

Confidential Questionnaire

Client Information

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

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

Employment

Client Employer (1) _____ 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 _____ TOTAL (Current Year) = _____	Client Employer (2) _____ 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 _____ TOTAL (Current Year) = _____
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Tax & Estate Planning Documentation

Who prepares your tax return?

☐ Self Preparer Name _____ Phone () -
☐ 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"/> Advance Medical Directives	_____	_____
<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? _____

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

	1 = Dissatisfied			5 = Very Satisfied			
	1	2	3	4	5		Not Applicable
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Broker (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Broker (2)	<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

	Client (1) Coverage	Group	Individual	Client (2) Coverage	Group	Individual
Health		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability (1)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability (2)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life (1)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life (2)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life (3)		<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 (1)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Auto (2)		<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)

Bank Name		Ownership	Avg. Balance
	<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

Institution	Interest Rate	Maturity Date	Ownership	Avg. Balance
	%	/ /	\$	
	%	/ /	\$	
	%	/ /	\$	

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. _____

Additional Information

These are some of the items we may need if 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

Keep a copy of this questionnaire and mail or fax a copy to us at:

CommonWealth Financial Planning, LLC
P.O. Box 21164
Roanoke, VA 24018

Fax: (888) 960-2640