



Confidential Questionnaire



The Garrett Planning Network, Inc.

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 () - _____
Cell (Hm or Wk) () - _____	Cell (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 dependents)

Name	Relationship	Date of Birth	Dependent	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 Preparer Name _____ Phone () - _____
 Paid Preparer Address _____ Fax () - _____
 City, State, ZIP _____

Do you have estate planning documents?

Year Drafted

State Drafted

<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

Financial Opinions/Preferences

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

Client 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	Satisfaction Rating					Not Applicable
	1 = Dissatisfied	2	3	4	5 = Very Satisfied	
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"/>
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 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance

Insurance	Client (1)		Client (2)			
	Coverage	Group	Individual	Coverage	Group	Individual
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"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<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"/>
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"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> 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 _____	_____

If applicable, attach a copy of your most current brokerage, mutual fund and retirement statements (this can be done after the initial meeting).

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

Personal Liabilities

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Avg. Monthly Payment*</u>	<u>Current Balance</u>
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

(*If not paid in full each month)

<u>Debts</u> <small>(Residence, Auto, Business, School)</small>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____

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

Please comment on the advice you seek. _____

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

For your financial consultation,

- Please provide a copy of this questionnaire before we meet.
- Please retain a copy for your records.
- If you are not uploading/emailing the questionnaire, mail a copy to

Quantum Financial Planning LLC

5310 Mapleglen Rd

Langley, WA 98260-8253

Phone: (847) 767-1682

E-mail: info@quantumfinancialplanning.com
