CONFIDENTIAL QUESTIONNAIRE

Date:___________________

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	
E-mail		E-mail	
Date of Birth		Date of Birth	

Primary Contact during business hours ______________________________

Contact me / us by (check one) ☐ E-mail ☐ Phone

FAMILY MEMBERS (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent	Resides (City & State)

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?	
Salary		Salary	
Self Employment Income		Self Employment Income	
Bonus / Commission		Bonus / Commission	
Other Earned Income		Other Earned Income	
Total Earned Income	0	**Total Earned Income**	0

Assets

Bank Accounts:

Bank Name	Account Type *(Checking/Savings/Money Mkt/CD)*	Current Balance	Account Owner	Title *Individual/Joint/Trust*

Investments: Please bring or upload to your client vault, recent copies of your investment and retirement account statements.

How were your investments chosen?

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Personal Property:

	Approximate Value
Primary Residence	
Furnishings *(greater than $10,000)*	
Vehicle	
Vehicle	
Other (*jewelry, art work, collectibles greater than $10,000*)	
Other	
Other	
Other	

Personal Liabilities:

	Outstanding Balance	Interest Rate	Monthly Payment	Origination Date	Pay Off Date
Mortgage (1)					
Home Equity Loan					
Auto Loan					
Auto Loan					
Student Loan					
Student Loan					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Other Debts					
Other Debts					
Other Debts					

(1) Principal & Interest only – Please provide a recent statement.

Advisor Relationships

On a scale of 1 (dissatisfied) to 5 (very satisfied) rate your working relationships with each of the following advisors:

Financial Planner
Broker (1)
Broker (2)
Accountant
Tax Preparer
Attorney
Insurance Agent (1)
Insurance Agent (2)

TAX & ESTATE PLANNING DOCUMENTATION

Who prepares your tax return?

Self	Preparer Name ________________		Phone ____________
Paid Preparer	Address ________________		E-mail ____________
	City, State, Zip ________________		

Do you have estate planning documents?	**Year Drafted**	**State Drafted**
Wills		
Powers of Attorney		
Health Care Proxy		
Living Will		
Other		

INSURANCE

Individually Owned Policies: For most insurance policies you should receive an annual statement or declaration page, on the anniversary date of the policy. Please provide a copy of that document.

POLICY TYPE	ATTACHED?
Life Insurance1	☐
Life Insurance 2	☐
Life Insurance 3	☐
Long Term **Disability** Insurance	☐
Long Term **Care** Insurance	☐
Homeowners Insurance	☐
Umbrella Liability	☐
Automobile Insurance	☐
Professional Liability	☐

NOTE: **Employer Provided Policies -** Please bring a summary of your most recent employee benefit selections.

RETIREMENT PLANNING

Social Security Benefits

Up to date estimates of your retirement benefits can be found here:

http://www.socialsecurity.gov/retire2/estimator.htm

Monthly Benefit Amount	CLIENT 1	CLIENT 2
Benefit at age 62		
Benefit at Full Retirement Age		
Benefit at age 70		

Retirement Plan Contributions

	Annual Contribution Amount			
Account	% of salary	$ amount	Employer match?	How much
401(k)				
401(k)				
403(b)				
457(b)				
IRA				
IRA				
Roth IRA				
Roth IRA				

Pension Plan

If you have an employer provided pension benefit (i.e., a monthly benefit at retirement, for life)

	Amount	At age?	Cost of living adjustment?
Monthly Benefit			
Monthly Benefit			

If you have an employer provided "cash balance" pension benefit:

Current Balance	Employer's annual contribution (% of salary)	Interest Crediting Rate

Please comment on the advice you are looking for

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