

# CONFIDENTIAL FINANCIAL QUESTIONNAIRE

Date \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Working At / Current / Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Retired From: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Working At / Current / Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Retired From: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Vacation/Winter Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FAMILY**

List Children's names and ages	No. of Grandchildren	Grandchildren Ages
Child 1 _____	_____	_____
Child 2 _____	_____	_____
Child 3 _____	_____	_____
Child 4 _____	_____	_____
Child 5 _____	_____	_____
Child 6 _____	_____	_____

Do any of your children or grandchildren have special needs? NO YES \_\_\_\_\_

Are any of your children or grandchildren listed as joint owners on any of your accounts/assets? YES NO

**LEGAL ITEMS**

Which of the following legal documents do you have in place?

	Yes	No
Will	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) Assets	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) Health	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>

**ADD'L ITEMS**

Which of the following do you have in place?

	Yes	No
Umbrella Policy	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Death Benefit Type (Whole/Term/Universal)	_____	_____
Life Insurance	_____	_____
Life Insurance	_____	_____

**CASH FLOW**

Please list monthly income from each source.		Yes	No
	Husband	Wife	Don't Know
Social Security	_____	_____	_____
Pension	_____	_____	_____
(Survivor Options)	_____	_____	_____
Wages	_____	_____	_____
Other Income	_____	_____	_____
Are these amounts net or gross?	Gross	Net	
How much are your monthly expenses?	_____		
Here are some common expenses: <i>Mortgage, Food, Gas, Car Loan, Insurance, Utilities</i> <i>Gifts/Donations, Medical, Taxes, Social Security etc.</i>			
Is your current cash flow sufficient and comfortable?			Yes No Don't Know
Do you live off interest your investment dollars earn?			Yes No Don't Know
Do you anticipate any significant changes in cash flow?			Yes No Don't Know
Are you planning any major lifestyle changes?			Yes No Don't Know
Do you foresee any large purchases greater than \$5,000 within the next 3 years?			Yes No Don't Know
Do you contribute to a charity?			Yes No

**LIFE EVENTS**

In the near future I expect to: (Please check all that apply.)

- Buy a home
- Sell a home
- Improve a Home
- Retire
- Other \_\_\_\_\_
- Care for a parent
- Start/ Expand a business
- Pay off a debt
- Start a part-time job
- Help fund education costs for a grandchild
- Sell a property
- Receive an inheritance
- Purchase a property

**ASSETS**

**Assets:** Please check off what you presently have, write the total values, and bring a current statement

- Bank / Credit Union Accounts \$ \_\_\_\_\_
- Mutual Funds / Stocks / Bonds \$ \_\_\_\_\_
- Brokerage Accounts \$ \_\_\_\_\_
- Current Employer 401k \$ \_\_\_\_\_
- CDs \$ \_\_\_\_\_
- Business Interest \$ \_\_\_\_\_
- Annuities \$ \_\_\_\_\_
- IRAs/Qualified Accts \$ \_\_\_\_\_
- Life Insurance (cash value) \$ \_\_\_\_\_
- Long Term Care (cash value) \$ \_\_\_\_\_
- Other Assets \$ \_\_\_\_\_

**Property:**

Home Value \$ \_\_\_\_\_  
 Auto(s) & Personal Property \$ \_\_\_\_\_  
 Rental / Add'l Properties \$ \_\_\_\_\_

**Liabilities: Mortgage \$ \_\_\_\_\_**

Add'l Liabilities	Balance Owed	Payoff date
_____ / \$ _____	_____ / _____	_____ / _____

**ADD'L INFORMATION**

If you are not already retired, when do you want to retire?

How did you acquire your wealth?

How involved do you like to be with your investments?

What is most important about your money to you?

If something were to happen to you tomorrow, who do you want taken care of?

Are you **more concerned** about **growing** your assets or **protecting** what you already have? **(PICK ONE)**

**CONCERNS**

Which of the following are your top three concerns?

- Losing too much money in the stock market
- Avoid paying too much in taxes
- Considering retirement and not sure if I/we can afford to
- Not having a reliable income plan for retirement
- Concerned about giving away life savings due to a catastrophic illness
- Outliving nest egg
- Uncertainty about stock market
- Leaving a legacy to children and/or grandchildren
- Need direction with 401k and/or IRA accounts

**FINANCIAL OBJECTIVES**

How would you describe your investment knowledge?

- None
- Average
- Limited
- Good
- High
- Expert

What are your Financial Objectives? (check all that apply)

- Income Now
- Tax-Deferred Growth
- Guarantees provided
- Pass Assets to Beneficiaries
- Growth Potential
- Other \_\_\_\_\_