



## Confidential Questionnaire

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

### Client Information

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

**Client Employer (1)** \_\_\_\_\_

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

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

Anticipated employment changes? \_\_\_\_\_

**Client Employer (2)** \_\_\_\_\_

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><br>(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:                   | _____                            | _____                  |

## 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<br><input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other | _____            | _____               |
| _____                   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market<br><input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other | _____            | _____               |
| _____                   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market<br><input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other | _____            | _____               |
| _____                   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market<br><input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other | _____            | _____               |
| _____                   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market<br><input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other | _____            | _____               |
| _____                   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market<br><input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other | _____            | _____               |

# Family First Financial Planning Confidential Questionnaire (cont.)

## Retirement Savings

| Acct. Name | Type of account<br>401K, IRA, Taxable | Owner | Current Bal. | Current Contribution<br>\$ or % amount | Employer Match<br>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 | 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 save a copy of your completed form and email us a copy to info@familyfirstfp.com or directly to your advisor. The form does not automatically go to us.

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 by emailing the address shown above.