

Confidential Questionnaire Date of Completion: _____

Client Information

Client Name (1) _____	Client Name (2) _____
Home Address _____	Home Address _____
City, State, ZIP _____	City, State, ZIP _____
Home Phone () - _____	Home Phone () - _____
Work Phone () - _____	Work Phone () - _____
Mobile Phone () - _____	Mobile Phone () - _____
Fax (Hm or Wk) () - _____	Fax (Hm or Wk) () - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Contact me/us by <input type="checkbox"/> E-mail or <input type="checkbox"/> Phone	Referred by _____
Primary Contact Person during business hours? _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> RDP <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Family Members (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent	Residence (City & State)
_____	_____	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

What are your financial goals? Please comment on the advice you seek.

Confidential Questionnaire, Continued

Investment Attitude

Capital conservation is important _____ %

Some capital appreciation is important _____ %

Investment with moderate risk, capital growth is important _____ %

Investments with high risk; aggressive capital growth is important _____ %

Total _____ %

Employment

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? _____
Gross Salary _____	Gross Salary _____
Self-Employment Income _____	Self-Employment Income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
TOTAL (Current Year) = _____	TOTAL (Current Year) = _____

Do you have a pension? Yes No

If yes, estimated monthly benefit is \$ _____ at age _____ COLA? Yes No

Covered by Social Security? Yes No

If yes, estimated monthly benefit is \$ _____ at age _____

Covered by FERS or STRS? Yes No

If yes, estimated monthly benefit is \$ _____ at age _____ COLA? Yes No

Do you have an annuity? Yes No

If yes, estimated monthly benefit is \$ _____ at age _____

Confidential Questionnaire, Continued

Assets

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Bank Accounts

Bank Name	Checking, Savings, Money Market	Ownership	Avg. Balance
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____

CDs

Institution	Interest Rate	Maturity Date	Ownership	Avg. Balance
_____	_____ %	____ / ____ / ____	_____	\$ _____
_____	_____ %	____ / ____ / ____	_____	\$ _____
_____	_____ %	____ / ____ / ____	_____	\$ _____

Investments [Please attach copies of current statements](#)

Taxable Accounts/ Brokerage Accounts/ Mutual Fund Accounts

Type of Account	Institution	Value	As of Date	Additions?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retirement/Tax-Deferred Accounts (Regular IRA, Roth IRA, SEP IRA, 401(k), 403(b)/TDA/TSA):

Type of Account	Institution	Value	As of Date	Additions? You/Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Confidential Questionnaire, Continued

Personal Property

Estimated Value

Primary Residence	_____	_____
Furnishings (Liquidation Value)	_____	_____
Vehicle _____	_____	_____
Vehicle _____	_____	_____
Other _____	_____	_____

Investment Property

Please list any other properties you own, stock options, Partnerships, LLCs, etc: _____

Liabilities

Personal Liabilities

Credit Cards	Interest Rate	Avg. Monthly Payment*	Current Balance
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

(*If not paid in full each month)

Debts (Residence, Auto, Business, School)	Term	Interest Rate	Payment	Approximate Balance
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

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

Confidential Questionnaire, Continued

Education

Education Savings

Student	First Year of Attendance	Estimated Tuition Undergrad	Est. Tuition Graduate School	Amount Saved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance Coverage

Insurance: Client 1

Insurance Type	Coverage	Group	Individual	Beneficiary (Life Insurance)
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Long-Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	

Insurance: Client 2

Insurance Type	Coverage	Group	Individual	Beneficiary (Life Insurance)
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Long -Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	

