



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

E-mail

Spouse or Second Client

Name

Birthdate

Occupation

Employer

Office Phone

Cell Phone

E-mail

Children

Name

Birthdate

MF

Financial planning goals or concerns about your children?

How did you hear about Financial Planning Office?

What qualities are you looking for in a financial advisor?

Assets

Cash Equivalents – Please provide detail if needed

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

Stocks/Bonds/Mutual Funds – Taxable Accounts Only

	\$
	\$
	\$
	\$
	\$
	\$

Retirement Accounts – IRA, 401k, Annuities, Def Comp, etc.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Real Estate

Home	\$
Other Real Estate	\$

Business Interests

	\$
	\$

Other Assets

Accounts Receivable	\$
Other	\$
Other	\$

TOTAL ASSETS \$

Liabilities

Home Mortgage Balance– provide extra detail if needed \$

Int rate	Payment P&I only \$	Monthly Escrow \$	Total \$
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Home Equity Line of Credit or Second Mortgage Balance \$

Int rate	Payment P&I only \$	Monthly Escrow \$	Total \$
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Auto Loans/Leases Balance \$

Int rate	Monthly payment
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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 important concerns.

1. _____

2. _____

3. _____

Twenty Questions

1. Do you plan to make a significant financial change in the next five years? Yes No
2. Does anyone other than your children depend financially on you?
3. Do any members of your family have significant health problems?
4. Are you retired?
5. Do you plan to retire at a specific age? When _____
6. Are you eligible for social security benefits when you retire?
7. At retirement, will you have a pension?
8. Will you have the option of taking a lump-sum pension payment instead of a pension at retirement?
9. Have you estimated how much income you will have upon retirement?
10. If you have estimated your retirement income, do you think it is sufficient to live on?
11. Do you have questions about your investment asset allocation plan?
12. Do you expect to receive any inheritances or other windfalls?
13. Do you plan to pay for your children's or grandchildren's college education.
14. Do you have a
 Will
 Durable power of attorney
 Healthcare power of attorney
15. Do you have an:

<input type="checkbox"/> Attorney	<input type="checkbox"/> Accountant
<input type="checkbox"/> Insurance Agent	<input type="checkbox"/> Broker
<input type="checkbox"/> Investment Advisor	<input type="checkbox"/> Personal Banker
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Trustee
16. Do you have an:

<input type="checkbox"/> Homeowner's policy	<input type="checkbox"/> Health insurance policy
<input type="checkbox"/> Personal automobile policy	<input type="checkbox"/> Disability insurance policy
<input type="checkbox"/> Umbrella policy	<input type="checkbox"/> Term life insurance policy
<input type="checkbox"/> Long term care 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. Financial Planning Office is currently accepting new clients for our Wealth Management Service. This service is recommended for clients with investment assets of \$400,000 or more. Please indicate if this is appropriate for your needs.

WEALTH MANAGEMENT

Investment management and on-going financial planning advice. Annual fee paid quarterly based on the size of the assets managed and the complexity of the client's situation

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

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