Confidential Questionnaire

Date of Completion: ____________

Client Information

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 (Hm or Wk)	( ) -	Fax (Hm or Wk)	( ) -
E-mail	____________	E-mail	____________
Date of Birth	____________	Date of Birth	____________

Primary Contact Person during business hours? ____________________

Contact me/us by (circle one) E-mail or Phone

Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	

Employment

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?	______
Salary	______	Salary	______
Self Employment Income	______	Self Employment Income	______
Bonus/Commissions	______	Bonus/Commissions	______
Other Earned Income	______	Other Earned Income	______
TOTAL (Current Year) =	______	**TOTAL (Current Year) =**	______

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

Who prepares your tax return?

- ❑ Self
- ❑ Paid Preparer

Preparer Name ______________________ Phone ( ) -

Address ______________________ Fax ( ) -

City, State, ZIP ______________________

Do you have estate planning documents?	**Year Drafted**	**State Drafted**
❑ Wills		
❑ Living Trusts		
❑ Powers of Attorney		
❑ Living Wills		
❑ Other Documents		

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

C1ient 1	**Client 2**	**1 = Most True, 5 = Least True**
		I would rather work longer than reduce my standard of living in retirement.
		I feel that I/we can reduce our current living expenses to save more for the future if needed.
		I am more concerned about protecting my assets than about growth.
		I prefer the ease of mutual funds over individual securities.
		I am comfortable with investments that promise slow, long term appreciation and growth.
		I don’t brood over bad investment decisions I’ve made.
		I feel comfortable with aggressive growth investments.
		I don’t like surprises.
		I am optimistic about my financial future.
		My immediate concern is for income rather than growth opportunities.
		I am a risk taker.
		I make investment decisions comfortably and quickly.
		I like predictability and routine in my daily life.
		I usually pick the tried and true, the slow, safe but sure investments.
		I need to focus my investment efforts on building cash reserves.
		I prefer predictable, steady return on my investments, even if the return is low.

How were your current investment assets selected? ______________________

Confidential Questionnaire, Continued

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

Advisor	1 = Dissatisfied		**Satisfaction Rating**		5 = Very Satisfied	
	1	**2**	**3**	**4**	**5**	**Not Applicable**
Financial Planner	❑	❑	❑	❑	❑	❑
Broker	❑	❑	❑	❑	❑	❑
Broker	❑	❑	❑	❑	❑	❑
Accountant	❑	❑	❑	❑	❑	❑
Tax Preparer	❑	❑	❑	❑	❑	❑
Attorney	❑	❑	❑	❑	❑	❑
Insurance Agent (1)	❑	❑	❑	❑	❑	❑
Insurance Agent (2)	❑	❑	❑	❑	❑	❑

Insurance

	Client (1) Coverage	Group	Individual	Client (2) Coverage	Group	Individual
Health	______	❑	❑	______	❑	❑
Disability	______	❑	❑	______	❑	❑
Disability	______	❑	❑	______	❑	❑
Life	______	❑	❑	______	❑	❑
Life	______	❑	❑	______	❑	❑
Life	______	❑	❑	______	❑	❑
Homeowners	______	❑	❑	______	❑	❑
Auto	______	❑	❑	______	❑	❑
Auto	______	❑	❑	______	❑	❑
Umbrella Liability	______	❑	❑	______	❑	❑
Professional Liability	______	❑	❑	______	❑	❑
Long Term Care	______	❑	❑	______	❑	❑

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

Assets

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Bank Accounts **Checking (C), Savings (S), or Money (MM)**

Bank Name		**Ownership**	**Avg. Balance**
______	❑ C ❑ S ❑ MM	______	$ ______
______	❑ C ❑ S ❑ MM	______	$ ______
______	❑ C ❑ S ❑ MM	______	$ ______

CDs

Institution	**Interest Rate**	**Maturity Date**	**Ownership**	**Avg. Balance**
______	%	/ /	______	$ ______
______	%	/ /	______	$ ______
______	%	/ /	______	$ ______

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? ❑ Yes ❑ No
If yes, estimated monthly benefit is $____________ **at age** _______. **COLA?** ❑ Yes ❑ No

Personal Property		**Estimated Value**
Primary Residence		________________
Furnishings (Liquidation Value)		________________
Vehicle	________________	________________
Vehicle	________________	________________
Other	________________	________________
Other	________________	________________

Attach a brief summary of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided: ________________________________

____

____

Personal Liabilities

Credit Cards	**Interest Rate**	**Avg. Monthly Payment***	**Current Balance**
__________	_____ %	$ ________	$ __________
__________	_____ %	$ ________	$ __________
__________	_____ %	$ ________	$ __________

(*If not paid in full each month)

Debts (Residence, Auto, Business, School)	**Term**	**Interest Rate**	**Payment**	**Approximate Balance**
__________	____	_____ %	$ ________	$ __________
__________	____	_____ %	$ ________	$ __________
__________	____	_____ %	$ ________	$ __________
__________	____	_____ %	$ ________	$ __________

Have you received a copy of your credit report recently? ❑ Yes ❑ No

Please comment on the advice you seek. ________________________________

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Confidential Questionnaire, Continued

Additional Information

These items, as well as others, may be needed should you engage our services:

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

- It is very helpful to have this questionnaire provided at least two days prior to our initial meeting.

send us a copy at: **Quantum Financial Planning LLC**
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