



CONFIDENTIAL QUESTIONNAIRE

NAME

DATE

With this questionnaire, please bring the following documents to your first office appointment:

- Last two years of tax returns
- Last two paycheck or retirement income statements
- Brokerage and mutual fund statements
- Retirement account statements, IRAs, 401ks, etc.
- Annuity statements
- Social security benefit estimates
- Pension statements and estimates of future benefits
- Life insurance statements

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Personal Information

Client

Name

Birthdate

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Occupation

Employer

Office Phone

Fax Number

E-mail

Spouse or Second Client

Name

Birthdate

Occupation

Employer

Office Phone

Cell Phone

Fax Number

E-mail

Children

Name

Sex

Birthdate

Marital Status

No. of Children

Name

Sex

Birthdate

Marital Status

No. of Children

Name

Sex

Birthdate

Marital Status

No. of Children

Name

Sex

Birthdate

Marital Status

No. of Children

How did you hear about Financial Planning Office?

What qualities are you looking for in a financial advisor?

Assets

Cash Equivalents

Checking and Savings Accounts	\$
Money Market Accounts	\$
Certificates of Deposits	\$
Life Insurance Cash Value	\$
Fixed Annuities	\$

Stocks/Bonds/Mutual Funds

	\$
	\$
	\$
	\$

Retirement Funds

IRA Accounts	\$
Pension Plan	\$
Profit Sharing Plan	\$
401(k) or Thrift Plan	\$
Tax Shelter Annuity/403(b) Plan	\$
Deferred Compensation Plan	\$
ESOP or Stock Option Plan	\$

Real Estate

Home	\$
Other Real Estate	\$

Business Interests

	\$
	\$

Other Assets

Accounts Receivable	\$
Gold or Precious Metals	\$
Oil and Gas Interests	\$
Coin/Stamp/Other Collections	\$
Other	\$

TOTAL ASSETS \$

Liabilities

Home Mortgage	\$
	\$
Home Equity Line of Credit or Second Mortgage	\$
	\$
Auto Loans/Leases	\$
Installment Loans	\$
	\$
Credit Cards	\$
	\$
Other Personal Debt	\$

TOTAL LIABILITIES \$

NET WORTH

(Total Assets minus Total Liabilities) \$

ANNUAL INCOME

Client Wages/Self employment	\$
Second Client Wages/Self employment	\$
Other (describe)	\$
Other (describe)	\$

Financial Planning Priorities

In order of importance, what are your three most critical financial issues?

1. _____
2. _____
3. _____

Twenty Questions

- | | | | |
|-----|---|--|--|
| 1. | Do you plan to make a significant financial change in the next five years? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. | Does anyone other than your children depend on you financially? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do any members of your family have significant health problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are you retired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Do you plan to retire at a specific age?
When _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are you eligible for social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Do you have a pension? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Will you have the option of taking a lump-sum pension payment instead of income payments at retirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you estimated how much income you will have upon retirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | If you have estimated your retirement income, do you think it is sufficient to live on? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Do you have questions about how your investments are doing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Do you expect to receive any inheritances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Do you plan to pay for your children's or grandchildren's college education. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Do you have a
Will
Durable power of attorney
Healthcare power of attorney
Living Will | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 15. | Do you have a/an: | <input type="checkbox"/> Attorney
<input type="checkbox"/> Insurance Agent
<input type="checkbox"/> Investment Advisor
<input type="checkbox"/> Financial Planner | <input type="checkbox"/> Accountant
<input type="checkbox"/> Broker
<input type="checkbox"/> Personal Banker
<input type="checkbox"/> Trustee |
| 16. | Do you have a/an: | <input type="checkbox"/> Homeowner's policy
<input type="checkbox"/> Personal automobile policy
<input type="checkbox"/> Umbrella policy
<input type="checkbox"/> Long term care policy | <input type="checkbox"/> Health insurance policy
<input type="checkbox"/> Disability insurance policy
<input type="checkbox"/> Term life insurance policy
<input type="checkbox"/> Permanent life insurance |

17. Investment Objectives

Please indicate the relative importance to you.

	Very	Somewhat	Not
Current Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any significant investments planned in the near future.

18. Personal Objectives

Please indicate the relative importance

	Very	Somewhat	Not
Saving regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a dream vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revising investment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. We offer two levels of services: Please indicate which you feel is most appropriate for your long term needs.

WEALTH MANAGEMENT

Investment management and on-going financial planning advice.

HOURLY FINANCIAL PLANNING

Specific questions regarding a financial issue, getting a second opinion, help with investments that you want to manage yourself.

Don't know – I would like to talk to a financial advisor.

20. What else would you like to tell us about you?
