



## Confidential Questionnaire

Date Completed: \_\_\_ / \_\_\_ / \_\_\_

### Client Information

<b>Client Name (1)</b> _____ Home Address _____ City, State, ZIP _____ Home Phone ( ) - _____ Work Phone ( ) - _____ Mobile Phone ( ) - _____ Fax (Hm or Wk) ( ) - _____ E-mail _____ Date of Birth ___ / ___ / ___	<b>Client Name (2)</b> _____ 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? \_\_\_\_\_

Preferred method of contact:  E-mail  Home Phone  Work Phone  Mobile Phone

Would you like our monthly newsletter that is emailed?  Yes  No

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

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

### **What are the most important financial questions you are trying to answer?**

Please comment on the financial planning advice you seek. Be as specific as possible. The more we know about your goals, objectives, concerns and requirements, the better we will be able to serve you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment

<b>Client Employer (1)</b> _____ Title/Job _____ Number of years with this employer? _____ Anticipated employment changes? _____	<b>Client Employer (2)</b> _____ Title/Job _____ Number of years with this employer? _____ Anticipated employment changes? _____
---	---

## **Family First Financial Planning Confidential Questionnaire (cont.)**

When do you plan to retire? _____	When do you plan to retire? _____
Salary _____	Salary _____
Self Employment Income _____	Self Employment Income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
<b>TOTAL (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____

### **Retirement Income other than retirement savings (current or expected)**

<u>Source</u> (e.g., Pension, Annuity, Trust Income, Rental Property)	<u>Owner</u>	<u>Total Value or Monthly Amt</u>	<u>Inflation Adj?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Other Advisors (Where applicable, who is your current advisor.)**

	<u>Name</u>	<u>Contact Information</u>
Financial Planner	_____	_____
Acct / tax preparer	_____	_____
Investment broker	_____	_____
Attorney	_____	_____
Insurance Agent	_____	_____

### **Insurance**

#### **Client (1)**

#### **Client (2)**

<u>Type</u>	<u>Company</u>	<u>Coverage Amount</u>	<u>Employer provided?</u>	<u>Company</u>	<u>Coverage Amount</u>	<u>Employer provided?</u>
Health	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Care	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Umbrella Liability	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Liability	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Family First Financial Planning Confidential Questionnaire (cont.)

1) Has anyone ever been declined for any insurance?  Yes  No

2) For any disability insurance listed above, please provide the following additional information:

Monthly benefit amount or % of base salary - \_\_\_\_\_ \$/month ( \_\_\_\_\_ % of salary)

How long after disability before payments begin? (e.g., 30 days? 90 days? Other?) \_\_\_\_\_

What period is covered? (e.g., 2 years?, 5 years?, to age 65?) - \_\_\_\_\_

Is the coverage inflation adjusted?  Yes  No

3) For any long term care insurance listed above, please provide the following information:

Monthly or daily benefit amount - \_\_\_\_\_ \$/month or day

What period is covered? (e.g., 3 years?, 5 years?, lifetime?) - \_\_\_\_\_

Is the coverage inflation adjusted?  Yes  No

(Also, please bring your policy or the statement of coverage)

## Assets

If you have any of the information requested below in the form of statements or other documents, please feel free to submit copies of those documents rather than replicate that information in the space provided.)

<u>Personal Property</u>	<u>(Description, Type, etc.)</u>	<u>Estimated Value</u>
Primary Residence:	_____	\$ _____
Second Home:	_____	_____
Vehicle:	_____	_____
Vehicle:	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____

## Non – Retirement Accounts (Investment, College, Banking)

<u>Account Location</u>	<u>Type of account</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other	_____	_____

# Family First Financial Planning Confidential Questionnaire (cont.)

## Retirement Savings

Acct. Name	Type of account 401K, IRA, Taxable	Owner	Current Bal.	Current Contribution \$ or % amount	Employer Match No or \$, % amount
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

Do you contribute the maximum amount allowed each year to your employer-sponsored retirement plan?

Client (1)  
 Yes  No

Client (2)  
 Yes  No

How were your current plan investments selected? \_\_\_\_\_

## Personal Liabilities (\*If not paid in full each month)

<u>Debts</u>	<u>Orig Date</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment*</u>	<u>Approximate Balance</u>
1st Mortgage	/ /	_____	%	\$ _____	\$ _____
2nd Mortgage	/ /	_____	%	\$ _____	\$ _____
Home equity loan	/ /	_____	%	\$ _____	\$ _____
Auto loan #1	/ /	_____	%	\$ _____	\$ _____
Auto loan #2	/ /	_____	%	\$ _____	\$ _____
Education loan	/ /	_____	%	\$ _____	\$ _____
	/ /	_____	%	\$ _____	\$ _____
	/ /	_____	%	\$ _____	\$ _____

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Payment*</u>	<u>Approximate Balance</u>
N/A	%	\$ _____	\$ _____
N/A	%	\$ _____	\$ _____
N/A	%	\$ _____	\$ _____
N/A	%	\$ _____	\$ _____
N/A	%	\$ _____	\$ _____
N/A	%	\$ _____	\$ _____
N/A	%	\$ _____	\$ _____

Are there any other obligations to be considered – Alimony, Child Support, Life Insurance requirement, etc.? Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you requested a copy of your credit report recently?  Yes  No

How much do you typically spend each month in your current situation? \$ \_\_\_\_\_

## **Family First Financial Planning Confidential Questionnaire (cont.)**

If you are looking for a retirement analysis, please tell us how much do you anticipate spending each month in retirement? \$ \_\_\_\_\_

We can provide a budget form at our meeting for you to utilize if you are not sure as to the amount at this time.

### **Estate Planning**

	<b>Client (1)</b>	<b>Client (2)</b>
Do you have a will? If yes, when was it drafted? _____ In what state? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your will been reviewed and/or updated recently? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you appointed guardians for any dependent children? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you anticipating making any changes to your will.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a durable Power of Attorney in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it drafted? _____ In what state? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a health care Power of Attorney in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it drafted? _____ In what state? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a signed living will? If yes, when was it drafted? _____ In what state? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you provided written instructions for distribution of your personal property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have letters of instruction that provide additional information for your family (e.g., preferences for final arrangements, location of important documents)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you discussed the contents and whereabouts of your will and letters of instruction with your immediate family?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any trusts?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make any charitable gifts?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Once we begin the planning process, we may need some additional documentation such as:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Prior years' tax returns</li> <li>• Brokerage account statements</li> <li>• Trust account statements</li> <li>• Retirement plan account statements</li> <li>• Loan documents</li> <li>• Credit card statements</li> </ul> | <ul style="list-style-type: none"> <li>• Paycheck stubs</li> <li>• Mutual Fund account statements</li> <li>• Employee Benefits booklet</li> <li>• Legal documents</li> <li>• Insurance policies</li> </ul> |
|--|--|

**For your scheduled financial consultation:**

- If you will be coming to our office, please bring this completed form with you. Also, if you would like to begin the planning process right away, please also bring any documents related to any of the information above
- OR**
- If we will be teleconferencing with you, please keep a copy of your completed form

AND either

mail us a copy at: Family First Financial Planning  
759 SW Federal Highway, Suite 316  
Stuart, FL 34994

fax us a copy at: (772) 781-4526

**OR** forward by E-mail to: [info@familyfirstfp.com](mailto:info@familyfirstfp.com)

If you have any questions about this questionnaire or any other matter regarding our services, please contact us at any time either by phone at 772-781-7648 or at 561-844-4453 or by emailing the address shown above.