

You must first save this file on your desktop. Then fill it in as necessary. When complete, resave the file.



CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):	
Home Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
Fax: (Home or Work)	
Email:	
Birthdate:	

CLIENT NAME (2):	
Home Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
Fax: (Home or Work)	
Email:	
Birthdate:	

Primary Contact Person during business hours? _____

Contact me by: _____ Email _____ Phone

FAMILY MEMBERS (Please list children and other dependents.)

Name	Relationship	Date of Birth (Mo/D/Yr)	Dependent YES or NO	Resides (City & State)

CLIENT EMPLOYER (1):	
Title/Job:	
# of Yrs with this employer:	
Anticipated Employment Changes:	
Salary	
Self Employment Income:	
Bonus/Commissions:	
Other Earned Income:	
TOTAL (Current Year):	

CLIENT EMPLOYER (2):	
Title/Job:	
# of Yrs with this employer:	
Anticipated Employment Changes:	
Salary:	
Self Employment Income:	
Bonus/Commissions:	
Other Earned Income:	
TOTAL (Current Year):	

Do you have estate planning documents?

YES or NO	Document	When and in what state were they drafted?
	Wills	
	Living Trusts	
	Power of Attorney	
	Living Wills	
	Other Documents	

INSURANCE – Complete any that apply:

	CLIENT (1)			CLIENT (2)		
	Coverage / Cost	Group	Individual	Coverage / Cost	Group	Individual
Health						
Disability 1						
Disability 2						
Life 1						
Life 2						
Life 3						
Homeowners						
Auto						
Auto 2						
Umbrella Liability						
Professional Liability						
Long Term Care						

Have you ever been turned down for insurance? ___ Yes ___ No

Please comment on the advice you seek:

PLEASE FILL OUT THE REMAINDER OF THIS FORM AS IT APPLIES TO THE ADVICE YOU SEEK.

ASSETS

(If you have this information in another format please feel free to omit this section, and attach necessary documentation.)

Bank Accounts

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Average Balance
			\$
			\$

CDs

Where Held?	Interest Rate %	Maturity Date	Ownership	Approximate Value
				\$
				\$

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

Item	Estimated Value
Primary Residence	
Furnishings (Liquidation Value)	
Vehicle	
Vehicle	
Other	

Liabilities

Credit Cards:	Interest Rate % *	Average Monthly Payment	Current Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$

*If not paid in full each month

Loans: (Residence, Auto, Business, School)	Term	Interest Rate %	Payment	Current Balance	Original Balance
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

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

The pro bono client understands that the responsibility for financial planning decisions are his/her own and that he/she is under no obligation to follow, either wholly or in part, any recommendation or suggestion provided by the pro bono planner. The pro bono client understands that all information shared with financial planner is confidential.