

Confidential Financial Questionnaire

GENERAL INFORMATION

Name: _____ Nickname: _____ DOB: _____

Address: _____

Current/Former Employer: _____ Retired: YES NO

Occupation: _____ Employer Address: _____

Spouse Name: _____ Nickname: _____ DOB: _____

Current/Former Employer: _____ Retired: YES NO

Occupation: _____ Employer Address: _____

SSN: _____ Spouse SSN: _____

Home Phone: _____ Cell: _____ Spouse Cell: _____

Email: _____ Spouse Email: _____

FAMILY INFO

Leaving a legacy for your children is extremely important. Please provide the following information:

Child 1 _____ DOB: _____ Beneficiary: Yes No # of Grandchildren _____

Child 2 _____ DOB: _____ Beneficiary: Yes No # of Grandchildren _____

Child 3 _____ DOB: _____ Beneficiary: Yes No # of Grandchildren _____

Child 4 _____ DOB: _____ Beneficiary: Yes No # of Grandchildren _____

Please list beneficiaries if different from above:

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

INCOME

Please list MONTHLY income from each source:

	Self:	Spouse:
Salary	_____	_____
Social Security (if receiving now)	_____	_____
Pension (if taking now)	_____	_____
IRA/401(k) Distributions	_____	_____
Income from Investments	_____	_____
Rental Income	_____	_____
Other: _____	_____	_____

Is your current cash flow sufficient and comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any significant changes in cash flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you planning any major lifestyle changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you foresee any large purchases greater than \$5,000 within the next 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPENSES

What does it cost to support your life style? (Not just living expenses)

The most accurate way to understand your **true** living expenses is to add what **actually** came out of your bank account in the last 12 months. Please consider the following: Utilities, vacations, dinners, hobbies, etc.
 \$ _____

LEGAL ITEMS

Which of the following do you have in place?

- Will Yes No
 Trust Yes No
 Power of Attorney (POA) Yes No
 Financial Power of Attorney (POA) Health Living Will Yes No
 Date last updated: _____

ADD'L INFO

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

- Improve a home Start/Expand a business
 Travel Receive an inheritance
 Pay off debt Start a part-time job
 Care for a parent Fund education costs for a family member

LIFE EVENTS

Which of the following do you have in place?

Long-Term Care Insurance Yes No Long-Term Care Insurance (Spouse) Yes No

Total Number of Policies

Total Death Benefit

Life Insurance (His): _____

Life Insurance (Her): _____

REAL ESTATE

PRIMARY RESIDENCE

ADD'L PROPERTY #1

#2

#3

	PRIMARY RESIDENCE	ADD'L PROPERTY #1	#2	#3
Value				
Existing Mtg. Amount				
Mtg. Monthly Payment				
Rental Property Income (Monthly)				
Rental Property Expenses (Monthly)				

If you own land, what is the total value of land you own: _____

Do you plan on selling any properties you own: Yes No

Do you plan on purchasing any properties: Yes No

ADDITIONAL INFO

What is the main concern for your retirement life savings?

Knowing what you know now, what would you have done differently with your money?

What are you looking for in a financial advisor?

Please rank the following items from based on what is MOST IMPORTANT to you. (1= Most Important 2= Important 3= Least Important)

SECURITY: _____ **GROWTH:** _____ **LIQUIDITY:** _____

CONCERNS

What are your main retirement concerns? Check all that apply.

- Losing too much money in the stock market Outliving nest egg
 Paying too much in taxes Leaving a legacy to children and/or grandchildren
 Not having a reliable income plan for retirement Need direction with 401K and/or IRA accounts
 Concerned about losing life savings due to a catastrophic illness Exposure to Bond Bubble