Confidential Client Questionnaire **Date:**

Last Name:		**First Name (Full)**	
SSN:		**Home Phone:**	
DL - State/Exp. Date:		**Cell Phone:**	
Health Issues		**Work Phone:**	
Date of Birth:		**E-Mail:**	
Employer:			
Title/Occupation:		**Work Address:**	
Years With Co.			
US Citizen & State:		**Home Address:**	
Annual Income:			
Preferred Mail Styling:		(example "Mr. and Mrs _____", etc)	

Last Name:		**First Name:**	
SSN:		**Home Phone:**	
DL - State/Exp. Date:		**Cell Phone:**	
Health Issues		**Work Phone:**	
Date of Birth:		**E-Mail:**	
Employer:			
Title/Occupation:		**Work Address:**	
Years With Co.			
US Citizen/Birthplace:		**Home Address:**	
Annual Income:			

Children's Names:	**Sex**	**Marital Status**	**Birthday / Age**	**Spouse / Grandchild / College?**
	M / F	M / D / Single		
	M / F	M / D / Single		
	M / F	M / D / Single		
	M / F	M / D / Single		
	M / F	M / D / Single		
	M / F	M / D / Single		
	M / F	M / D / Single		

Special Needs?

Business Information:

Name:	**Structure & Fiscal Y/E:**	**Ownership:**	**Nature of Business**

Real Estate	Value	Owner/Titling	Mort. Terms	Notes/Income
Home				
Vacation				
Other Personal				
Rental				

Personal	Value	Owner/Titling	Location	Notes
Car Equity				
Boat				
Jewelry				
Art				
Other				

Other Debt:	Value	Terms	Notes/Purpose
Student Loans			
Credit Card			
Other			

Investments:	Value	Owner/Titling	Institution	Notes	
Checking/Savings					
CDs					
Stock					
Taxable Bonds					
Muni Bonds					
Mutual Funds					
Employer Stock					
Deferred Comp					
Options				Strike Price:	
Annuities				Basis:	
Trust Accounts					
Other					

Retirement Accounts:	Value	Owner/Titling	Institution	Notes
401k				
401k				
IRA				
IRA				
Pension				
Pension				
Other				

Expenses	**Current**	**Retirement**	**Notes/Concerns:**
Personal Expenses			
College Expenses			
Vacation			
Gifting			
Other			

Income	**Current**	**Retirement**	**Notes/Growth Assumptions/Concerns:**
Salary #1			
Salary #2			
Bonus(es)			
Pension			
Social Security			
Other			

Retire Date(s)/Age? Client: ____________ Spouse: ____________

Notes: ____

Estate Planning	**Year Executed**	**Tax Planning**	**Notes (Beneficiary and Other Info):**
Wills		Yes / No	
Powers of Attorney			
Trust(s)		Gifting: Yes/No	
Partnerships		Gifting: Yes/No	
Charitable Planning			

Attorney Name: ____

CPA Name: ____

Insurance	**Benefit**	**Insured / Bene**	**Premium**	**Owner/Titling**	**Type/CV?**
Life Insur - Group					
Life Insur - Group					
Life Insur - Other					
Life Insur - Trust					
Disability					
Disability					
Long-Term Care					
Long-Term Care					
P&C		*Notes:*			

Insurance Agent: ____

Personal Goals

Business Goals

Other Info

Questions (Y/N):

_______ Do you expect to inherit money?

_______ Is leaving money to charity important to you?

_______ Are there any special needs or provisions for any family members?

_______ What do you feel is the largest obstacle in achieving your goals?

_______ Do you feel that your portfolio is managed optimally?

_______ Are you the primary decision maker?

_______ What is the one thing that keeps you up at night?

In order to prepare a financial plan, we will need the following documents:

Legal:

_____ Will – Husband & Wife
_____ Durable Powers of Attorney (Financial & Healthcare)
_____ Living Will (Directive to Physician)
_____ Irrevocable Trusts
_____ Prenuptial or Postnuptial Agreements

Financial/Tax:

_____ Personal Financial Statement
_____ Monthly or Quarterly Investment Reports or Statements
_____ Pension Estimate/Projections
_____ Summary of Stock Option Grants or Restricted Stock Plans
_____ Investment Policy Statement
_____ Last two year's Form 1040 Income Tax Returns
_____ Social Security projections
_____ Current paycheck stubs
_____ Benefits statements

Insurance:

_____ Life Insurance Policies & current statement of values, if available
_____ Disability Insurance Policies & current statement, if available
_____ Personal Umbrella Liability coverage, if any.
_____ Company Benefits Booklet

Business:

_____ Last two year's Corporate Tax Returns (1120, 1120S, 1065)
_____ Last two year's Corporate Balance Sheets and Profit/Loss Statement
_____ Articles of Incorporation/Stock Restriction Agreement
_____ Buy-Sell Agreements
_____ Minute Book (available for review)
_____ Lease Agreements

Please be assured that we take every precaution to maintain confidentiality of all information obtained from you and/or your advisory team.