



Preliminary Client Questionnaire

Personal & Family Information

Client

_____ First Name: _____

Mr. Mrs. Ms. Dr. etc

Middle _____ Last Name _____

Gender _____ Date of Birth _____
(mm/dd/yy)

US Citizen Permanent Resident _____
Other - Specify

Employer _____

Title _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone _____

Work Email _____

Cell Phone _____

Co-Client

_____ First Name: _____

Mr. Mrs. Ms. Dr. etc

Middle _____ Last Name _____

Gender _____ Date of Birth _____
(mm/dd/yy)

US Citizen Permanent Resident _____
Other - Specify

Employer _____

Title _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone _____

Work Email _____

Cell Phone _____

Home Address _____ **Apt/Suite** _____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Home Fax _____

Married Not Married Registered Domestic Partners

How to you prefer us to **contact** you?

Client Home Phone Home Email Home Mail Cell Phone Work Phone Work Email

Co-Client Home Phone Home Email Home Mail Cell Phone Work Phone Work Email

Children, Grandchildren, and Dependents

Name	Type of Relationship <i>(Child, Grandchild, Dependent)</i>	Gender <i>circle one</i>	Age	Child's Parent <i>(Both, Father, Mother, Other)</i>
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

Please tell us anything else you think we ought to know about yourself or your situation:

Personal Goals & Plans

1. Please describe your primary financial concerns. What kind of help is your highest priority?

(a) _____

(b) _____

(c) _____

2. Are you satisfied with your overall financial situation and prospects? If not, please explain.

3. Do you currently work within a monthly spending plan (budget)? Yes No

4. Are there things you currently want or that you feel you can't do because you don't have enough money? If so, what are they and how would you describe them?

_____	<input type="checkbox"/> Nice-to-have	<input type="checkbox"/> Quite Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> Life defining
_____	<input type="checkbox"/> Nice-to-have	<input type="checkbox"/> Quite Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> Life defining
_____	<input type="checkbox"/> Nice-to-have	<input type="checkbox"/> Quite Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> Life defining

5. When would you like to retire? _____
Client Age
Yrs from now
Co-Client Age
Yrs from now

6. What do you believe is the likelihood that you will reach your retirement goal if you continue in your present practices? _____%

Current Advisory Team

7. Who currently prepares your **tax return**? Self Paid Tax Preparer

Comments: _____

8. What other kinds of advisory relationships do you already have? How would you rate your working relationship with each of them?

	None	<i>Dissatisfied</i>	←	<i>Neutral</i>	→	<i>Extremely Satisfied</i>
		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

9. What is the most important thing you are looking for in a financial advisor?

Income And Assets

10. What is your total household annual **income** and **tax bracket**?

	Salary & Bonus <i>(Client)</i>	Salary & Bonus <i>(Co-Client)</i>	Interest & Dividends	Gift, Trust & Other Income	Rental Income	Total Income	Tax Bracket
Last Year							
Expected This Yr							
Expected Next Yr							

11. How much did you **save** (or withdraw) during the years identified in each of the following?

	Household Taxable Accounts	Client Retirement Accounts	Co-Client Retirements Accts
Last Year			
Expected This Year			
Expected Next Year			

12. Do you expect your savings/withdrawal pattern to change in the future? If so, how? _____

13. What **assets** do you currently own?

	Client	Co-Client
Total Cash (Bank & Money Market Funds)		
Taxable Investments <i>(Stocks/Bonds/Funds)</i>		
Total Value of Retirement Accounts		
Net Stock Option Value (vested/unvested)		
Expected Pensions (amount / period)		
Value of Home / Amount of Mortgage		
Share of Ongoing Business (amount / %)		
Other Real Property (Gross/Loans Against)		
Other Assets (Please describe.)		

14. Projected monthly **Social Security** income: _____
Client @ 62 *Client @ FRA* *Co-Client @ 62* *Co-Client @ FRA*

15. What **debts** do you currently owe?

	Client	Co-Client
Credit Card Debt		
Car, boat, and personal loans		
Margin debt or investment loans		
Personal business loans		
Loans you've guaranteed		

Other Financial Resources

16. Please indicate which **documents** you have executed. Check all that apply.

	Client			Co-Client			<i>Comments</i>
	Yes	No	<i>Date</i>	Yes	No	<i>Date</i>	
Will	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Health Care Directive	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

17. Please indicate what kinds of **insurance** you currently carry. Check all that apply.

	Client		Co-Client		<i>How Much?</i>	<i>Comments</i>
	<i>Group</i>	<i>Individual</i>	<i>Group</i>	<i>Individual</i>		
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Term Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Universal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Variable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Variable Universal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Homeowner's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Signatures

Client Signature

Client Name (Printed)

Co-Client Signature

Co-Client Name (Printed)

Date