



CONFIDENTIAL QUESTIONNAIRE



Date: _____

CLIENT NAME (1): _____ Home Address: _____ 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? _____	CLIENT NAME (2): _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Cell Phone: _____ E-Mail: _____ Birth date: _____
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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 (1):

Father's Age if Living: _____
 If deceased at what age: _____

Mother's Age if Living: _____
 If deceased at what age: _____

CLIENT (2):

Father's Age if Living _____
 If deceased at what age: _____

Mother's Age if Living _____
 If deceased at what age: _____

1. If you had to choose one word to describe your current financial situation what would it be?
2. What changes in the future do you feel that you need to plan for?
3. What do you love to do in life?
4. What does financial success mean to you?
5. What does financial independence mean to you?
6. In your opinion, what are the keys to reaching your financial goals?
7. How would you direct your life if there were nothing to impede your choices?
8. In detail, what kind of service would an ideal financial planner provide for you?
9. How frequently do you think you and your planner should meet to review your progress?
10. Three years from today you're looking back in time and you conclude that our relationship has been a complete success; briefly, tell us what has changed in your financial life?

Client Employer (1):	_____	Client Employer (2):	_____
Title/Position:	_____	Title/Position:	_____
# of years with this employer?	_____	# 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:	_____	Self Employment Income:	_____
Bonus/Commissions:	_____	Bonus/Commissions:	_____
Other Earned Income:	_____	Other Earned Income:	_____
Other Income / Source	_____	Other Income / Source	_____
TOTAL (Current Yr) =	_____	TOTAL (Current Yr) =	_____
401(k) contribution %	_____	401(k) contribution %	_____
Other payroll deductions & freq	_____	Other payroll deductions & freq	_____

On a percentage basis, how much of your income do feel you save or invest in total? _____

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? _____

Who prepares your tax return? Self Paid Preparer

Rate your working relationships with each of the following advisors:

	<u>Dissatisfied</u>		-	<u>Very Satisfied</u>		<u>Not Applicable</u>
	1	2	3	4	5	
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)			Client (2)		
	Coverage/Cost	<u>Group</u>	<u>Individual</u>	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>
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____

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

Estimated Value

Primary Residence		
<i>Mortgage (Rate, term, payment, balance)</i>		
Vehicle		
<i>Loan (Rate, term, payment, balance)</i>		
Vehicle		
<i>Loan (Rate, term, payment, balance)</i>		
Other (describe) _____		
<i>Loan (Rate, term, payment, balance)</i>		
Other (describe) _____		
<i>Loan (Rate, term, payment, balance)</i>		

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

LIABILITIES

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

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

Do you know your credit score? _____

Please comment on the advice you seek.

Please list any other comments or questions.

These items may be needed, should you engage our services:

- | | |
|------------------------------------|----------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Social Security Annual Statement |
| Loan Documents | 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 keep a copy of your completed form, and fax or mail a copy to us:*

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