



Confidential Questionnaire

Financial Planning Clients: Please fill out as much information as possible which is relevant to your current situation and needs.

PERSONAL INFORMATION

	Client	Co-Client
Name:		
Address:		
City, State, Zip:		
Home Phone:		
Home Fax: <input type="checkbox"/> Call First?		
Cell Phone:		
Personal Email:		
Date of Birth:		
Date of Marriage:		
Previous Marriages:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Credit Report Last 12 Months:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Lawsuits Pending:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Bankruptcies:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
U.S. Citizen:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Employer:		
Year Started:		
Occupation:		
Work Phone:		
Work Fax: <input type="checkbox"/> Call First?		
Work Email:		
Primary Contact Person:		
Best way to contact you during business hours:	<input type="checkbox"/> Home Phone <input type="checkbox"/> Home Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Work Email	

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CHILDREN AND OTHER DEPENDENTS

Name	Relationship	Date of Birth	Dependent for Taxes?	Where Does Dependent Reside?
			<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	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

ASSETS & LIABILITIES

ASSETS: BANK ACCOUNTS

Institution	Type	Interest Rate	Name on Account	Average Balance
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____	%		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____	%		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____	%		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____	%		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____	%		\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD Matures: _____	%		\$

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ASSETS: REAL ESTATE AND PERSONAL PROPERTY

Description	Name on Title / Who Owns It	Purchase Date	Purchase Price	Estimated Current Value
Residence:			\$	\$
Secondary Residence:			\$	\$
Furnishings (liquidation value):			\$	\$
Vehicle 1:			\$	\$
Vehicle 2:			\$	\$
Vehicle 3:			\$	\$
Other:			\$	\$
Other:			\$	\$
Other:			\$	\$

ASSETS: QUALIFIED RETIREMENT PLANS

Description	Name / Who Owns It	Contribution (%of salary / Annual addition)	Employer Match (% of salary)	Estimated Current Value
401(k), 403(b)		%	%	\$
401(k), 403(b)		%	%	\$
401(k), 403(b)		%	%	\$
401(k), 403(b)		%	%	\$
IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional		\$		\$
IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional		\$		\$
IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional		\$		\$
IRA: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional		\$		\$
Other:				\$



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ASSETS: INVESTMENTS Savings Bonds, Mutual Funds, Brokerage Accounts, Etc.)

Institution	Description	Name on Asset	Estimated Current Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

	Client	Co-Client
How did you select your current investments?		

LIABILITIES: CREDIT CARDS

Credit Card Company	Name on Card	Interest Rate	Average Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

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LIABILITIES: OTHER DEBTS

Description	Name on Loan	Term (years)	Years Left	Interest Rate	Monthly Payment	Current Balance
Mortgage <input type="checkbox"/> ARM <input type="checkbox"/> Fixed				%	\$	\$
2 nd Mortgage <input type="checkbox"/> ARM <input type="checkbox"/> Fixed				%	\$	\$
HELOC				%	\$	\$
Auto				%	\$	\$
Auto				%	\$	\$
School				%	\$	\$
School				%	\$	\$
Other				%	\$	\$
Other				%	\$	\$

ESTATE PLANNING DOCUMENTS

	Client		Co-Client	
	Year	State	Year	State
Will				
Living Trust				
Power of Attorney – Finances				
Living Will				
Power of Attorney – Healthcare				
Other				

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RETIREMENT INFORMATION

Social Security

	Client	Co-Client
Monthly Benefit	\$	\$
Begin at Age		

Pension Plans (COLA is Cost Of Living Adjustment)

Description	Begin at Age	Monthly Benefit	Survivor Benefit?	COLA?
		\$	\$	%
		\$	\$	%

	Client	Co-Client
At what age do you plan on retiring?		
How do you plan on spending your retirement?		

Where do you plan on living?	
Do you expect your annual expenses to go up or down? By how much?	

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EDUCATION PLANNING

Please indicate those for whom you plan on providing an education.

Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year
Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year
Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year
Name: _____ Current Age: _____ Current Grade: _____ Private: <input type="checkbox"/> Elementary \$_____/year <input type="checkbox"/> Middle School \$_____/year <input type="checkbox"/> High School \$_____/year College: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Public <input type="checkbox"/> Private # Years: _____ \$_____/year

Current Education Savings:

Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____
Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____
Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____
Type: <input type="checkbox"/> 529 State: _____ <input type="checkbox"/> Coverdell Education Savings Account <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Savings Owner: _____ Beneficiary: _____ Current Balance: \$_____

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INSURANCE

LIFE INSURANCE POLICIES:

Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year
Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year
Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year
Type: <input type="checkbox"/> Term _____ years <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Variable Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Company: _____ Insured: _____ Owner: _____ Beneficiaries: Primary- _____ Contingent - _____ Death Benefit: \$ _____ Year Began: _____ Premium: \$ _____/year

DISABILITY POLICIES:

Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Coverage: <input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation Monthly Benefit: \$ _____ Elimination Period: _____ months Inflation Option? <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ _____ / month Premium is: <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual Coverage: <input type="checkbox"/> Any occupation <input type="checkbox"/> Own occupation Monthly Benefit: \$ _____ Elimination Period: _____ months Inflation Option? <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ _____ / month Premium is: <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax

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LONG-TERM CARE POLICIES:

Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Indiv. Benefit Period: <input type="checkbox"/> _____ months <input type="checkbox"/> Lifetime Elimination Period: _____ days Daily Benefit: \$ _____ Premium: \$ _____ / month Inflation Option? <input type="checkbox"/> None <input type="checkbox"/> Fixed <input type="checkbox"/> CPI
Company: _____ Insured: _____ Plan: <input type="checkbox"/> Group <input type="checkbox"/> Indiv. Benefit Period: <input type="checkbox"/> _____ months <input type="checkbox"/> Lifetime Elimination Period: _____ days Daily Benefit: \$ _____ Premium: \$ _____ / month Inflation Option? <input type="checkbox"/> None <input type="checkbox"/> Fixed <input type="checkbox"/> CPI

OTHER POLICIES

	Company	Group / Individual	Annual Premium	Deductible	Expiration Date
Auto		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	
Earthquake / Flood / Etc.		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	
Homeowners / Renters		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	
Landlord		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	
Medical		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	
Professional Liability		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	
Umbrella		<input type="checkbox"/> Grp <input type="checkbox"/> Ind.	\$	\$	

	Client	Co-Client
Have you ever been turned down for insurance? Please explain.	<input type="checkbox"/> Y <input type="checkbox"/> N Comments:	<input type="checkbox"/> Y <input type="checkbox"/> N Comments:

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HEALTH

This information is used to determine if longevity or long term care planning should be done for either you or someone for whom you will need to provide care.

	Client	Co-Client
Do you have any significant health issues? Please explain.		
Does anyone in your immediate family (children, siblings, parents) have any significant health issues? Please explain.		
Has anyone in your immediate family (children, sibling, parents) passed on? If so, at what age and what was the cause?		

STOCK OPTIONS

Grant Date	Vesting Date	Grant Price	Type	Number of Shares	Expiration Date
		\$	<input type="checkbox"/> ISO <input type="checkbox"/> NQSO		
		\$	<input type="checkbox"/> ISO <input type="checkbox"/> NQSO		
		\$	<input type="checkbox"/> ISO <input type="checkbox"/> NQSO		
		\$	<input type="checkbox"/> ISO <input type="checkbox"/> NQSO		

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FINANCIAL PREFERENCES

Please rate your attitudes or beliefs about the following statements. 1 = Least True, 5 = Most True

Co-Client	Co-Client	Statement
		I would rather work longer than reduce my standard of living in retirement.
		I feel that I/we can reduce our current living expenses to save more for the future if needed.
		I am more concerned about protecting my assets than about growth.
		I prefer the ease of mutual funds over individual securities.
		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 feel comfortable with aggressive growth investments.
		I don't like surprises.
		I am optimistic about my financial future.
		My immediate concern is for income rather than growth opportunities.
		I am a risk taker.
		I make investment decisions comfortably and quickly.
		I like predictability and routine in my daily life.
		I usually pick the tried and true, the slow, safe but sure investments.
		I need to focus my investment efforts on building cash reserves.
		I prefer predictable, steady return on my investments, even if the return is low.

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PROFESSIONAL ADVISERS

	Name / Firm	Phone	Comments
Accountant			
Attorney			
Broker			
Financial Planner			
Insurance Agent – Auto			
Insurance Agent – Home			
Insurance Agent – Life			
Insurance Agent – Other			
Tax Preparer			

REFERENCES / BACKGROUND DOCUMENTS

Please bring copies of the most recent version of the following to our initial meeting:

1. Prior year's tax return
2. Bank statements
3. Brokerage / mutual fund account statements
4. Mortgage statements
5. Other loan statements (auto, school, etc.)
6. Credit card statements
7. Retirement plan (such as 401(k)) account statements
8. List of all investment options (include ticker symbols if possible) available in your retirement plan
9. Paycheck stubs covering one month
10. Social Security statement
11. Pension plan statement
12. Insurance policy declaration pages
13. Any other information relevant to your personal financial situation.
14. Employee benefit booklet

Please also fill out a cash flow worksheet (go to www.freedmanfp.com and click on Client Forms).