_____	_____
	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Special Concerns/Notes	_____	_____
	_____	_____

	Child 3	Child 4
Child's Name	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Child's Spouse	_____	_____
Their children's names	_____	_____
	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Special Concerns/Notes	_____	_____
	_____	_____

Confidential Client Questionnaire

ADDITIONAL FAMILY INFORMATION

Other Dependents

Dependent 1

Dependent 2

Dependent's Name	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Dependent's Spouse	_____	_____
Special concern/notes	_____	_____
	_____	_____

Parents

Client's Father

Client's Mother

Name	_____	_____
Birthdate	_____	_____
State of Residence	_____	_____
Special concern/notes	_____	_____
	_____	_____
Health Status	_____	_____
Deceased? (age/cause)	_____	_____

Co-client's Father

Co-client's Mother

Name	_____	_____
Birthdate	_____	_____
State of Residence	_____	_____
Special concern/notes	_____	_____
	_____	_____
Health Status	_____	_____
Deceased? (age/cause)	_____	_____

Confidential Client Questionnaire

OTHER PERSONAL INFORMATION

Previous Marriages

Parties of Marriage _____

Date Married _____ Date Dissolved _____

Current Issues/Responsibilities _____

Parties of Marriage _____

Date Married _____ Date Dissolved _____

Current Issues/Responsibilities _____

Health Status

Discuss potential problem areas

Client _____

Co-Client _____

Child 1 _____

Child 2 _____

Child 3 _____

Child 4 _____

Does either client or co-client smoke? _____

Has anyone been denied insurance for health or other reasons? _____

If yes, please explain _____

Confidential Client Questionnaire

ADVISORS

Personal Attorney Name _____

Company _____

Telephone _____

Business Attorney Name _____

Company _____

Telephone _____

Accountant Name _____

Company _____

Telephone _____

Insurance Agent for Name _____

life, disability, health Company _____

Telephone _____

Insurance Agent for Name _____

property & casualty Company _____

Telephone _____

Investment Advisor/ Name _____

Broker Company _____

Telephone _____

Other Advisors Name _____

Company _____

Telephone _____

Name _____

Company _____

Telephone _____

Confidential Client Questionnaire

FINANCIAL PLANNING PRIORITIES

Areas of Financial Concern

_____ Cash Flow & Budgeting

_____ College Planning

_____ Insurance Review

_____ Retirement Planning

_____ Investment Advice

_____ Estate Planning

Other areas of concern _____

What do you expect to accomplish through financial planning?

What questions would you like to have answered during the planning process?

Is there anything additional that I should know to help you with your financial affairs?

Do you expect to have any major discretionary expenditures within the next:

_____ 1-2 years _____ 3-5 years _____ 5-10 years

Please explain. _____

Have you ever worked with a financial advisor? _____

Confidential Client Questionnaire

INCOME Estimate for current calendar year

Type of Income	Client	Co-Client	Joint
Wages	_____	_____	_____
Bonuses	_____	_____	_____
Commissions	_____	_____	_____
Self-employment <i>(net income)</i>	_____	_____	_____
Interest/Dividends	_____	_____	_____
Trust	_____	_____	_____
Rental	_____	_____	_____
Social Security	_____	_____	_____
Alimony	_____	_____	_____
Pension/Annuity	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

Have either of you recently had a major increase or reduction in your salary? _____

Do either of you anticipate a major increase or reduction in your salary? _____

ANNUAL SAVINGS

Type of Account	Client Contribution	Co-client Contribution	Employer Contribution
Employer Retirement Plans	_____	_____	_____
Regular IRA	_____	_____	_____
Roth IRA	_____	_____	_____
Taxable Accounts	_____	_____	_____
Annuities	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

Confidential Client Questionnaire

EXPENSES

Please complete using Annual **or** Monthly Expenses (can vary by expense)

	Monthly	Annual		Monthly	Annual
HOUSING			HOUSEHOLD		
Mortgage(s) P&I	_____	_____	Maintenance/repairs	_____	_____
Property taxes	_____	_____	Furnishings (purchases)	_____	_____
Rent	_____	_____	Services (cleaning, lawn)	_____	_____
Condo/association fees	_____	_____	Home Security	_____	_____
Other_____	_____	_____	FOOD		
UTILITIES			Groceries	_____	_____
Gas, electric	_____	_____	Meals out	_____	_____
Water & sewer	_____	_____	CLOTHING		
Telephone/internet	_____	_____	Purchases	_____	_____
Trash collection	_____	_____	Cleaning/tailoring	_____	_____
Cable TV	_____	_____	HEALTH CARE		
TRANSPORTATION			Prescriptions	_____	_____
Gas, oil, repairs	_____	_____	Medical out of pocket	_____	_____
Parking/other	_____	_____	Dental	_____	_____
License/taxes for autos	_____	_____	Other_____	_____	_____
Bus/train/taxi/limo	_____	_____	RECREATION		
INSURANCE			Vacations	_____	_____
Homeowners	_____	_____	Entertainment	_____	_____
Auto	_____	_____	Books and subscriptions	_____	_____
Life	_____	_____	Sports/Hobbies	_____	_____
Medical/dental	_____	_____	Health club	_____	_____
Disability	_____	_____	Membership fees	_____	_____
Long-term care	_____	_____	Other_____	_____	_____
Excess liability	_____	_____	PERSONAL ITEMS		
Other_____	_____	_____	Gifts	_____	_____
PROFESSIONAL FEES			Charitable contributions	_____	_____
Lawyer	_____	_____	Education/classes (self)	_____	_____
Other_____	_____	_____	Personal care	_____	_____
OTHER FIXED			Pet care	_____	_____
Alimony	_____	_____	Other_____	_____	_____
Child Support	_____	_____	DEBT		
Child care	_____	_____	Vehicle loans	_____	_____
Elder care	_____	_____	Credit cards	_____	_____
Other_____	_____	_____	Education loans	_____	_____
EDUCATION			Investment loans	_____	_____
Private schools	_____	_____	Other loans_____	_____	_____
College	_____	_____	Total (this column)	_____	_____
Other_____	_____	_____	Total (column 1)	_____	_____
Total	_____	_____	GRAND TOTAL	_____	_____

Confidential Client Questionnaire

ASSETS

Please complete all asset categories using current value.

TAXABLE (non-retirement) ACCOUNTS

LIQUID ASSETS

	Client	Co-client	Joint
Checking/Savings			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Money Market/C.D.			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
U.S. Savings Bonds			
Credit Union			
Life Insurance Cash Value			
Other _____	_____	_____	_____
Total Liquid Assets	_____	_____	_____

FIXED ASSETS

	Client	Co-client	Joint
* Bonds and Bond Mutual Funds			
_____	_____	_____	_____
_____	_____	_____	_____
* U. S. Government Obligations			
_____	_____	_____	_____
_____	_____	_____	_____
*Tax-free Municipal bonds/funds			
_____	_____	_____	_____
_____	_____	_____	_____
* Notes receivable			
Other _____	_____	_____	_____
Total Fixed Assets	_____	_____	_____

**Please complete Schedule of Cost ("Tax Basis") for Assets/Investments*

Confidential Client Questionnaire

ASSETS

TAXABLE (non-retirement) ACCOUNTS

EQUITY ASSETS

	Client	Co-client	Joint
* Stocks and Stock Mutual Funds			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
* Stock Options or Warrants			
_____	_____	_____	_____
_____	_____	_____	_____
* Investment Property			
_____	_____	_____	_____
* Business(es)			
_____	_____	_____	_____
* Limited Partnerships			
_____	_____	_____	_____
Other _____	_____	_____	_____
Total Equity Assets	_____	_____	_____

PERSONAL ASSETS (current market value)

	Client	Co-client	Joint
* Primary Residence	_____	_____	_____
* Vacation Home	_____	_____	_____
* Other Real Estate			
_____	_____	_____	_____
_____	_____	_____	_____
Auto 1 Year/Model_____	_____	_____	_____
Auto 2 Year/Model_____	_____	_____	_____
Personal Property (furniture, etc.)	_____	_____	_____
Valuables (jewelry, antiques, etc.)			
_____	_____	_____	_____
_____	_____	_____	_____
Other _____	_____	_____	_____
Total Personal Assets	_____	_____	_____

**Please complete Schedule of Cost ("Tax Basis") for Assets/Investments*

Confidential Client Questionnaire

Schedule of Cost (“Tax Basis”) for Assets/Investments

Assets

	Date Purchased	Initial Cost	Addtl Investment	Total Cost
Primary Residence	_____	_____	_____	_____
Vacation Home	_____	_____	_____	_____
	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Investments

Taxable Accounts:

Mutual Funds	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Stocks	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Confidential Client Questionnaire

ASSETS

TAX-DEFERRED ACCOUNTS

	Client	Co-client	Beneficiary Name
401(k) Plans			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
403(b) Plans			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other Employer Plans			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
IRAs (incl. Roth, SEP, SIMPLE)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Keogh (self-employed) Plan			
_____	_____	_____	_____
Annuities			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total Tax-Deferred Assets	_____	_____	_____

Confidential Client Questionnaire

LIABILITIES

	Current Balance		
	Client	Co-client	Joint
Mortgage on Primary Residence	_____	_____	_____
Other Mortgages			
_____	_____	_____	_____
_____	_____	_____	_____
Home Equity Loans	_____	_____	_____
Auto Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Student Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Credit cards (if you carry a balance)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Investment Loans	_____	_____	_____
Bank Loans	_____	_____	_____
Personal Loans	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total Liabilities	_____	_____	_____

The following section is optional.

Total Assets by Owner	_____	_____	_____
Total Liabilities by Owner	_____	_____	_____
Net Worth (assets minus liabilities) by Owner	_____	_____	_____

Confidential Client Questionnaire

ADDITIONAL INFORMATION ON LIABILITIES

Please provide the following information for all the liabilities you listed on the previous page.

	Monthly Payment	Interest Rate	Remaining # of Years
Mortgage on Primary Residence	_____	_____	_____
Other Mortgages			
_____	_____	_____	_____
_____	_____	_____	_____
Home Equity Loans	_____	_____	_____
Auto Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Student Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Credit cards (if you carry a balance)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Investment Loans	_____	_____	_____
Bank Loans	_____	_____	_____
Personal Loans	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total			

Confidential Client Questionnaire

LIFE INSURANCE

Policies owned by Client

Company	Type of Policy	Date Policy Issued	Current Death Benefit	Insured Person	Beneficiary	Cash Surrender Value	Loan Balance	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
		Totals						

Policies owned by Co-client

Company	Type of Policy	Date Policy Issued	Current Death Benefit	Insured Person	Beneficiary	Cash Surrender Value	Loan Balance	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
		Totals						

Type of Policy

Grp = Group Term

WL = Whole Life

UL = Universal Life

VL = Variable Life

VUL = Variable Universal Life

LT10 = Level Term 10 year policy

LT15 = Level Term 15 year policy

LT20 = Level Term 20 year policy

ART = Annual Renewable Term

Confidential Client Questionnaire

OTHER INSURANCE

Disability and Long-term Care Insurance – Client

Type	Group or Individual	Waiting Period	Monthly Benefit	Monthly Premium
Disability 1	_____	_____	_____	_____
Disability 2	_____	_____	_____	_____
Long-term Care	_____	_____	_____	_____

Disability and Long-term Care Insurance – Co-client

Type	Group or Individual	Waiting Period	Monthly Benefit	Monthly Premium
Disability 1	_____	_____	_____	_____
Disability 2	_____	_____	_____	_____
Long-term Care	_____	_____	_____	_____

Other Insurance

Type	Person(s) Insured	Company	Annual Premium	Liability Amount
Health Insurance	_____	_____	_____	N/A
Health Insurance	_____	_____	_____	N/A
Homeowner's	_____	_____	_____	_____
Auto 1	_____	_____	_____	_____
Auto 2	_____	_____	_____	_____
Auto 3	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____
Other_____	_____	_____	_____	_____
Other_____	_____	_____	_____	_____

Confidential Client Questionnaire

ESTATE INFORMATION – CLIENT

	Please Circle	Date Drawn Up	Date Last Reviewed
Will	Yes No	_____	_____
Durable Power of Attorney	Yes No	_____	_____
Revocable Trust	Yes No	_____	_____
Living Will	Yes No	_____	_____
Health Care Power of Attorney	Yes No	_____	_____

Who is the primary executor in your will? _____

Who are the alternate executors? _____

Who will be the guardians of your children if both parents are deceased? _____

Do you expect to benefit any charities upon your death? _____

Do you have a safe deposit box? _____ Location: _____

Trust Information

Have you created any trusts? _____ If yes, please provide the following information.

Type of Trust	Date Created	How Funded	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you expect any inheritances? _____

Do you plan to make any major gifts (more than \$10,000 per person) in the next few years? _____ If yes, please explain. _____

Have you made any major gifts (more than \$10,000 per person) in the past? _____
If yes, please give total amount of past gifts. _____

Confidential Client Questionnaire

ESTATE INFORMATION – Co-CLIENT

	Please Circle	Date Drawn Up	Date Last Reviewed
Will	Yes No	_____	_____
Durable Power of Attorney	Yes No	_____	_____
Revocable Trust	Yes No	_____	_____
Living Will	Yes No	_____	_____
Health Care Power of Attorney	Yes No	_____	_____

Who is the primary executor in your will? _____

Who are the alternate executors? _____

Who will be the guardians of your children if both parents are deceased? _____

Do you expect to benefit any charities upon your death? _____

Do you have a safe deposit box? _____ Location: _____

Trust Information

Have you created any trusts? _____ If yes, please provide the following information.

Type of Trust	Date Created	How Funded	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you expect any inheritances? _____

Do you plan to make any major gifts (more than \$10,000 per person) in the next few years? _____ If yes, please explain. _____

Have you made any major gifts (more than \$10,000 per person) in the past? _____ If yes, please give total amount of past gifts. _____

Confidential Client Questionnaire

RETIREMENT PLANNING

	Client	Co-Client
At what age do you expect to retire?	_____	_____
Do you plan to work after retirement?	_____	_____
If yes, please explain. _____		

Are you covered by social security?	_____	_____
At what age do you plan to start soc. security?	_____	_____
Amount of any pensions you will receive.	_____	_____
Do you expect your expenses to remain the same, increase or decrease in retirement? Please explain any changes. _____		

EDUCATION PLANNING

Do you plan to pay for your child(ren)'s education? Yes_____ No_____

If yes, what percent do you plan to pay for? _____

What type of education do you plan to pay for?

Grade School_____ High School_____ College_____ Graduate school_____

Children's Education Savings

	Current Value of Account			
	Child 1	Child 2	Child 3	Child 4
Type of Account				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INVESTMENT EXPECTATIONS

What annual return do you expect on your investments?

4-6%_____ 7-9%_____ 10-12%_____ 13-15%_____ 16+%_____

(please specify)

From what sources have you been obtaining investment advice? _____

Do you have a preference or objections to any specific investments? Please explain.

Confidential Client Questionnaire

BUSINESS OWNERSHIP – CLIENT

Briefly describe your ownership interest in any business.

Name and address of business. _____

What is the business form?

C Corp. Sub S Corp LLC Partnership Sole Proprietorship

What would happen to your business in the event of your disability or death?

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death? If yes, how is it funded and for how much?

BUSINESS OWNERSHIP – Co-CLIENT

Briefly describe your ownership interest in any business.

Name and address of business. _____

What is the business form?

C Corp. Sub S Corp LLC Partnership Sole Proprietorship

What would happen to your business in the event of your disability or death?

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death? If yes, how is it funded and for how much?
