

Confidential Questionnaire

Client Information

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

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

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)	_____	Client Employer (2)	_____
Title/Job	_____	Title/Job	_____
Number of years with this employer?	_____	Number of years with this employer?	_____
Anticipated employment changes?	<input type="checkbox"/> Y <input type="checkbox"/> N	Anticipated employment changes?	_____
At what age do you plan to retire?	_____	At what age do you plan to retire?	_____
Current Salary	_____	Current Salary	_____
Self-Employment Income	_____	Self-Employment Income	_____
Bonus/Commissions	_____	Bonus/Commissions	_____
Other Earned Income	_____	Other Earned Income	_____
TOTAL (Current Year) =	_____	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.

<u>Client 1</u>	<u>Client 2</u>	<u>1 = Least True, 5 = Most True</u>
_____	_____	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)

<u>Bank Name</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	\$ _____
_____	<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 _____

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