Clear Form

True Wealth design

Confidential Questionnaire

Date of Completion: ____________________

CLIENT NAME (1):	____________	**CLIENT NAME (2):**	____________
Home Address:	____________	Home Address:	____________
City, State, Zip:	____________	City, State, Zip:	____________
Home Phone:	____________	Home Phone:	____________
☐Cell / ☐Work Phone: (select one)	____________	☐Cell / ☐Work Phone: (select one)	____________
E-mail:	____________	E-mail:	____________
Birthdate:	____________	Birthdate:	____________
Driver's License Number, State & Issue Date: ***(not initially required)***	____________	Driver's License Number, State & Issue Date: ***(not initially required)***	____________
Social Security No. ***(not initially required)***	____________	Social Security No. ***(not initially required)***	____________

Income Tax Filing Status:
☐Single ☐Married Filing Jointly ☐Married Filing Separately
☐Head of Household ☐Qualifying Widower ☐Unsure

Contact me by (select one)
☐E-mail or ☐Phone

FAMILY MEMBERS (Please list children and other dependants.)

Name	Relationship	Date of Birth	Dependent	Resides? (City & State)
		/ /	☐Y ☐N	
		/ /	☐Y ☐N	
		/ /	☐Y ☐N	
		/ /	☐Y ☐N	

Client Employer (1):	____________	**Client Employer (2):**	____________
Title/Job:	____________	Title/Job:	____________
Number of years with this employer?	____________	Number of years with employer?	____________
Anticipated employment changes?	____________	Anticipated employment changes?	____________
At what age do you plan to retire?	____________	At what age do you plan to retire?	____________
Salary:	____________	Salary:	____________
Self Employment Income:	____________	Self Employment Income:	____________
Bonus/Commissions:	____________	Bonus/Commissions:	____________
Other Earned Income:	____________	Other Earned Income:	____________
TOTAL (Current Yr) =	____________	**TOTAL (Current Yr) =**	____________

Who prepares your tax return?

☐ Self
☐ Paid Preparer: ______________________________

Do you have estate planning documents?

		What State & Year?
Wills	☐ Y ☐ N	____________
Living Will	☐ Y ☐ N	____________
Durable POA	☐ Y ☐ N	____________
Medical POA	☐ Y ☐ N	____________

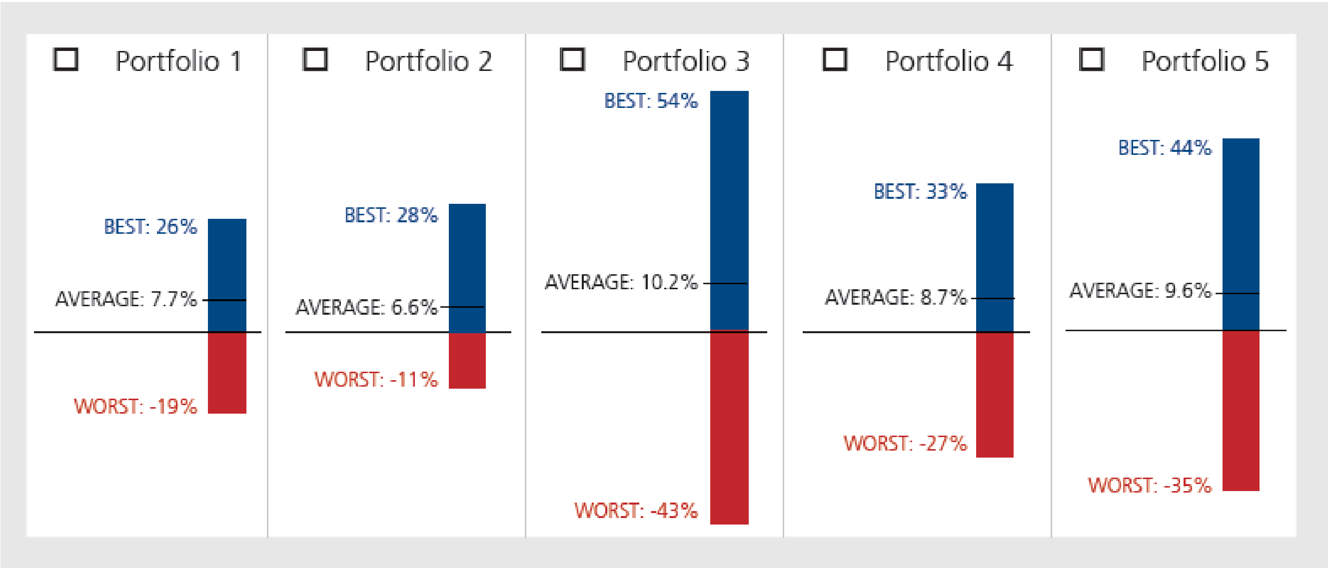
Describe how your current investment assets were selected? ______________________________

____

____

Portfolios*

Which of these hypothetical portfolios do you prefer? (Select only one)



This example is for illustrative purposes only, and the return is not indicative of any particular investment. Actual investment results may differ substantially.

*The Best, Average, and Worst values were calculated using the Ibbotson Large Company Stock index and the Ibbotson Intermediate Term Bond index for the period 1926-2006. Portfolio 1 is comprised of 60% bonds and 40% stocks, Portfolio 2 is 80% bonds and 20% stocks, Portfolio 3 is 0% bonds and 100% stocks, Portfolio 4 is 40% bonds and 60% stocks, and Portfolio 5 is 20% bonds and 80% stocks.

Rate your working relationships with each of the following advisors that apply:

Adviser	Dissatisfied		Satisfaction Rating -		Very Satisfied	Not Applicable
Financial Planner	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Investment Broker	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Mortgage Professional	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
CPA / Tax Preparer	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Attorney	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Insurance Agent	1 ___	2 ___	3 ___	4 ___	5 ___	X ___

____

____

____

INSURANCE

	Client (1) Coverage/Cost	Group	Individual	Client (2) Coverage/Cost	Group	Individual
Life		☐	☐		☐	☐
Life		☐	☐		☐	☐
Life		☐	☐		☐	☐
Health		☐	☐		☐	☐
Disability		☐	☐		☐	☐
Long Term Care		☐	☐		☐	☐
Umbrella Liability		☐	☐		☐	☐
Professional Liability		☐	☐		☐	☐
Long Term Care		☐	☐		☐	☐

	Client (1)		Client (2)	
-Have you ever been turned down for life and/or health insurance?	☐ Yes	☐ No	☐ Yes	☐ No
-Do you use any nicotine products?	☐ Yes	☐ No	☐ Yes	☐ No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section and attach necessary documentation.)

Bank Accounts

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

CD's

Where Held?	Interest Rate	Maturity Date	Owner	Approximate Value
	%			$
	%			$
	%			$

Please list below any other investment assets not appearing on the list above or the statements provided. This includes retirement plans and IRA's. Be sure to indicate your employer's matching formula:

____
____
____
____
____
____

PERSONAL PROPERTY

Item	Market Value
Primary Residence	$
Secondary Residence	$
Auto 1	$
Auto 2	$
Other major asset (please specify)	$

LIABILITIES

Debts (incl. home(s), autos, loans, etc.)	Term (yrs.)	Interest Rate	Payment	Current Balance	Original Balance
Primary Residence		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$

Credit Cards (Attach separate sheet if needed)	Interest Rate*	Average Monthly Payment	Current Balance
	%	$	$
	%	$	$
	%	$	$

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

RETIREMENT INCOME SOURCES

	Client 1 Amount / Month	Age	Client 2 Amount / Month	Age
Social Security	$		$	
Pension #1	$		$	
Pension #2	$		$	

EARNING/ SPENDING (IF SPENDING WORKSHEET IS NEEDED, PLEASE CONTACT OUR OFFICE)

Current average monthly household take home pay	$
Current average monthly household expenses	$
Projected avg. monthly household expense (in retirement – if applicable)	$
Age I'd like to realistically retire (Client 1 / Client 2)	

What would you like to accomplish by working with a financial planner? (check all that apply)

- ☐ Plan for education/ college funding
- ☐ Reduce/ eliminate debt
- ☐ Tax planning / tax minimization
- ☐ Investment review
- ☐ Review insurance needs / coverage.
- ☐ Retirement planning review
- ☐ Get estate planning advice
- ☐ Save for a specific goal – please specify:
- ☐ Get an overall evaluation of my financial picture
- ☐ Other – please specify:

Please comment on the advice you seek and/or goals you would like to achieve.

Please return this document by faxing, e-mailing or mailing it a few days prior to your appointment.

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The items below will be needed if financial planning services are desired. You can bring these to the initial consultation if you like, but are not required to do so. Gathering these items in advance will save time in the long run.

- ☐ Current investment statements
- ☐ 401k / 403b / 457 investment options
- ☐ Most recent federal and state income tax returns
- ☐ Most recent Social Security benefit statements
- ☐ Pension statements and/or booklets with pension formula
- ☐ Current paystubs
- ☐ Most recent gift tax return, if ever filed
- ☐ Employee benefit statements and booklets
- ☐ Current mortgage statements, origin date and amount
- ☐ Annuity statements
- ☐ Checking account statements for the past six months (if help with spending is needed)
- ☐ Life, disability and long-term care insurance policies with statements and illustrations
- ☐ Stock option and restricted stock statements
- ☐ Bonus plans
- ☐ Deferred compensation arrangements

If you own a business, please include the following business related items:

- ☐ Current profit and loss statement
- ☐ Most recent business tax returns
- ☐ Entity agreements
- ☐ Buy-sell agreements
- ☐ Business insurance policies, statements and illustrations
- ☐ Retirement plan document

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