



Date of Completion: \_\_\_\_\_

## Confidential Questionnaire

### Client Information

<b>Client Name (1)</b> _____ Home Address _____ City, State, ZIP _____ Home Phone (    ) - _____ Work Phone (    ) - _____ Fax (Hm or Wk) (    ) - _____ E-mail _____ Date of Birth _____ Primary Contact Person during business hours? _____ Contact me/us by (circle one) E-mail or Phone _____	<b>Client Name (2)</b> _____ Home Address _____ City, State, ZIP _____ Home Phone (    ) - _____ Work Phone (    ) - _____ Fax (Hm or Wk) (    ) - _____ E-mail _____ Date of Birth _____ _____ _____
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### Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

### Employment

<b>Client Employer (1)</b> _____ Title/Job _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary _____ Self Employment Income _____ Bonus/Commissions _____ Other Earned Income _____ <b>TOTAL (Current Year) =</b> _____	<b>Client Employer (2)</b> _____ Title/Job _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary _____ Self Employment Income _____ Bonus/Commissions _____ Other Earned Income _____ <b>TOTAL (Current Year) =</b> _____
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# Confidential Questionnaire, Continued

## Tax & Estate Planning Documentation

### Who prepares your tax return?

<input type="checkbox"/> Self	Preparer Name _____	Phone (    )    - _____
<input type="checkbox"/> 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:

<u>Advisor</u>	<u>Satisfaction Rating</u>					Not Applicable
	1 = Dissatisfied				5 = Very Satisfied	
	1	2	3	4	5	
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

	<u>Client (1) Coverage</u>		<u>Client (2) Coverage</u>	
	<u>Group</u>	<u>Individual</u>	<u>Group</u>	<u>Individual</u>
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)

<u>Bank Name</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	<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

<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	%	/ /	_____	\$ _____
_____	%	/ /	_____	\$ _____
_____	%	/ /	_____	\$ _____

# 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 _____	_____

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

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> (Residence, Auto, Business, School)	<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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Confidential Questionnaire, Continued

### 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,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form

AND

send us a copy at: **Financial Planning Services, Ltd.**

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OR E-mail: [info@mikesmithfps.com](mailto:info@mikesmithfps.com).

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