

## Initial Confidential Questionnaire

Date: \_\_\_\_\_

Since our initial meeting is a free consultation; there will be no substantial advice provided. This is an opportunity for us to get acquainted. I want to learn more about you, your dreams, your goals and your values. You will learn more about me, how I work, how I can benefit you, and ultimately, if I am the right financial planner for you. Once we have decided to move forward in our business relationship, a more in-depth questionnaire will be provided.

In preparation for our first meeting please fill out this Initial Questionnaire. This will give us a starting point for our first meeting.

### People

**Client Name (1)** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, ZIP** \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Client Name (2)** \_\_\_\_\_  
**Address** \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Occupation** \_\_\_\_\_  
Title \_\_\_\_\_  
Years with this employer \_\_\_\_\_

**Occupation** \_\_\_\_\_  
Title \_\_\_\_\_  
Years with this employer \_\_\_\_\_

Number of Children and ages \_\_\_\_\_

Primary contact during business hours? \_\_\_\_\_

Please contact me/us via E-mail Phone Text \_\_\_\_\_

Total Assets \$\_\_\_\_\_

Total Liabilities (not including your home) \$\_\_\_\_\_

Mortgage Balance \$\_\_\_\_\_

Please indicate the advice you are interested in. (Check all boxes that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Budget</b>                                    | <input type="checkbox"/> <b>Debt Management</b>     |
| <input type="checkbox"/> <b>Retirement/Financial Flexibility Planning</b> | <input type="checkbox"/> <b>Net Worth Planning</b>  |
| <input type="checkbox"/> <b>Education Planning</b>                        | <input type="checkbox"/> <b>Investment Planning</b> |
| <input type="checkbox"/> <b>Legacy/Estate Planning</b>                    | <input type="checkbox"/> <b>Charitable Planning</b> |
| <input type="checkbox"/> <b>Insurance Planning</b>                        | <input type="checkbox"/> <b>Other _____</b>         |

**Comments**

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