

Confidential Questionnaire



Date of Completion: _____

Client Information

	Client (C1)	Client (C2)
Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	_____ Age _____	_____ Age _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
E-mail	_____	_____
Citizenship	_____	_____
Home Address	_____	
City, State, ZIP	_____	
Phone – Primary	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 _____	
Phone – Secondary	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 _____	
Phone – Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Fax _____	
Primary Contact Person during business hours?	_____	
Contact me/us by	<input type="checkbox"/> E-mail or <input type="checkbox"/> Phone	

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth mm/dd/yy	Relationship
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

Employment

	Client (C1)	Client (C2)
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employer	_____	_____
Title/Job	_____	_____
Number of years with this employer?	_____	_____
Anticipated employment changes?	_____	_____
When do you plan to retire?	_____	_____
Employment Income	_____	_____
Other Income (non-investment only)	_____	_____

Tax & Estate Planning Documentation

Who prepares your tax return? Self Paid Preparer

Do you have estate planning documents?	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Trust	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

Advisor	Satisfaction Rating					Not Applicable
	1 = Dissatisfied	2	3	4	5 = Very Satisfied	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance

	<u>Client (C1)</u>			<u>Client (C2)</u>		
	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life – Cash Value	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life – Term	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life -	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Expected Retirement Income

<u>Source</u>	<u>Client (C1)</u>	<u>Client (C2)</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Pension – 1	<input type="checkbox"/>	<input type="checkbox"/>
Pension – 2	<input type="checkbox"/>	<input type="checkbox"/>
Part-Time Employment	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Assets - Banking

Note Legend for: **Account Type** is C (Checking), S (Savings), or MM (Money Market) **Owner** is C1(Client1), C2(Client2), JS(Joint with Survivorship), or JO(Joint other). *(If you have this information in a format of your own design, please feel free to omit this section. Please attach necessary documentation.)*

Bank Accounts

<u>Bank Name</u>	<u>Account Type</u>			<u>Owner</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$ _____

CDs

<u>Institution & Description</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Owner</u>	<u>Avg. Balance</u>
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____
_____	%	_____	_____	\$ _____

Assets - Investment

Please provide a summary of your investment assets and accounts. These would include Employer Sponsored Plans such as 401k's, 457b's, etc.; Traditional IRA's, Rollover IRA's; Roth IRA's, College Savings Plans, Annuities, Taxable, and Tax-Free accounts. **(or attach a similar summary)**

Note! Legend for **Owner** is C1(Client1), C2(Client2), JS(Joint with Survivorship), or JO(Joint other).

Ref No.	Investment Account / Category	Owner	Number of Investments	Estimated Value \$
E1	Employer Sponsored Plans e.g. ABC Co. 401k with Wachovia Inv	C1	6	80,000
E2	IRA's (Traditional & Roth) e.g. Roth IRA with Fidelity	C2	9	40,000
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

How were your current investment assets selected? _____

Assets - Other		Estimated Value \$
Personal and Business (Homes, Vehicles, Personal Property, Business Assets, etc.)		
Primary Residence		
Vehicle		
Other		
Pension – Lump Sum Distribution		
Future Assets Cash (inheritance, Gift, etc.		
Other		

Liabilities

Personal Liabilities

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Avg. Monthly Payment*</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

(*If not paid in full each month)

<u>Debts</u> (Residence, Auto, Business, School)	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

Have you received a copy of your credit report recently?

Client 1

Yes

No

Client 2

Yes

No

Please comment on the advice you seek.

Additional notes or comments.

These items may be needed should you engage our services:

Prior Year Tax Return
Brokerage Account Statements
Trust Account Statements
Retirement Plan Account
Loan Documents

Paycheck Stubs
Mutual Fund Account Statements
Employee Benefits Booklet
Social Security Annual Statements
Insurance Policies

Data Gathering Questionnaire

Risk Tolerance Questionnaire

Please keep a copy of your completed questionnaire

Please send your completed questionnaire by mail or email to arrive two days prior to our appointment

Mailing Address

Yahn Financial Planning
P.O. Box 38624
Greensboro, NC 27438

Email: greg@YahnFinancialPlanning.com