

Client Profile Questionnaire

Client

Date: ___/___/___

Last Name	First Name	Middle Initial	Birthdate (mm/yr) ___/___	Social Security Number N/A
Address		City, State		Zip Code
Email Address		Home Phone	Cell Phone	Work Phone
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not currently employed			Employer (Past Employer)	Position / Title
Annual Income	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower			Country of Citizenship

Co-Client

Last Name	First Name	Middle Initial	Birthdate (mm/yr) ___/___	Social Security Number N/A
Address		City, State		Zip Code
Email Address		Home Phone	Cell Phone	Work Phone
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not currently employed			Employer (Past Employer)	Position / Title
Annual Income	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower			Country of Citizenship

Dependents

Name	Birthday (mm/yr) ___/___	Relationship
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent

Future Retirement Income

Client	Social Security Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Monthly Benefit Age 62 _____ 65-67 _____ 70 _____	
Co-client	Social Security Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Monthly Benefit Age 62 _____ 65-67 _____ 70 _____	
Pension Recipient	Pension Provider	Monthly Pension Benefit	Inflation adjusted?
Client or Co-client			<input type="checkbox"/> Yes <input type="checkbox"/> No
Client or Co-client			<input type="checkbox"/> Yes <input type="checkbox"/> No

Investment Experience

Stocks	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Bonds	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Mutual Funds	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Annuities	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Commodities/Futures	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Real Estate	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Options	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Other _____	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Additional Information

	Client		Co-client	
Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a health care directive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate receiving an inheritance or windfall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Investment Outlook

Investment Objective		Risk Tolerance	Time Horizon
<i>Primary</i>	<i>Secondary</i>	<input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive	<input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10+ years
<input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Tax Advantaged <input type="checkbox"/> Income <input type="checkbox"/> Growth	<input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Tax Advantaged <input type="checkbox"/> Income <input type="checkbox"/> Growth		

Goals

Financial / Personal Goals *	Priority of Goal: 1 to 10 10 Being Most Important	Year Goal Occurs / Starts	Cost of Goal

* Goals include but are not limited to: Retirement, education funding, wedding, remodeling, landscaping, vacation cabin, boat, travel, car, plastic surgery, donations, dental work, leaving inheritance, etc.

Financial Information

Assets		Debts	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total		Total	

Insurance

Type (life, medical, disability, other)	Company	Benefit	Premium

Notes / Additional Data
