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Financial **Questionnaire**

Client A: _____ Advisor: _____

Client B: _____ Date: _____

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Financial **Questionnaire**

Personal information to share with your financial services professional

PERSONAL INFORMATION

	Client A	Client B
Full name		
SS #		
Date of Birth & Place		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Married?	☐ Yes ☐ No	☐ Yes ☐ No
Home Address		
City/State/Zip		
Occupation		
Employer		
Address		
DL# Expiration Date		

Contact information

Home		
Work		
Mobile		
E-mail		

Dependents

Full name	Date of birth

Do any of your loved ones have a special need?	☐ Yes	☐ No

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YOUR FINANCIAL PROFILE...

Income

	Gross	Net	Pay Frequency	Bonus	Government Income	Other Income
Client A						
Client B						

Liabilities

	Client A		Client B		Jointly owned	
	Total Liability	Monthly Expense	Total Liability	Monthly Expense	Total Liability	Monthly Expense
Mortgage/rent (residence)						
Mortgage (other)						
Business loans						
Auto loans/leases						
Personal loans						
Credit cards						
Insurance premiums (Auto/life/home/ medical)						
Other monthly payments (Tuition, groceries, utilities, etc.)						

Assets

	Client A	Client B	Jointly Owned
Real estate (residence)			
Real estate (other)			
Cash/checking account			
CDs/savings account			
Mutual funds			
Common stock			

Assets (continued)

	Client one	Client two	Jointly owned
Bonds (U.S. Government/ Corporate/Municipal)			
Annuities			
Retirement plans (IRAs/401(k), etc.)			
College savings plans (529/Coverdell)			
Business assets			
Trusts			
Life insurance (cash value)			
Other assets (autos, gems, artwork, etc.)			

(Assets) _____ – (Liabilities) _____ = (Net Worth) _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

ABA Number: _____

Acc Number: _____

Name (as it appears on account): _____

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Retirement

	Client one	Client two
At what age do you plan to retire?		
How much are you contributing to an employer-sponsored retirement plan, such as a 401(k), 403(b) or SIMPLE IRA?		

Survivor needs

In the event of a death, what percentage of income should be provided for your family's continuing **income needs?**

Provide income for how long?	☐ Years _____ or ☐ Lifetime
In the event of a death, should your children's education be funded?	☐ Yes ☐ No

Current life insurance

Name of insured	Insurance benefit	Annual premium	Policy type
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

College funding

Child's name	Annual cost (in today's dollars)*	Years to attend	Percent funded by you
	$		%
	$		%
	$		%
	$		%
	$		%

*Include tuition, room and board, books and supplies

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Disability Income

	Client A	Client B
Current annual salary	$	$
Percent to replace	%	%

Current Insurance

Name of Insured	Monthly Benefit	Annual Premium	Benefit Period	Policy Type
	$	$		
	$	$		
	$	$		
	$	$		

Long Term Care

Enter your estimated monthly long-term care costs (in today's dollars)	$

Current Insurance

Name of Insured	Daily Benefit	Annual Premium	Benefit Period (years)	Elimination Period (days)
	$	$		
	$	$		
	$	$		
	$	$		

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ABOUT YOU & YOUR FAMILY...

What are some of your personal financial goals?

Are there any circumstances that might be a barrier to achieving your goals — these can include events, situations, attitudes, habits, relationships and anything else that might present a challenge?

What are your thoughts or concerns about retirement?

Do you expect any changes in your income, business or family in the near future? ☐ Yes ☐ No

Details:

Are there any major future financial obligations to consider? ☐ Yes ☐ No

Details:

Are there any special needs we should consider? ☐ Yes ☐ No

Details:

Is there any other information that I missed that you feel is important for us to consider? ☐ Yes ☐ No

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NOTES

The nonpublic personally identifiable information you provide to your financial services professional in this data collection form is protected by applicable federal and state laws. If you have questions or concerns about the protection of your personal information, please speak with your financial services professional for more information.