



CONFIDENTIAL QUESTIONNAIRE

CLIENT 1

CLIENT 2

Name:	Name:
Home Address:	City, State, Zip
Home Phone:	
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Birth date:	Birth date:
<i>Best way to contact me:</i>	<i>Best way to contact me:</i>
<i>Best time to contact me:</i>	<i>Best time to contact me:</i>

Family Members -- Please list children and other dependents. Include any planned children.

Name	Relationship	Date of Birth	Dependent?	Resides? (City, State)
			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 <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	

Please comment on the advice you seek:

Today's Date _____

Checklist of Materials for Review:

Please provide copies of the following to review. Please check or circle all that you include.

- Current pay stubs
 - Most recent federal and state income tax returns
 - Most recent retirement statements: 401(k) 403(b) 457 PERA pension statements
 - Profit sharing plan other employer plans
 - Most recent bank statements, savings accounts, money market accounts, CDs
 - Most recent investment statements: brokerage accounts mutual fund accounts trust accounts
 - college savings plans DRIPs UTMA/UGMAs
 - Do you have any savings bonds? If yes, please include information
 - Most recent Social Security benefit statements
 - Loan statements: mortgages home equity loans/lines of credit car loans
 - other personal loans business loans
 - Employee benefit statements, information packets or booklets
 - Bonus plans, stock options, deferred compensation arrangements, other special compensation considerations
 - If self-employed, any special financial considerations such as buy-sell agreements, business value estimate, etc.
 - Insurance policies: life health disability long-term care homeowners
 - auto umbrella liability business other
 - Other financial documents that you wish to be reviewed as part of your financial plan (briefly list):
-

Planning questions:

- Have you received a copy of your credit report recently? Y N Do you know your credit score? _____
- Who prepares your tax return? Self Paid Preparer/CPA: _____
- Do you have any special tax considerations or concerns? _____
- Do you have a current will(s)? Y N Last updated? _____
- Do you have a health care directive? Y N Last updated? _____
- Do you have a trust(s)? Y N Last updated? _____
- Do you have a power of attorney? Y N Do you have a living will? Y N

For retirement and insurance planning purposes:

Client 1:

Any significant health problems?

Father's age if living _____

If deceased at what age: _____

Mother's age if living _____

If deceased at what age: _____

Client 2:

Any significant health problems?

Father's age if living _____

If deceased at what age: _____

Mother's age if living _____

If deceased at what age: _____

CLIENT 1

CLIENT 2

EMPLOYMENT INFORMATION	Employer		Employer	
	Title/Position		Title/position	
	# Years with employer?		# Years with employer?	
	Anticipated change?		Anticipated change?	
	Planned retirement age?		Planned retirement age?	

EMPLOYMENT INCOME	Base pay (before deductions)	\$	Base pay (before deductions)	\$
	Bonus/Commissions	\$	Bonus/Commissions	\$
	Paycheck frequency		Paycheck frequency	
	Net paycheck (after deductions)	\$	Net paycheck (after deductions)	\$
	Self Employment Income	\$	Self Employment Income	\$

OTHER INCOME	Source*:	\$	Source*:	\$
	Source*:	\$	Source*:	\$
	Source*:	\$	Source*:	\$

*Other Current Income Source – social security, pensions, annuities, alimony, etc.

RETIREMENT SAVINGS	Employer plan type (circle) 401(k), 403(b), 457, PERA		Employer plan type (circle) 401(k), 403(b), 457, PERA	
	Your contribution	%	Your contribution	%
	Employer contribution	%	Employer contribution	%
	Other plans (circle) Profit Sharing, Pension Plan, etc.		Other plans (circle) Profit Sharing, Pension Plan, etc.	
	Contribution:		Contribution:	
	Do you make annual IRA contributions? (circle) Traditional? After Tax? Roth?		Do you make annual IRA contributions? (circle) Traditional? After Tax? Roth?	
	Amount: \$		Amount: \$	

Essential Expenses (Monthly) *		Discretionary Expenses (Monthly) *	
Mortgage	\$	Dining Out / Entertainment	\$
Car & transportation expenses	\$	Clothing	\$
Insurance	\$	Gifts	\$
Food	\$	Travel	\$
Other	\$	Other	\$
Other	\$	Other	\$
		Total monthly expenses	\$

*You may list your monthly expenses however you prefer (use categories that make sense for your situation). You may simply total all your monthly bills and expenses and include your summary. The objective is to determine a reasonable estimate of your monthly expenses. If cash flow is a primary concern, then we will review your expenses in greater detail.

Outside of your employer plans, how much do you save? \$ _____ How often? _____
Which accounts? _____

Personal Use Assets – Assets such as your home(s), cars, motorcycles, boats, collectibles, artwork, or other valuables which you would like included in your net worth.

Property	**Legal Ownership	Estimated Value	Basis or Purchase Amt	Purchase Date	Loan/mortgage? (please provide stmt)
Primary Residence		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Second Residence		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Vehicle		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Vehicle		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Other:		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Other:		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Other:		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>
Other:		\$	\$		Y <input type="checkbox"/> N <input type="checkbox"/>

** Legal Ownership refers to who legally owns the property: Client 1, client 2, joint ownership, partnership, LLC, corporation?

Investment Property, Business Interests, & Other Investment Assets

Include *investment asset* details not included in **checklist** on page 2. Please put *personal use assets* in the table above.

Property (describe)	** Legal Ownership	Estimated Value (your portion)	Basis or Purchase Amt	Purchase Date	Cash Flow? (Net income)	Loan?
		\$	\$		\$ /mo.	Y <input type="checkbox"/> N <input type="checkbox"/>
		\$	\$		\$ /mo.	Y <input type="checkbox"/> N <input type="checkbox"/>
		\$	\$		\$ /mo.	Y <input type="checkbox"/> N <input type="checkbox"/>
		\$	\$		\$ /mo.	Y <input type="checkbox"/> N <input type="checkbox"/>

** Legal Ownership refers to who legally owns the property: client 1, client 2, joint ownership, partnership, LLC, corporation?

Other Liabilities - Any debt not covered by provided loan statements, plus credit card debt not paid in full every month.

Other Loans or Credit Cards Not Paid in Full Every Month	Current Balance	Monthly Payment	Interest Rate	Loan Term
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	

Do you have any other comments, questions, or financial concerns?
