

# New Client Questionnaire



Date: \_\_\_\_\_

## Client Contact Information

	Client Name (1)	Client Name (2)
<b>Name</b>	_____	_____
<b>Home Address</b>	_____	_____
<b>City, State, Zip</b>	_____	_____
<b>Home Phone</b>	_____	_____
<b>Work Phone</b>	_____	_____
<b>Mobile Phone</b>	_____	_____
<b>Fax (Hm or Wk)</b>	_____	_____
<b>E-mail</b>	_____	_____
<b>Date of Birth</b>	_____	_____

Primary Contact Person during business hours? \_\_\_\_\_

Preferred form of contact

E-mail or  Phone

Marital Status:  Married  Widowed  Separated  Divorced  Single  Living with partner

Other \_\_\_\_\_

Date of Marriage \_\_\_\_\_

## Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Grade in School	Dependant	City, State
				<input type="checkbox"/> Y	
				<input type="checkbox"/> Y	
				<input type="checkbox"/> Y	
				<input type="checkbox"/> Y	
				<input type="checkbox"/> Y	

# New Client Questionnaire

## Employment

	<u>Client (1)</u>	<u>Client (2)</u>
<b>Employer</b>	_____	_____
Title/Job	_____	_____
<hr/>		
Number of years with this employer?	_____	_____
Anticipated employment changes?	_____	_____

## Income

<b>Source of Income</b>	<u>Client (1)</u>	<u>Client (2)</u>
Salary	_____	_____
Self Employment Income	_____	_____
Bonus/Commissions	_____	_____
Current Income from Social Security	_____	_____
Current Income from a Pension	_____	_____
Other Income	_____	_____
<b>TOTAL (Current Year) =</b>	_____	_____

## Credit Reports, Tax Preparation & Estate Planning Documentation

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

Who Prepares your Federal and State Income Taxes       Self       Professional

### Do you have estate planning documents?

	<u>Year Drafted</u>	<u>State Drafted</u>
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

## Personal Property

	<u>Type</u>	<u>Estimated Value</u>
Primary Residence	_____	_____
Other Real Estate	_____	_____
Furnishings (Liquidation Value)	_____	_____
Vehicle	Year: _____	_____
Vehicle	Year: _____	_____
Other	_____	_____
Other	_____	_____

# New Client Questionnaire

## Insurance Coverage

Insurance Type	Client (1) Covered?		Client (2) Covered?	
	Group	Individual	Group	Individual
Health	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
Term-Life	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
Permanent Life	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
Homeowners	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Auto	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Umbrella Liability	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>

Do you have concerns or questions about your insurance coverage?  Yes  No

## Types of Financial Accounts

**Alternatively, Please Bring Statements from your Banks, Brokerage Firms, Mutual Funds, Employer Provided Plan Accounts that contain your Savings and Investments.**

### Which of the following account types and how many do you own?

- |   |  |
|---|--|
| <input type="checkbox"/> 401(k) Plan or 403(b) Plan     | <input type="checkbox"/> SIMPLE IRA          |
| <input type="checkbox"/> Simplified Employee Plan (SEP) | <input type="checkbox"/> 457 plan            |
| <input type="checkbox"/> Money Purchase Plan            | <input type="checkbox"/> Profit Sharing Plan |
| <input type="checkbox"/> KEOGH plan                     | <input type="checkbox"/> Stock Options Plan  |
| <input type="checkbox"/> Regular IRA                    | <input type="checkbox"/> Roth IRA            |

How many different accounts do you own? \_\_\_\_\_

### Which of following financial instruments do you currently own?

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Stocks       | <input type="checkbox"/> Variable Life Annuity  |
| <input type="checkbox"/> Individual Bonds        | <input type="checkbox"/> Investment Unit Trusts |
| <input type="checkbox"/> Mutual Funds            | <input type="checkbox"/> Deferred Annuity       |
| <input type="checkbox"/> Exchange Traded Funds   | <input type="checkbox"/> Immediate Annuity      |
| <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Money Market Accounts  |

Approximately how many individual **stocks** do you own? \_\_\_\_\_

Approximately how many individual **bonds** do you own? \_\_\_\_\_

### Which of the following saving and investment relationships do you current have?

- |   |   |
|---|---|
| <input type="checkbox"/> Discount Brokerage Account     | <input type="checkbox"/> Money Manager        |
| <input type="checkbox"/> Full-Service Brokerage Account | <input type="checkbox"/> On-line Savings Bank |

## Pensions

Does Client(1) expect to receive a pension in the future?  Yes  No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?  Yes  No

Does Client (2) expect to receive a pension in the future?  Yes  No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?  Yes  No

# New Client Questionnaire

## Liabilities

<u>Source of Debt</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Balance Owed</u>
1 <sup>st</sup> Mortgage				
2 <sup>nd</sup> Mortgage				
Auto Loan				
Outstanding Credit Card Debt				

## Cash Flow

**How much would you guess you are currently spending every month?**      **Amount \$** \_\_\_\_\_

Do you have sufficient income to cover your usual expenses every month?       Yes       No

If employed are you contributing to a retirement plan at work?       Yes       No

If employed did you contribute to an IRA either this year or last year?       Yes       No


Are you automatically investing outside of your retirement plan at work?       Yes       No

Could you be saving more than you are currently saving?       Yes       No

If so, how much **more** could you be saving every month?      **Amount \$** \_\_\_\_\_

## Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 – 5, with 5 being the most true.

**Client 1**    **Client 2**      **1 = Least True**        **5 = Most True**

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\_\_\_\_\_    \_\_\_\_\_    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 prefer the ease of mutual funds over individual securities.

\_\_\_\_\_    \_\_\_\_\_    I don't brood over bad investment decisions I've made.

\_\_\_\_\_    \_\_\_\_\_    I feel comfortable with aggressive growth investments.

\_\_\_\_\_    \_\_\_\_\_    I don't like financial surprises.

\_\_\_\_\_    \_\_\_\_\_    I am optimistic about my financial future.

\_\_\_\_\_    \_\_\_\_\_    My immediate concern is for income rather than growth opportunities.

\_\_\_\_\_    \_\_\_\_\_    I make investment decisions comfortably and quickly.

\_\_\_\_\_    \_\_\_\_\_    I need to focus my investment efforts on building cash reserves.

