

Date: _____

CONFIDENTIAL QUESTIONNAIRE



CLIENT NAME (1):

Home Address:

City, State, Zip:

Home Phone:

Work Phone:

Fax: (Home or Work)

Cell Phone:

E-mail:

Birth date:

CLIENT NAME (2):

Home Address:

City, State, Zip:

Home Phone:

Work Phone:

Fax: (Home or Work)

Cell Phone:

E-Mail:

Birth date:

Contact me by (circle one) E-mail or Phone
Primary Contact Person during business hours?

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	

Client Employer (1):

Title/Job:

Number of years with this employer?

Anticipated employment changes?

When do you plan to retire?

Salary:

Self Employment Income:

Bonus/Commissions:

Other Earned Income:

TOTAL (Current Yr) =

Client Employer (2):

Title/Job:

Number of years with this
employer?

Anticipated employment changes?

When do you plan to retire?

Salary:

Self Employment Income:

Bonus/Commissions:

Other Earned Income:

TOTAL (Current Yr) =

Who prepares your tax return? ☐ Self ☐ Paid Preparer

Do you have estate planning documents? When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected? _____

Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.

1. How important is capital preservation?

<i>Not at all</i>					<i>Moderately important</i>					<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		

2. How important is growth?

<i>Not at all</i>					<i>Moderately important</i>					<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		

3. How important is low volatility?

<i>Not at all</i>					<i>Moderately important</i>					<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		

4. How important is inflation protection?

<i>Not at all</i>					<i>Moderately important</i>					<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		

5. How important is current cash flow?

<i>Not at all</i>					<i>Moderately important</i>					<i>Very important</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		

6. How much risk are you willing to take to achieve a higher return?

<i>Very little</i>					<i>A Moderate amount</i>					<i>A lot</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		

_____ % **Enter the Average Annual Rate of Return*** you want to earn on your portfolio to reach your financial goals.

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Rate your working relationships with each of the following advisors:

Advisor	Satisfaction Rating					Not Applicable
	Dissatisfied		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Realtor	1	2	3	4	5	X

INSURANCE	Client (1) Coverage/Cost	<u>Group</u>	<u>Individual</u>	Client (2) Coverage/Cost	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<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

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

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

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

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

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

	<u>Estimated Value</u>
Primary Residence	_____
Personal Property (estimate)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

LIABILITIES

<u>List Credit Cards Not Paid in Full Every Month</u>	<u>Interest Rate</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$

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

Please comment on the advice you seek.

These items 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
Social Security Annual Statement
Insurance Policies

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax or mail a copy to us at the following address:

Wooters Financial Planning, Inc • 272 Iroquois Lane • Malvern, Pa 19355

Phone: 610-296-1173 • Fax: 610-296-1907

Email: Vicki@WootersFinancialPlanning.com

Visit us on the web at **www.WootersFinancialPlanning.com**