CONFIDENTIAL QUESTIONNAIRE

**General Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Full Name | | | | | | | |
| Address | Address | | | | | | | |
| City | City | | | | State, Zip | | State & Zip | |
| Home Phone | | Home Ph | Cell Phone | Cell Ph | | Work Phone | | Cell Ph |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security | Soc. Security # | Date of Birth | Birth Date# |

**Spouse Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Full Name | | | | |
| Home Phone | Home Ph | Cell Phone | Cell Ph | Work Phone | Cell Ph |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security | Soc. Security # | Date of Birth | Birth Date |

**Family Members** (children or those involved in a financial plan)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Date of Birth | Dependent | Social Security |
| Name | Relationship | Birth Date | Y  N | Soc Sec |
| Name | Relationship | Birth Date | Y  N | Soc Sec |
| Name | Relationship | Birth Date | Y  N | Soc Sec |
| Name | Relationship | Birth Date | Y  N | Soc Sec |

**Employment Information**

Name Your Name

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Employer | | |
| Title | Title | Years with Employer | Year w/Employer |
| Employment Change? | Emp. Change | Plan to retire? | Year to Retire |
| Expected household expenses in retirement | Retirement Exp | Current Salary | Current Salary |
| Other Income | Other Income | Bonus/Commissions | Bonus |

Name Spouse’s Name

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Employer | | |
| Title | Title | Years with Employer | Year w/Employer |
| Employment Change? | Emp. Change | Plan to retire? | Year to Retire |
| Expected household expenses in retirement | Retirement Exp | Current Salary | Current Salary |
| Other Income | Other Income | Bonus/Commissions | Bonus |

**Estate Planning**

Do you have any of the following estate planning documents? If so, please list the year and state in which they were drafted.

|  |  |  |  |
| --- | --- | --- | --- |
| Wills | Year & State | Power of Attorney | Year & State |
| Living Trust | Year & State | Living Will, Medical Power of Attorney | Year & State |

**Pensions & Social Security**

|  |  |  |  |
| --- | --- | --- | --- |
| Payor | Year to Begin | Amounts | Date of Termination |
| Payor | Year | Amound | Date |
| Payor | Year | Amound | Date |
| Payor | Year | Amound | Date |

**Investment Preference Questions:**

Indicate which of the following statements summarize your attitudes or beliefs using a scale of

1-5 (1 being mostly true and 5 least true)

|  |  |
| --- | --- |
| 1-5 | I would rather work longer than reduce my standard of living in retirement. |
| 1-5 | I feel that I/we can reduce our current living expenses to save more for the future if needed. |
| 1-5 | I am comfortable with investments that promise slow, long term appreciation and growth. |
| 1-5 | I don’t dwell on bad investment decisions I’ve made. |
| 1-5 | I feel comfortable with aggressive growth investments. |
| 1-5 | I am optimistic about my financial future. |
| 1-5 | My immediate concern is for income rather than growth opportunities. |
| 1-5 | I am a risk taker. |
| 1-5 | I need to focus my investment efforts on building cash reserves. |
| 1-5 | I prefer predictable, steady return on my investments, even if the return is low. |

**Life Insurance (whole, term universal, variable); Long Term Care; Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insured | Company | Type | Death Benefit/Value | Premium |
| Insured | Company | Type | Benefit/Value | Premium |
| Insured | Company | Type | Benefit/Value | Premium |
| Insured | Company | Type | Benefit/Value | Premium |
| Insured | Company | Type | Benefit/Value | Premium |
| Insured | Company | Type | Benefit/Value | Premium |
| Insured | Company | Type | Benefit/Value | Premium |

**Financial Information**

**ASSETS**

If you have this information in a format of your design, please feel free to omit this section. Please feel free to attach recent statements, if available.

Bank Accounts:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | Type of Bank Account  Checking, Savings, Money Market | Ownership | Average Balance |
| Bank Name | Type of Account | Ownership | Avg. Balance |
| Bank Name | Type of Account | Ownership | Avg. Balance |
| Bank Name | Type of Account | Ownership | Avg. Balance |
| Bank Name | Type of Account | Ownership | Avg. Balance |

Investments:

|  |  |  |  |
| --- | --- | --- | --- |
| Investment Company | Type of Investment  Roth IRA, IRA, 401k, Pension | Ownership | Current Value |
| Investment Co. | Type of Inv. | Ownership | Value |
| Investment Co. | Type of Inv. | Ownership | Value |
| Investment Co. | Type of Inv. | Ownership | Value |
| Investment Co. | Type of Inv. | Ownership | Value |

Other Investments:

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name | Type  LLC, Partnership, S Corp, C Corp | Ownership | Market Value |
| Business | Type | Ownership | Value |
| Business | Type | Ownership | Value |
| Business | Type | Ownership | Value |
| Business | Type | Ownership | Value |

Personal Property:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Estimated Value | Purchase Date | Purchase Value | Owner |
| Type | Est. Value | Date | Purchase Value | Owner |
| Type | Est. Value | Date | Purchase Value | Owner |
| Type | Est. Value | Date | Purchase Value | Owner |
| Type | Est. Value | Date | Purchase Value | Owner |

**LIABILITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Interest Rate | Average Monthly Payment | Current Balance | Owner |
| Mortgage | Interest Rate | Mth. Payment | Balance | Owner |
| 2nd Mortgage or Home Equity | Interest Rate | Mth. Payment | Balance | Owner |
| Car Loan | Interest Rate | Mth. Payment | Balance | Owner |
| Student Loan | Interest Rate | Mth. Payment | Balance | Owner |
| Credit Card | Interest Rate | Mth. Payment | Balance | Owner |
| Credit Card | Interest Rate | Mth. Payment | Balance | Owner |
| Credit Card | Interest Rate | Mth. Payment | Balance | Owner |
| Other | Interest Rate | Mth. Payment | Balance | Owner |

Goals

|  |  |
| --- | --- |
| 1 | Click here to enter text. |
| 2 | Click here to enter text. |
| 3 | Click here to enter text. |
| 4 | Click here to enter text. |

Notes

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