

# Confidential Questionnaire

FOR PROSPECTIVE CLIENTS ONLY

# Personal information

Your Full Legal Name \_\_\_\_\_

Your Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Most convenient time to call: \_\_\_\_\_ Are you covered by a state or federal retirement plan? Y  N

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Most convenient time to call: \_\_\_\_\_ Are you covered by a state or federal retirement plan? Y  N

# Children

Name: \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Birthday: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Name: \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Birthday: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Name: \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Birthday: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

# Assets

## Cash equivalents

Checking and savings accounts \$ \_\_\_\_\_

Money market accounts \$ \_\_\_\_\_

Certificates of deposit \$ \_\_\_\_\_

Life insurance cash value \$ \_\_\_\_\_

## Stocks/bonds/mutual funds

Attach a separate statement or list individual securities/funds \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Retirement plans

IRA account \$ \_\_\_\_\_

Pension plan \$ \_\_\_\_\_

Profit sharing plan \$ \_\_\_\_\_

401 (k) or thrift plan \$ \_\_\_\_\_

Tax sheltered annuity /403(b) plan \$ \_\_\_\_\_

Deferred compensation plan \$ \_\_\_\_\_

ESOP or stock option plan \$ \_\_\_\_\_

## Real estate

Home \$ \_\_\_\_\_

Other real estate \$ \_\_\_\_\_

**Business interests** \$ \_\_\_\_\_

## Other assets

Accounts receivable \$ \_\_\_\_\_

Gold or precious metals \$ \_\_\_\_\_

Oil or gas interests \$ \_\_\_\_\_

Coin/stamp/other collections \$ \_\_\_\_\_

Art and antiques \$ \_\_\_\_\_

Jewelry and furs \$ \_\_\_\_\_

Personal property \$ \_\_\_\_\_

Automobiles \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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**Total Assets** \$ \_\_\_\_\_

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Please bring the following documents to your initial meeting:

- Most recent brokerage/investment statements
- Most recent tax return(s)
- Most recent retirement plan statement(s)
- Most recent IRA statement(s)

# Liabilities

Home mortgage \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Home equity line of credit \$ \_\_\_\_\_  
or second mortgage \$ \_\_\_\_\_

Other mortgages \$ \_\_\_\_\_

Auto loans/leases \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other installment loans \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Business loans \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Taxes due \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Credit cards \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other personal debt \$ \_\_\_\_\_

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**Total liabilities** \$ \_\_\_\_\_

**Net worth** \$ \_\_\_\_\_  
(Assets minus liabilities)

## Financial planning priorities

In order of importance, what are your three most critical financial issues?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Summit Financial Strategies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Twenty questions

1. Do you plan to make a significant financial change in the next five years? \_\_\_\_\_ Yes  No
2. Do you or your spouse expect an inheritance? If so, how much? \_\_\_\_\_ Yes  No
3. Are your parents or adult children dependent on you for support? \_\_\_\_\_ Yes  No
4. Do you save systematically? \_\_\_\_\_ Yes  No
5. Do you have a will? \_\_\_\_\_ Yes  No
6. Have you ever owned individual stocks or stock mutual funds? \_\_\_\_\_ Yes  No
7. Do you have an IRA? \_\_\_\_\_ Yes  No
8. Do you have an inclination to start a business? \_\_\_\_\_ Yes  No
9. Do you plan to pay for your children's or grandchildren's college educations? \_\_\_\_\_ Yes  No
10. Have you ever been declined or rated for life or disability insurance? \_\_\_\_\_ Yes  No
11. Do you routinely receive an income tax refund? \_\_\_\_\_ Yes  No
12. Do you plan to retire at a specific age? If so, when? \_\_\_\_\_ / \_\_\_\_\_ Yes  No
13. Do you plan to move from your present home in the next five years? \_\_\_\_\_ Yes  No
14. Do you have a/an: (check all that apply)  attorney  accountant  insurance advisor  
 broker  investment advisor  banker  financial planner  trustee
15. Are you satisfied with your financial progress to date? \_\_\_\_\_ Yes  No
16. Have you ever invested in a real estate limited partnership, or other "tax shelters"? \_\_\_\_\_ Yes  No
17. How much do you think the following affect portfolio performance?  
 Security Selection (which stocks, bonds to buy) \_\_\_\_\_ %  
 Market Timing (when to get in and out of market) \_\_\_\_\_ %  
 Portfolio Design (how much in cash vs. bonds vs. stocks) \_\_\_\_\_ %
18. How do you feel when the stock market goes down? \_\_\_\_\_
19. What happens to the value of a bond when interest rates go up? It rises  It falls
20. What do you think the average annual rate of inflation has been over the past 25 years? \_\_\_\_\_