

# Confidential Client Questionnaire

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



## 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 (    ) - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Primary Contact Person during business hours? _____	
Contact me/us by (circle one) E-mail or Phone	

## Children

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

## Employment

<b>Employer</b> _____	<b>Employer</b> _____
Title _____	Title _____
Number of years with this employer. _____	Number of years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
When do you plan to retire? _____	When do you plan to retire? _____
Salary _____	Salary _____
Self Employment Income/SS Income _____	Self Employment Income/SS Income _____
Bonus/Commissions _____	Bonus/Commissions _____
<b>TOTAL (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____

**Confidential**  
**Client Questionnaire**, Continued  
 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"/> Living Wills       | _____ | _____ |
| <input type="checkbox"/> Other Documents    | _____ | _____ |

**Investing Opinions/Preferences**

Rank the following statements from 1-5 with 5 being most true to you.

Client 1	Client 2	1 = Least True, 5 = Most True
_____	_____	I would rather work longer if necessary than have to scrimp in retirement.
_____	_____	I am more concerned about principal preservation than growth in my investments.
_____	_____	I prefer to utilize mutual funds over individual stocks.
_____	_____	I feel good about aggressive investment strategies.
_____	_____	I need income from my investments now rather than growth.
_____	_____	I feel I am very experienced and knowledgeable regarding investments.

Please explain in your words how much risk you feel you can stomach with your investments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Confidential**  
**Client Questionnaire, Continued**



**Insurance**

	Client (1)		Client (2)			
	<u>Amount &amp; Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Amount &amp; Cost</u>	<u>Group</u>	<u>Individual</u>
Health Ins.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability Ins.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners Ins.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto Ins.	_____	<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**

(Attach documentation, if needed.)

<u>Bank Accounts</u>	<u>Checking (C), Savings (S), or Money (MM)</u>			<u>Ownership</u>	<u>Avg. Balance</u>
<u>Bank Name</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	_____	\$ _____

**Personal Property**

**Estimated Value/Tax**

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

Do you have a pension?  Yes  No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?  Yes  No

Please list social security benefits estimates at age 62 \_\_\_\_\_ full retirement age \_\_\_\_\_  
 Age 70 \_\_\_\_\_

**Confidential**  
**Client Questionnaire, Continued**



**Assets, continued**

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

Current Monthly Expenses \_\_\_\_\_  
 Total \_\_\_\_\_ Specific Retirement Spending Goals \_\_\_\_\_

**Additional Investments Not Included on Statements**

<u>Debts &amp; Credit Cards</u> <small>(Residence, Auto, Etc.)</small>	<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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature(s) \_\_\_\_\_  
 \_\_\_\_\_

**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 to: **Smart Choice Financial Planning, Inc.**

P.O. Box 333  
 St. John, IN 46373

- Phone: Direct Line (219) 682-7544

E-mail to: [jharowski@smartchoicefinancialplanning.com](mailto:jharowski@smartchoicefinancialplanning.com)