

Confidential Client Questionnaire

Date: _____

Last Name: _____
SSN: _____
DL - State/Exp. Date: _____
Health Issues _____
Date of Birth: _____
Employer: _____
Title/Occupation: _____
Years With Co. _____
US Citizen & State: _____
Annual Income: _____
Preferred Mail Styling: _____

First Name (Full) _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-Mail: _____
Work Address: _____
Home Address: _____

 (example "Mr. and Mrs _____", etc)

Last Name: _____
SSN: _____
DL - State/Exp. Date: _____
Health Issues _____
Date of Birth: _____
Employer: _____
Title/Occupation: _____
Years With Co. _____
US Citizen/Birthplace: _____
Annual Income: _____

First Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-Mail: _____
Work Address: _____
Home Address: _____

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.