Date Completed ____________________

CONFIDENTIAL QUESTIONNAIRE

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)	
E-mail:		E-mail:	
Birth date:		Birth date:	
Marital Status/Date:		Marital Status/Date:	

Primary Contact Person during business hours? ______________________________

FAMILY MEMBERS (Please list children and other dependants.)

Name	Relationship	Date of Birth	Dependent	Grade/Year in School
		/ /	**Y N**	
		/ /	**Y N**	
		/ /	**Y N**	
		/ /	**Y N**	

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?	
Will you have a pension?		Will you have a pension?	
Will you have health insurance?		Will you have health insurance?	

Client (1) cont'd:		**Client (2) cont'd:**	
Current Income:		Current Income:	
Salary:		Salary:	
Bonus/Commissions:		Bonus/Commissions:	
Self Employment Income:		Self Employment Income:	
Pension:		Pension:	
Social Security:		Social Security:	
Other Income:		Other Income:	
Total (Current Year):		**Total (Current Year):**	

Who prepares your tax return?

☐ Self
☐ Paid Preparer

Name ________________

Address ________________

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	
Health Care Proxy	Y N	
Other Documents	Y N	

INSURANCE

	Client (1)			Client (2)		
	Coverage/ Carrier	**Group**	**Individual**	**Coverage/ Carrier**	**Group**	**Individual**
Health		☐	☐		☐	☐
Disability (%)		☐	☐		☐	☐
Disability (%)		☐	☐		☐	☐
Life (Death Benefit)		☐	☐		☐	☐
Life (Death Benefit)		☐	☐		☐	☐
Life (Death Benefit)		☐	☐		☐	☐
Homeowners		☐	☐		☐	☐
Auto		☐	☐		☐	☐
Auto		☐	☐		☐	☐
Umbrella Liability		☐	☐		☐	☐
Professional Liability		☐	☐		☐	☐
Long Term Care		☐	☐		☐	☐

Have you ever been turned down for Insurance? ☐ Yes ☐ No

Please list your assets:

Name of Asset	Value
Checking:	
Checking:	
Subtotal	
Savings:	
Savings:	
Subtotal	
Name of Asset	**Value**
Money Market:	
Money Market:	
Subtotal	
CDs (summary):	
Non-Retirement Investments:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Subtotal	
Retirement Investments (e.g. 401k, 403b, IRA, Roth):	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Subtotal	
Name of Asset	**Value**
Primary Residence:	
Vacation Home:	
Auto #1:	
Auto #2:	
Furnishings:	
Other:	
Other:	

Please List Your Debts:

Credit Cards	Interest Rate*	Average Monthly Payment*	Current Balance*
	%	$	$
	%	$	$
	%	$	$
	%	$	$

*If not paid in full each month

Debts (Residence, Auto, Business, School)	Interest Rate	Payment (Prin. & Int.)	Current Balance
	%	$	$
	%	$	$
	%	$	$
	%	$	$

Current contributions to Savings:

401k/Client #1 ___________________ per paycheck
Company Match? ___________________ Cash or Stock? _______________
401k/Client #2 ___________________ per paycheck
Company Match? ___________________ Cash or Stock? _______________
Deferred Comp Plan ___________________ per _________
State Retirement Plan ___________________ per paycheck
College ___________________ per _________
Other Savings ___________________ per _________

	Client 1	**Client 2**
Do you have company stock options?		
Incentive Stock Options?	________	_________
Non-Qualified Stock Options?	________	_________
Are you eligible for an Employer Stock Purchase Plan?	________	_________

Please comment on the advice you seek.

____

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What are you looking for in a Financial Advisor? How would you like to work with an advisor?

What do you hope to get out of this Get Acquainted Appointment?

Thank you for taking the time to complete this form.
I'm looking forward to meeting with you.

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