



# 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: \_\_\_\_\_

Fax: (Home or Work) \_\_\_\_\_

Fax: (Home or Work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Contact me by (circle one) E-mail or Phone  
Primary Contact Person during business hours?

**FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)**

| <u>Name</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Dependent</u> | <u>Resides?</u> (City & State) |
|-------------|---------------------|----------------------|------------------|--------------------------------|
| _____       | _____               | / /                  | <b>Y N</b>       | _____                          |
| _____       | _____               | / /                  | <b>Y N</b>       | _____                          |
| _____       | _____               | / /                  | <b>Y N</b>       | _____                          |
| _____       | _____               | / /                  | <b>Y N</b>       | _____                          |

**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/Commissions: \_\_\_\_\_

Bonus/Commissions: \_\_\_\_\_

Other Earned Income: \_\_\_\_\_

Other Earned Income: \_\_\_\_\_

**TOTAL (Current Yr) =** \_\_\_\_\_

**TOTAL (Current Yr) =** \_\_\_\_\_

Who prepares your tax return?

Self

Paid Preparer

**Do you have estate planning documents? When and in what state were they drafted?**

|                   |     |       |
|-------------------|-----|-------|
| Wills             | Y N | _____ |
| Living Trusts     | Y N | _____ |
| Power of Attorney | Y N | _____ |
| Living Will       | Y N | _____ |
| Other Documents   | Y N | _____ |

**How were your current investment assets selected?** \_\_\_\_\_

**Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.**

1. How important is capital preservation?

|                            |                            |                            |                            |                            |                             |                            |                            |                            |  |                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------------|
| <i>Not at all</i>          |                            |                            |                            |                            | <i>Moderately important</i> |                            |                            |                            |  | <i>Very important</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6  | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |  |                       |

2. How important is growth?

|                            |                            |                            |                            |                            |                             |                            |                            |                            |  |                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------------|
| <i>Not at all</i>          |                            |                            |                            |                            | <i>Moderately important</i> |                            |                            |                            |  | <i>Very important</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6  | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |  |                       |

3. How important is low volatility?

|                            |                            |                            |                            |                            |                             |                            |                            |                            |  |                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------------|
| <i>Not at all</i>          |                            |                            |                            |                            | <i>Moderately important</i> |                            |                            |                            |  | <i>Very important</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6  | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |  |                       |

4. How important is inflation protection?

|                            |                            |                            |                            |                            |                             |                            |                            |                            |  |                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------------|
| <i>Not at all</i>          |                            |                            |                            |                            | <i>Moderately important</i> |                            |                            |                            |  | <i>Very important</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6  | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |  |                       |

5. How important is current cash flow?

|                            |                            |                            |                            |                            |                             |                            |                            |                            |  |                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------------|
| <i>Not at all</i>          |                            |                            |                            |                            | <i>Moderately important</i> |                            |                            |                            |  | <i>Very important</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6  | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |  |                       |

6. How much risk are you willing to take to achieve a higher return?

|                            |                            |                            |                            |                            |                            |                            |                            |                            |  |              |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------|
| <i>Very little</i>         |                            |                            |                            |                            | <i>A Moderate amount</i>   |                            |                            |                            |  | <i>A lot</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |  |              |

\_\_\_\_\_ % Enter the Average Annual Rate of Return\* you want to earn on your portfolio to reach your financial goals.

\* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

**Rate your working relationships with each of the following advisors:**

| <u>Advisor</u>    | <u>Satisfaction Rating</u> |   |   |                       |   | <u>Not Applicable</u> |
|-------------------|----------------------------|---|---|-----------------------|---|-----------------------|
|                   | <u>Dissatisfied</u>        |   | - | <u>Very Satisfied</u> |   |                       |
| Financial Planner | 1                          | 2 | 3 | 4                     | 5 | X                     |
| Broker            | 1                          | 2 | 3 | 4                     | 5 | X                     |
| Attorney          | 1                          | 2 | 3 | 4                     | 5 | X                     |
| Accountant        | 1                          | 2 | 3 | 4                     | 5 | X                     |
| Tax Preparer      | 1                          | 2 | 3 | 4                     | 5 | X                     |
| Insurance Agent   | 1                          | 2 | 3 | 4                     | 5 | X                     |
| Realtor           | 1                          | 2 | 3 | 4                     | 5 | X                     |

**INSURANCE**

|            | <u>Client (1)</u>    |                          | <u>Client (2)</u>        |                      |                          |                          |
|------------|----------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
|            | <u>Coverage/Cost</u> | <u>Group</u>             | <u>Individual</u>        | <u>Coverage/Cost</u> | <u>Group</u>             | <u>Individual</u>        |
| Health     | _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____                | <input type="checkbox"/> | <input type="checkbox"/> |

|                        |       |                          |                          |       |                          |                          |
|------------------------|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| Disability             | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Life                   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Life                   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Life                   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeowners             | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto                   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto                   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Umbrella Liability     | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Care         | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever been turned down for Insurance?     Yes     No

**ASSETS**

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

**Bank Accounts**

| <u>Bank Name</u> | <u>Checking [C], Savings [S], or Money [MM]</u> | <u>Ownership</u> | <u>Avg. Balance</u> |
|------------------|---|------------------|---------------------|
| _____            | _____   | _____            | \$ _____            |
| _____            | _____   | _____            | \$ _____            |
| _____            | _____   | _____            | \$ _____            |

**CD's**

| <u>Where Held?</u> | <u>Interest Rate</u> | <u>Maturity Date</u> | <u>Ownership</u> | <u>Apx. Value</u> |
|--------------------|----------------------|----------------------|------------------|-------------------|
| _____              | _____ %              | _____                | _____            | \$ _____          |
| _____              | _____ %              | _____                | _____            | \$ _____          |
| _____              | _____ %              | _____                | _____            | \$ _____          |

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PROPERTY**

Estimated Value

|                              |       |
|------------------------------|-------|
| Primary Residence            | _____ |
| Personal Property (estimate) | _____ |
| Vehicle _____                | _____ |
| Vehicle _____                | _____ |
| Other _____                  | _____ |
| Other _____                  | _____ |

**LIABILITIES**

| <u>List Credit Cards Not Paid in Full Every Month</u> | <u>Interest Rate</u> | <u>Average Monthly Payment</u> | <u>Current Balance</u> |
|---|----------------------|--------------------------------|------------------------|
| _____   | _____ %              | \$ _____                       | \$ _____               |
| _____   | _____ %              | \$ _____                       | \$ _____               |
| _____   | _____ %              | \$ _____                       | \$ _____               |

