Ftacek
FINANCIAL SERVICES

CONFIDENTIAL CLIENT INTAKE

Discovery Questionnaire

A clear picture of where you are — so we can plan where you are going.

Thank you for taking the time to connect with us. This questionnaire is designed to help you gather your financial information in one place, surface the questions and priorities that matter most to you, and give us the context we need for a meaningful first conversation.

Estimates and approximate figures are perfectly acceptable — this is not a test. Complete what you can; we will work through the rest together. When you are finished, please return this document and any supporting materials through the **secure shared folder link** provided to you, or bring it with you to your appointment.

Everything you share with us remains **strictly confidential.**

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SECTION ONE

01 Personal Information

DATE

PREFERRED METHOD OF CONTACT
Call · Text · Email

SELF

Primary client

FULL LEGAL NAME

PREFERRED NAME

HOME ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME PHONE

CELL PHONE

EMAIL ADDRESS

DATE OF BIRTH
MM / DD / YYYY

MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Widowed

EMPLOYMENT STATUS

☐ Retired ☐ Semi-retired ☐ Self-employed ☐ Employed ☐ Unemployed

EMPLOYER / BUSINESS NAME

OCCUPATION / TITLE

WORK PHONE

SPOUSE / PARTNER

FULL LEGAL NAME

PREFERRED NAME

CELL PHONE

EMAIL ADDRESS

DATE OF BIRTH
MM / DD / YYYY

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

EMPLOYMENT STATUS

☐ Retired ☐ Semi-retired ☐ Self-employed ☐ Employed ☐ Unemployed

EMPLOYER / BUSINESS NAME

OCCUPATION / TITLE

WORK PHONE

SECTION TWO

02 Children & Dependents

Include children, grandchildren, and anyone who relies on you financially.

FULL NAME	DATE OF BIRTH	DEPENDENT ?	NOTES / RELATIONSHIP
		☐ Y ☐ N	
		☐ Y ☐ N	
		☐ Y ☐ N	
		☐ Y ☐ N	
		☐ Y ☐ N	
		☐ Y ☐ N	

DO YOU ANTICIPATE FUTURE FINANCIAL DEPENDENCY FROM ANY RELATIVES?

☐ Yes ☐ No

IF YES, PLEASE DESCRIBE

SECTION THREE

03 Tax Situation & Residency

This helps us coordinate with your CPA and plan for state-specific considerations.

STATE OF LEGAL RESIDENCE (DOMICILE)

FEDERAL FILING STATUS
MFJ · Single · HoH · MFS

APPROX. MARGINAL TAX BRACKET (IF KNOWN)

WHO PREPARES YOUR TAX RETURN?

DO YOU HAVE INCOME, PROPERTY, OR BUSINESS ACTIVITY IN MORE THAN ONE STATE?

☐ Yes ☐ No

IF YES, WHICH STATES AND WHAT TYPE OF ACTIVITY?

ARE YOU EXPECTING ANY MAJOR CHANGES TO YOUR TAX SITUATION IN THE NEXT 1–3 YEARS? (SALE, RELOCATION, RETIREMENT, LARGE GAIN)

SECTION FOUR

04 Your Advisory Team

Other professionals currently involved in your financial life — CPA, attorney, insurance agent, banker, trustee. We sit at the same table as your existing advisors.

NAME	FIRM / BUSINESS	PROFESSION	PHONE	EMAIL

SECTION FIVE

05 Income & Cash Flow

SOURCE	SELF ($/YR)	SPOUSE / PARTNER ($/YR)
Annual earned income		
Annual investment income		
Social Security income		
Pension income		
Other income (describe at right)		
Emergency fund / cash reserve balance		

ESTIMATED TOTAL HOUSEHOLD MONTHLY EXPENSES

$

DO YOU MAINTAIN AN EMERGENCY FUND?

☐ Yes ☐ No

LIQUIDITY & UPCOMING NEEDS

Cash you expect to need soon

DO YOU ANTICIPATE ANY LARGE EXPENSES OR LIQUIDITY EVENTS IN THE NEXT 1–3 YEARS? (HOME PURCHASE, TUITION, WEDDING, BUSINESS CAPITAL, MAJOR GIFT)

TARGET CASH RESERVE YOU LIKE TO KEEP ON HAND

$

ANTICIPATED LARGE INFLOW? (BONUS, SALE, INHERITANCE) — AMOUNT & TIMING

SECTION SIX

06 Bank Accounts

INSTITUTION / BANK	ACCOUNT TYPE	HOLDER	INTEREST %	EST. BALANCE $
	Checking · Savings · CD …			

SECTION SEVEN

07 Retirement Accounts

401(k), 403(b), IRA, Roth IRA, SEP, SIMPLE, pension, and similar tax-advantaged accounts.

INSTITUTION	ACCOUNT TYPE	HOLDER	ESTIMATED VALUE $
	401(k), Traditional IRA, Roth, …		

ARE YOU CURRENTLY CONTRIBUTING TO AN EMPLOYER RETIREMENT PLAN? IF SO, AT WHAT RATE / WITH WHAT MATCH?

SECTION EIGHT

08 Non-Retirement Investment Accounts

Individual, joint, trust, 529, brokerage, and other taxable accounts.

INSTITUTION	ACCOUNT TYPE	HOLDER	INTENDED PURPOSE	EST. VALUE $
	Joint · 529 · Trust…			

SECTION NINE

09 Concentrated Stock & Equity Compensation

Complete if you hold a large position in a single stock or receive equity from your employer. This is often the most important — and most overlooked — part of a high-net-worth picture.

DO YOU HOLD A CONCENTRATED POSITION (>10% OF INVESTABLE ASSETS) IN A SINGLE STOCK?

☐ Yes ☐ No

COMPANY / TICKER

APPROX. POSITION VALUE
$

COST BASIS (IF KNOWN)
$

ANY TRADING RESTRICTIONS? (LOCK-UP, 10B5-1, INSIDER WINDOW)

EMPLOYER EQUITY & DEFERRED COMPENSATION

Check all that apply

☐ RSUs ☐ Incentive stock options (ISO) ☐ Non-qualified options (NSO) ☐ ESPP
☐ Performance shares ☐ Deferred compensation ☐ Carried interest / profits interest

GRANT / TYPE	EMPLOYER	EST. VALUE $	VESTING SCHEDULE	NEXT VEST / EXPIRATION

SECTION TEN

10 Alternative & Private Investments

Private equity, hedge funds, venture / angel, private credit, private real estate funds, and other illiquid holdings.

FUND / INVESTMENT NAME	TYPE	COMMITTED $	CURRENT VALUE $	LIQUIDITY / LOCK-UP
	PE · Hedge · VC · R…			

ARE YOU AN ACCREDITED INVESTOR / QUALIFIED PURCHASER? ☐ Yes ☐ No ☐ Unsure

SECTION ELEVEN

11 Additional Assets

ASSET	SELF $	SPOUSE / PARTNER $
Annuities		
Limited partnerships		
Cash-value life insurance		

PROPERTY & TANGIBLE ASSETS	ESTIMATED VALUE $	NOTES
Primary residence		
Second home / vacation property		
Rental / investment real estate		
Business ownership / equity		
Jewelry, art & collectibles		
Other (describe)		

DO YOU EXPECT TO RECEIVE ANY INHERITANCES? ☐ Yes ☐ No

IF YES, PLEASE DESCRIBE (APPROXIMATE AMOUNT & TIMING)

SECTION TWELVE

12 Business Ownership & Succession

Complete if you own all or part of a business. Coordinating the business with your personal plan is central to how we work.

DO YOU OWN ALL OR PART OF A BUSINESS? ☐ Yes ☐ No

BUSINESS NAME

INDUSTRY

ENTITY TYPE
LLC · S-Corp · C-Corp · Partnership · Sole prop

YOUR OWNERSHIP %

ESTIMATED BUSINESS VALUE
$

ANNUAL REVENUE (APPROX.)
$

NUMBER OF EMPLOYEES

OTHER OWNERS / PARTNERS

PROTECTION & CONTINUITY

BUY-SELL AGREEMENT IN PLACE?
☐ Yes ☐ No

KEY-PERSON INSURANCE? ☐ Yes ☐ No

RETIREMENT PLAN FOR THE BUSINESS? (401K, CASH-BALANCE, SEP)
☐ Yes ☐ No

WRITTEN SUCCESSION / EXIT PLAN?
☐ Yes ☐ No

EXIT & TRANSITION THINKING

What is your ideal timeline and outcome for the business?
e.g., sell to a third party, transition to family or employees, hold indefinitely, recapitalize.

SECTION THIRTEEN

13 Liabilities

LIABILITY	HOLDER / LENDER	CURRENT BALANCE $	MONTHLY PMT $	RATE %
Mortgage — primary				
Mortgage — other				
Auto loan				
Student loan				
Credit cards				
Line of credit / HELOC				
Other				

SECTION FOURTEEN

14 Insurance Coverage

Mark all policies currently in force and note coverage amounts.

COVERAGE TYPE	SELF	AMOUNT / COVERAGE	SPOUSE	AMOUNT / COVERAGE
Term life	☐		☐	
Whole / permanent life	☐		☐	
Short-term disability	☐		☐	
Long-term disability	☐		☐	
Medical / health	☐		☐	
Long-term care	☐		☐	
Homeowners	☐		☐	
Auto	☐		☐	
Umbrella liability	☐		☐	
Errors & omissions / malpractice	☐		☐	

SECTION FIFTEEN

15 Estate Planning Documents

Mark all completed documents and note when each was last reviewed.

DOCUMENT	SELF	SPOUSE	LAST REVIEWED / NOTES
Will / last testament	☐	☐	
Revocable living trust	☐	☐	
Irrevocable trust	☐	☐	
Durable power of attorney	☐	☐	
Healthcare POA / living will	☐	☐	
Life insurance trust (ILIT)	☐	☐	
Charitable trust (CRT / CLT)	☐	☐	
Buy-sell agreement (business owners)	☐	☐	

ESTATE ATTORNEY — NAME & FIRM

ARE BENEFICIARY DESIGNATIONS CURRENT ON ALL ACCOUNTS?

☐ Yes ☐ No ☐ Unsure

SECTION SIXTEEN

16 Trust & Entity Structures

List any trusts, LLCs, family partnerships, or holding entities you have established.

ENTITY / TRUST NAME	TYPE	ROLE (GRANTOR, TRUSTEE, MEMBER)	PURPOSE / ASSETS HELD
	LLC · FLP · LP · Trust…		

SECTION SEVENTEEN

17 Charitable Giving & Philanthropy

IS CHARITABLE GIVING A PRIORITY FOR YOU?

☐ Yes ☐ No

APPROX. ANNUAL GIVING

$

GIVING VEHICLES

Check all that apply

☐ Direct gifts ☐ Donor-advised fund (DAF) ☐ Private foundation ☐ Charitable trust ☐ QCD from IRA ☐ Appreciated stock gifts

Causes or organizations that matter most to you

SECTION EIGHTEEN

18 Multi-Generational Wealth Transfer & Legacy

How you want your wealth to move to the next generation — and the values you want to move with it.

CURRENTLY MAKING ANNUAL GIFTS TO CHILDREN / GRANDCHILDREN?

☐ Yes ☐ No

FUNDING EDUCATION FOR CHILDREN / GRANDCHILDREN? (529, ETC.)

☐ Yes ☐ No

What are your goals for transferring wealth to the next generation?

Who, how much, when, and with what conditions or protections.

Are there values, traditions, or a family philosophy about money you want to preserve and pass on?

SECTION NINETEEN

19 Goals & Priorities

This is the most important section. Tell us what matters — we plan around your life, not the other way around.

What are your most important personal financial goals?

What are your biggest financial concerns right now?

What does an ideal relationship with a financial advisor look like to you?

Is there anything specific you want us to know before our first conversation?

RISK TOLERANCE

We assess risk tolerance separately through our **Nitrogen** questionnaire, completed online — most clients finish this before we meet. No need to duplicate it here.

☐ I have already completed the Nitrogen risk questionnaire ☐ Please send me the link

SECTION TWENTY

20 Document Checklist

Please upload what you have to the secure shared folder provided. You do not need everything — send what you can and we will work from there.

- ☐ Most recent investment & brokerage statements
- ☐ 401(k) / employer retirement plan statements
- ☐ IRA & Roth account statements
- ☐ Most recent bank & savings statements
- ☐ Equity comp / RSU / stock option statements
  grant agreements & vesting schedules
- ☐ Alternative investment statements / K-1s
- ☐ Life, disability & long-term care policies
  policy or summary pages
- ☐ Social Security or pension benefit statements
- ☐ Tax returns — last 2 years
- ☐ Most recent paystub (if employed)
- ☐ Will, trust documents & power of attorney
- ☐ Mortgage agreement / recent statement
- ☐ Buy-sell agreement (business owners)
- ☐ Business financial statements (owners)
- ☐ Entity / partnership documents
  LLC, FLP, operating agreements
- ☐ Anything else you believe is relevant

WHEN YOU ARE FINISHED

Return this completed questionnaire and your supporting documents through the **secure shared folder link** we provided, or bring everything to your appointment. Everything you share remains **strictly confidential** — your team, your information, your goals, and no one else.

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