INVESTMENT MANAGEMENT

Client Questionnaire

YOUR PERSONAL FINANCIAL PROFILE

Client Name

Advisor Name

Date

FAMILY

Name	Spouse Name
Date of Birth / Desired Age of Retirement	Date of Birth / Desired Age of Retirement
How many children do you have?	Age(s) of Children

FINANCIAL PRIORITIES

Please rank your top financial priorities:

Client

_____ Retirement Planning

_____ Saving for College

_____ Saving for Major Purchases

_____ Managing a Budget

_____ Investment Management

_____ Minimizing Taxes

_____ Appropriate Insurance Coverage

_____ Providing a Legacy

_____ Caring for Parents

_____ Contributing to Charity

Spouse

_____ Retirement Planning

_____ Saving for College

_____ Saving for Major Purchases

_____ Managing a Budget

_____ Investment Management

_____ Minimizing Taxes

_____ Appropriate Insurance Coverage

_____ Providing a Legacy

_____ Caring for Parents

_____ Contributing to Charity

EXPENSES

Current Living Expenses (monthly)	Retirement Living Expenses (monthly)

	Amount (annual)	Year(s)
Weddings/Celebrations	$ ______	______
Purchase of Property	$ ______	______
Education	$ ______	______
Travel	$ ______	______
Home Improvements	$ ______	______
Miscellaneous	$ ______	______

INCOME

Gross Annual Salary	Spouse Gross Annual Salary
Other Income	Spouse Other Income
Social Security Benefit at Full Retirement Age (monthly)	Social Security Benefit at Full Retirement Age (monthly)

MISCELLANEOUS ASSUMPTIONS

Are you expecting any large lump sum payment in the future? (e.g. Sale of Business, Inheritance, etc.)

Year ____________ Amount ____________________

NET WORTH

	Joint	Client	Spouse
Real Estate/Property	$	$	$
Retirement Investments	$	$	$
Personal Investments	$	$	$
Other Investments	$	$	$
Business Interests	$	$	$
Total Mortgage Debt	$	$	$
Total Credit Card Debt	$	$	$
All Other Debt	$	$	$

SAVINGS & CONTRIBUTIONS

Client	Spouse
Employee Retirement Contributions (monthly)	Employee Retirement Contributions (monthly)
Employer Retirement Contributions (monthly)	Employer Retirement Contributions (monthly)
Non-Retirement Savings (monthly)	Non-Retirement Savings (monthly)

PROTECTION

Do you have life insurance? ☐ Yes, please provide a statement ☐ No

Do you have long term care insurance? ☐ Yes, please provide a statement ☐ No

ADDITIONAL REMARKS

Is there any information you would like us to know which was not covered in this questionnaire?