



INITIAL INTERVIEW QUESTIONNAIRE

Client

Name _____	Birthdate _____
Home address _____	Home phone _____
City _____ State _____ Zip _____	Home fax _____
Occupation _____	Email _____
Employer _____	Work phone _____
Title/job _____	Work fax _____

Co-Client

Name _____	Birthdate _____
Home address _____	Home phone _____
City _____ State _____ Zip _____	Home fax _____
Occupation _____	Email _____
Employer _____	Work phone _____
Title/job _____	Work fax _____

Children

Name	Sex	Birthdate	Marital Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Key Questions

To answer yes, place a check in the corresponding box

	Client	Co-Client
1. Do you own your residence? If yes, approx., value :\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
a. Approximate mortgage balance, if any:\$ _____		
b. Approximate outstanding balance on a home equity line:\$ _____		
2. Do you own other real estate? if yes, approx. value:\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
a. Approximate mortgage balance, if any:\$ _____		
3. Do you plan to pay for any college education?(Children or grandchildren)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is anyone dependent upon you to support(excluding minor children)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever owned individual stock mutual funds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you plan to retire at a certain age? Client _____ Co-Client _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you concerned with having sufficient income during retirement?	<input type="checkbox"/>	<input type="checkbox"/>
a. Annual income wanted in today's dollar? \$ _____		
8. Do you anticipate and inheritance? If yes, approx. value: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
9. During the next five years, do you expect any significant changes to:		
a. Annual Income (Explain)	<input type="checkbox"/>	<input type="checkbox"/>
b. Annual Expenses (Explain)	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have the following estate planning documents:		
a. Will: approximate date last reviewed _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Trust	<input type="checkbox"/>	<input type="checkbox"/>
c. Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
d. Medical Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
e. Living Will	<input type="checkbox"/>	<input type="checkbox"/>

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	Client	Co-Client				
11. Do you have the following insurance policies:						
a. Life Insurance face value: Client:\$ _____ Co-Client:\$ _____	<input type="checkbox"/>	<input type="checkbox"/>				
b. Disability Insurance Client:\$ _____ Co-Client:\$ _____	<input type="checkbox"/>	<input type="checkbox"/>				
c. Long Term care policy Client:\$ _____ Co-Client:\$ _____	<input type="checkbox"/>	<input type="checkbox"/>				
d. Homeowners Policy Limit:\$ _____	<input type="checkbox"/>	<input type="checkbox"/>				
e. Automobile policy	<input type="checkbox"/>	<input type="checkbox"/>				
f. Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>				
g. Personal Liability (umbrella) policy Maximum Limit, if known:\$ _____	<input type="checkbox"/>	<input type="checkbox"/>				
12. Are you participating in a significant way to a company retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>				
13. Are you satisfied with your financial progress?	<input type="checkbox"/>	<input type="checkbox"/>				
14. How would you rate your experience with each of the following advisors that apply? (Please circle one in each row, with 1=Dissatisfied and 5=Extremely Satisfied)						
Accountant	1	2	3	4	5	Not Applicable
Attorney	1	2	3	4	5	Not Applicable
Banker	1	2	3	4	5	Not Applicable
Broker	1	2	3	4	5	Not Applicable
Financial Planner	1	2	3	4	5	Not Applicable
Insurance Agent	1	2	3	4	5	Not Applicable
15. Do you recently or soon intend to:						
	Client	Co-Client		Client	Co-Client	
Get married	<input type="checkbox"/>	<input type="checkbox"/>	Get divorced	<input type="checkbox"/>	<input type="checkbox"/>	
Start a family	<input type="checkbox"/>	<input type="checkbox"/>	Become empty nesters	<input type="checkbox"/>	<input type="checkbox"/>	
Change employers	<input type="checkbox"/>	<input type="checkbox"/>	Retire	<input type="checkbox"/>	<input type="checkbox"/>	
Start a business	<input type="checkbox"/>	<input type="checkbox"/>	Sell a business	<input type="checkbox"/>	<input type="checkbox"/>	
Receive an inheritance	<input type="checkbox"/>	<input type="checkbox"/>	Make a sizeable	<input type="checkbox"/>	<input type="checkbox"/>	
Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	

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16. Areas to discuss:	Client	Co-Client		Client	Co-Client
Budgeting & Cash Management	<input type="checkbox"/>	<input type="checkbox"/>	Asset allocation	<input type="checkbox"/>	<input type="checkbox"/>
Goal Setting	<input type="checkbox"/>	<input type="checkbox"/>	Portfolio review	<input type="checkbox"/>	<input type="checkbox"/>
Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	Investment management	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	Wealth Preservation	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefit Review	<input type="checkbox"/>	<input type="checkbox"/>	Business continuity	<input type="checkbox"/>	<input type="checkbox"/>
Stock Options	<input type="checkbox"/>	<input type="checkbox"/>	Transition planning	<input type="checkbox"/>	<input type="checkbox"/>
Education Planning	<input type="checkbox"/>	<input type="checkbox"/>	Debt planning	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax Planning	<input type="checkbox"/>	<input type="checkbox"/>	Estate planning	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Family gifting	<input type="checkbox"/>	<input type="checkbox"/>
Retirement planning	<input type="checkbox"/>	<input type="checkbox"/>	Charitable gifting	<input type="checkbox"/>	<input type="checkbox"/>

17. How did you hear about us? _____

18. What are your three major areas of financial concern?

Please complete and submit this form, fax or mail so it is received at least two days prior to our meeting. If meeting by teleconference, be sure to keep a copy for your records and have it available when meeting.