



# Financial Avenues LLC

Simple directions to where you want to be.

## Confidential Questionnaire

### Client Information

<b>Client Name (1)</b>	_____	<b>Client Name (2)</b>	_____
Home Address	_____	Home Address	_____
City, State, ZIP	_____	City, State, ZIP	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Mobile Phone	_____	Mobile Phone	_____
Fax (Hm or Wk)	_____	Fax (Hm or Wk)	_____
Email	_____	Email	_____
Date of Birth	_____	Date of Birth	_____
City of Birth	_____	City of Birth	_____
If married, please provide anniversary date	_____		
Primary contact person during business hours?	_____		
Preferred contact method	<input type="checkbox"/> Phone or <input type="checkbox"/> Email		

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

Name	Relationship	Date of Birth	Dependent Yes or No	Resides (City, State)
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

### Financial Planning Goals & Objectives

Short-term goals (next 1-5 Years):

\_\_\_\_\_  
\_\_\_\_\_

Longer-term goals:

\_\_\_\_\_

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What would you like to accomplish with Financial Avenues, LLC?

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**Goals for passing wealth to heirs**

Do you wish to purposefully leave assets to your heirs? Yes or No  
Do you wish to utilize your assets during retirement, and leave only possible leftovers to heirs? Yes or No

**Goals for education planning**

Annual cost if known \_\_\_\_\_  
Number of years student will attend \_\_\_\_\_  
Amount of college costs parents plan to pay \_\_\_\_\_  
Funds currently available \_\_\_\_\_

**Employment**

**Client Employer (1)**

\_\_\_\_\_

Title/Job \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Anticipated employment changes? Y N \_\_\_\_\_

At what age do you plan to retire? \_\_\_\_\_

Current 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? \_\_\_\_\_

At what age do you plan to retire? \_\_\_\_\_

Current Salary \_\_\_\_\_

Self-Employment Income \_\_\_\_\_

Bonus/Commissions \_\_\_\_\_

Other Earned Income \_\_\_\_\_

**TOTAL (Current Year) =** \_\_\_\_\_

Do you have non-employment sources of income; alimony, royalties, or rental property?  No  Yes  
List: \_\_\_\_\_

**Expenses/Budgeting:**

Do you know what your annual living expenses are? Please provide an estimate.  Yes  No

\_\_\_\_\_

Do you have a cash management plan (budget)?  Yes  No

\_\_\_\_\_

Are you saving for big ticket items (car, vacation, home repairs, etc.)?  Yes  No

List: \_\_\_\_\_

Are you saving for your child's college education?  Yes  No If yes, please provide the amount saved per year \_\_\_\_\_

## Advisor Relationships

Where applicable, rate your current advisor on a scale of 1 (dissatisfied) to 5 (very satisfied)

		Rating (1-5)	Comment
Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Accountant	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Tax Preparer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Broker	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Insurance Agent (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Insurance Agent (2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Financial Planner	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

### Do you have estate planning documents?

- Wills
- Living Trusts
- Powers of Attorney
- Living Wills (Health Care Directive)

### Year Drafted

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### State Drafted

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Financial Opinion/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

Client 1	Client 2	1 = Least True, 5 = Most True
_____	_____	I would rather work longer than reduce my standard of living in retirement.
_____	_____	I am more concerned about protecting my assets than about growth.
_____	_____	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 don't like surprises.
_____	_____	I am a risk taker.
_____	_____	I make investment decisions comfortably and quickly.
_____	_____	I like predictability and routine in my daily life.

## Risk Tolerance

On a scale of 1 to 100, with 100 being the highest possible risk, rate how much risk you are willing to take to achieve a higher return on your investments. Client 1 \_\_\_\_\_ Client 2 \_\_\_\_\_

## Assets

(If you have this information in another format, feel free to omit this section and attach necessary documentation.)

### Bank Accounts

### Checking (C), Savings (S), or Money Market (MM)

#### Bank Name

#### 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	\$ _____
_____	<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>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Do you have a pension?  Yes  No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_

Are you receiving social security benefits?  Yes  No If yes, state annual amount received: \$ \_\_\_\_\_

**Personal Property**

**Estimated Value**

Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

**Account balances**

Please list below and provide a value for current brokerage accounts, mutual fund balances, retirement plan balances, and social security monthly benefits at normal retirement age.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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> (Home, Auto, Business, School)	<u>Remaining Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

**Insurance**

<u>Do You Have?</u>	<u>Employer Provided?</u>				<u>Coverage?</u>	
	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2
Health	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____
Disability:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____
Life:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____
Umbrella Liability:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____
Long-Term Care:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____

**Please comment on advice you seek.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date completed** \_\_\_\_\_

**Please save this document and attach in reply email.**