

Client Questionnaire

CONFIDENTIAL PERSONAL FINANCIAL PROFILE



NAME AGE DATE OF BIRTH DATE COMPLETED: _____
Client 1 _____ / / _____

Client 2 _____ / / _____

Children & Dependents _____ EDUCATION PLAN: Needed Complete SPECIAL NEEDS: Yes No
_____ EDUCATION PLAN: Needed Complete SPECIAL NEEDS: Yes No
_____ EDUCATION PLAN: Needed Complete SPECIAL NEEDS: Yes No
_____ EDUCATION PLAN: Needed Complete SPECIAL NEEDS: _____

HOME ADDRESS:

Street _____ Home Phone (_____) _____ - _____

City, State, Zip _____ Home Fax (_____) _____ - _____

Email _____

OCCUPATION:

Client 1

Client 2

Number of Years _____

Business Name _____

Business Address _____

Business Phone _____

Business Fax _____

Email _____

Retirement Age _____

MISCELLANEOUS INFORMATION:

Marriage Date _____ / _____ / _____ Insurance Agent _____

Referral Source _____ Stockbroker _____

of Years in Current Home _____ CPA _____

Client 1: US Citizen Yes No Attorney _____

Client 2: US Citizen Yes No Other Advisor _____

CONFIDENTIAL: Data gathering is the first important step in financial planning process and proper data gathering is required per the Practice Standards of the CFP Board. Unless required by law, information provided in this profile will not be released without client consent.

INSURANCE SUMMARY

LIFE INSURANCE CO.	TYPE TERM/PERM	INSURED	ANNUAL PREMIUM	POLICY FACE AMOUNT	CURRENT CASH VALUE	CASH VALUE AT RETIREMENT	PRESENT LOAN BALANCE	SMOKER Y/N

DISABILITY INSURANCE CO.	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N

Do you carry Business Overhead Expense Insurance? Yes No

HEALTH INSURANCE CO.	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N
Medicare Supplement								

LONG TERM CARE	INSURED	DAILY BENEFIT	RIDER Y/N	INDIVIDUAL	PERIOD	FREQUENCY	PERIOD (YRS)	BENEFIT %

AUTO INSURANCE CO.	INSURED	LIABILITY LIMIT I.E. 100/300	DEDUCTIBLE	LIMIT 100/300	TOWING Y/N	UMBRELLA POLICY Y/N	UMBRELLA AMT. COVERAGE	UMBRELLA PREMIUM
#1								
#2								
Other								

HOME INSURANCE CO.	DEDUCTIBLE	LIABILITY LIMIT	REPLACEMENT VALUE Y/N
	\$	\$	

CURRENT ANNUAL INCOME	Client 1	INCREASE RATE/YEAR	Client 2	INCREASE RATE/YEAR
Salary (gross)				
Bonus				
Net Business Income (Loss)				
Dividends/Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
TOTAL GROSS INCOME				

* IF PENSION INCOME, PLEASE DESCRIBE ANY SURVIVORSHIP OPTIONS.

ASSETS SUMMARY

	TYPE*
Checking	
Savings	
Money Market	
CD (1) Mat. Date /	
CD (2) Mat. Date /	
Mutual Funds	
Bonds	
Stocks	
Stock Options	
REITs	
Mortgage/Note Receivable	
Annuities	
Life Insurance Cash Value	
Limited Partnerships	
IRA – Client 1	
Company/Client Contributions Annual	
IRA – Client 2	
Company/Client Contributions Annual	
Retirement Plans	
Client 1 Vested Amount	
Client 2 Vested Amount	
Investment Property	

Personal Residence(s)	
Personal Property	
Auto 1	
Auto 2	
Furniture	
Jewelry/Art	
Other	
TOTAL ASSETS	

LIABILITIES SUMMARY

1st Mortgage (Interest Rate: %)	
Date of Origin: Term:	
Monthly Pmt (Principal + Interest)	
2nd Mortgage (Interest Rate: %)	
Date of Origin: Term:	
Monthly Pmt (Principal + Interest)	
Home Equity Line	
Credit Cards	
Notes Payable	
Automobile Loans	
Investment Loans	
Margin Account Balance	
Future Obligations	
Other	
TOTAL LIABILITIES	

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

* T=TAXABLE F= TAX FREE D=TAX DEFERRED E=EQUITY Q=QUALIFIED

