

# Client Questionnaire

## Family Information:

Client's Name:	_____
Spouse's Name:	_____
Address:	_____
City/State/Zip:	_____
Home Phone #:	_____
Cellular #:	_____
Email Address:	_____

## Dependents (Children/Parents/Others):

<u>Name:</u>	<u>Birth Date:</u>	<u>SS#:</u>	<u>Relationship:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Advisors:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Tax Preparer	_____	_____	_____
Attorney	_____	_____	_____
Insurance Agent	_____	_____	_____
Broker	_____	_____	_____
Banker	_____	_____	_____
Realtor	_____	_____	_____
Other	_____	_____	_____

# Tell us about yourself.

Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## **Personal Information:**

Do you have an employment contract? **Y / N** Term? \_\_\_\_\_

Do you plan to change employment? **Y / N** If yes, how? \_\_\_\_\_

Do you have a will? **Y / N** Year last updated? \_\_\_\_\_

Do you have a living will? **Y / N** Year last updated? \_\_\_\_\_

Do you have a durable power of attorney? **Y / N** Year last updated? \_\_\_\_\_

Do you have a living trust? **Y / N** Year last updated? \_\_\_\_\_

Do you expect any inheritances? **Y / N** Expected amount? \_\_\_\_\_

## **Financial Goals:**

What must be accomplished for you to feel happy/secure with your financial situation? \_\_\_\_\_

How would your life change if you had all the money you could possibly want? \_\_\_\_\_

What concerns you the most about your current financial situation? \_\_\_\_\_

# Tell us about your spouse/mate.

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Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## **Personal Information:**

Does your spouse/mate have an employment contract? **Y / N** Term? \_\_\_\_\_

Does your spouse/mate plan to change employment? **Y / N** If yes, how? \_\_\_\_\_

Does your spouse/mate have a will? **Y / N** Year last updated? \_\_\_\_\_

Does your spouse/mate have a living will? **Y / N** Year last updated? \_\_\_\_\_

Does your spouse/mate have a durable power of attorney? **Y / N** Year last updated? \_\_\_\_\_

Does your spouse/mate have a living trust? **Y / N** Year last updated? \_\_\_\_\_

Does your spouse/mate expect any inheritances? **Y / N** Expected amount? \_\_\_\_\_

## **Your Spouse/Mate's Financial Goals:**

What must be accomplished for you to feel happy/secure with your financial situation? \_\_\_\_\_

How would your life change if you had all the money you could possibly want? \_\_\_\_\_

What concerns you the most about your current financial situation? \_\_\_\_\_

# What's Important to You?

*Please rank the following list of financial objectives in order of importance. We will use your answers to help prepare your personal financial plan.*

Indicate the order of importance by numbering each item 1-12, with 1 indicating the highest priority.

<u>Client</u>	<u>Spouse</u>	
_____	_____	<b>Manage Cash Resources More Wisely</b>
_____	_____	<b>Provide Adequate Income During Retirement</b>
_____	_____	<b>Build Sizable Estate for My Survivors</b>
_____	_____	<b>Minimize Personal Income Tax Liability</b>
_____	_____	<b>Develop an Appropriate Investment Strategy</b>
_____	_____	<b>Provide Educational Funds</b>
_____	_____	<b>Control Distribution of Assets to My Heirs</b>
_____	_____	<b>Minimize Estate Taxes and Settlement Costs</b>
_____	_____	<b>Increase/Maintain Standard of Living</b>
_____	_____	<b>Buy a House</b>
_____	_____	<b>Plan for Long-Term Health Care</b>
_____	_____	<b>Other (specify) _____</b>

**Retirement:**

	<u>Client</u>	<u>Spouse/Mate</u>
At what age do you plan to retire?	_____	_____
How long do you estimate your retirement to last?	_____	_____
In today's dollars, what gross monthly income would you like during retirement?	_____	_____
Do you plan to deplete your investments during retirement?	_____	_____

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**Estate Planning:**

	<u>Client</u>	<u>Spouse/Mate</u>
How much pre-tax money would your spouse/mate need if you died prematurely?	_____	_____
Would your surviving spouse have wage income? How much annually?	_____ _____	_____ _____
Do you plan to leave an estate? What value?	_____ _____	_____ _____

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**Educational Funding:**

	<u>Client</u>	<u>Spouse/Mate</u>
Do you expect your children to contribute to the cost of their education? How much annually?	_____ _____	_____ _____
What amount have you accumulated to date towards education funding for each child?	_____	_____
How much do you expect each year of college to cost?	_____	_____
Does an adult in the family intend to go back to school?	_____	_____

# How Much Do You Make & Spend?

(Provide Monthly Data)

	CLIENT	SPOUSE/MATE	TOTAL
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## Income

Salary/Wage	\$	\$	\$
Bonus, Overtime, Commissions	\$	\$	\$
Pension	\$	\$	\$
Disability	\$	\$	\$
Social Security	\$	\$	\$
Investment Income	\$	\$	\$
Total Income	\$	\$	\$

## Expenses-Fixed

Mortgage/Rent	\$	\$	\$
Utilities, Telephone, Cable	\$	\$	\$
Food (dining in and out)	\$	\$	\$
Clothing	\$	\$	\$
Auto (Insurance, gas, maintenance, tags)	\$	\$	\$
Life Insurance	\$	\$	\$
Medical /Health Insurance	\$	\$	\$
Homeowners/Liability Insurance	\$	\$	\$
Child/Dependent Care	\$	\$	\$
Consumer Debt Repayment	\$	\$	\$
Retirement Savings	\$	\$	\$
Emergency Savings	\$	\$	\$
Systematic Investments	\$	\$	\$
Taxes	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Other (specify)	\$	\$	\$
Total Fixed Expenses	\$	\$	\$

## Expenses-Variable

Entertainment (videos, theater, sports)	\$	\$	\$
Books/Subscriptions/CDs	\$	\$	\$
Charitable Contributions	\$	\$	\$
Gifts	\$	\$	\$
Home Maintenance	\$	\$	\$
Housecleaning	\$	\$	\$
Vacations/Recreation/Travel	\$	\$	\$
Personal (haircuts, dry cleaning, etc.)	\$	\$	\$
Education	\$	\$	\$
Other (specify)	\$	\$	\$
Total Variable Expenses	\$	\$	\$
Total Expenses	\$	\$	\$
<b>Surplus/Shortage</b>	\$	\$	\$

# What Do You Own?

## Liquid Assets:

	Institution	Owner	Value as of _____	Interest Rate
Checking				
Savings				
Money Market				
<b>Total</b>				

## Retirement Assets:

	Institution	Owner	Value as of _____
Pensions			
Profit Sharing Plans			
401(k), 403(b), 457 Plans			
PERA/TSA			
IRA's			
SEP/Keogh			
<b>Total</b>			

## Invested Assets:

Institution (list all investment accounts)	Title	Value as of _____
Individual Stock Certificates-provide list		
Government Savings Bonds-provide list		
Real Estate		
Cash Value of Life Insurance		
Business Interests		
<b>Total</b>		

## Personal Assets:

	Title	Value as of _____
Primary Residence		
Vacation Home		
Automobiles		
Personal Property		
Collections		
<b>Total</b>		



# How Much Insurance Do You Have?

## Health:

	<u>Client</u>	<u>Spouse/Mate</u>
Do you currently have health insurance?	_____	_____
If yes, what is the annual premium?	_____	_____
Is the premium deducted from your paycheck?	_____	_____
Which family members are covered?	_____	_____
Does coverage include dental?	_____	_____
Does coverage include vision?	_____	_____

## Disability:

	<u>Client</u>	<u>Spouse/Mate</u>
Do you currently have disability insurance?	_____	_____
If yes, what is the annual premium?	_____	_____
What is the benefit amount?	_____	_____
What is the waiting period?	_____	_____
How long do benefits continue?	_____	_____
How much monthly disability income do you need if you became disabled today?	_____	_____

## Life:

	<u>Client</u>	<u>Spouse/Mate</u>
Do you currently have life insurance?	_____	_____
If with your employer, what is the death benefit?	_____	_____
If private coverage, what is the death benefit?	_____	_____
If private coverage, what is the surrender value?	_____	_____
How much life insurance do you think you need?	_____	_____

## Personal Property:

	<u>Client</u>	<u>Spouse/Mate</u>
Is your home insured?	_____	_____
Is your personal property insured?	_____	_____
Are your autos insured?	_____	_____
Are your valuables insured?	_____	_____
Do you carry umbrella liability insurance?	_____	_____

# What Is Your Risk Attitude?

To determine your investment risk threshold, answer “yes” or “no” to the following:

	<u>Client</u>	<u>Spouse/Mate</u>
I would purchase a stock based on a tip from a friend?		
I would invest in speculative stocks?		
I would take a job on a strictly commission basis?		
I feel it’s important to reasonably predict the outcome of an investment?		
I prefer interest from a certificate of deposit over common stock appreciation?		
I transact at least five security trades through my broker each month?		
I would borrow money to buy stocks?		
I get nervous when the market drops more than 100 points in a day?		
If a stock doubled in price five months after I bought it, I would sell for a profit?		
If a stock lost 25% of its value within 30 days of buying it, I would buy more?		
I have adequate liquidity—cash for three months of expenses?		
I play lotto twice a week?		
How do you rate your risk tolerance on a scale of 1-10? (Low=1, High=10)		

## INVESTMENT GOALS:

Please circle (have your spouse √) the number that most closely matches your priorities. (Low=1; High=10)

Return should exceed inflation	1	2	3	4	5	6	7	8	9	10
Principal should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be quickly accessible	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
Build tax-free income	1	2	3	4	5	6	7	8	9	10
Increase monthly income level	1	2	3	4	5	6	7	8	9	10
Build net worth with long-term growth	1	2	3	4	5	6	7	8	9	10
Turn short-term profits	1	2	3	4	5	6	7	8	9	10