

Confidential Questionnaire

FOR PROSPECTIVE CLIENTS ONLY

SUMMIT FINANCIAL STRATEGIES

4111 Worth Ave. #510, Columbus, OH 43219 t: (614) 885-1115 | f: (614) 855-1495

CONFIDENTIAL QUESTIONNAIRE

Personal information

Your Full Legal Name		
Home Address:		City:
State:	Zip Code:	Home Phone:
Occupation:		Cell Phone:
Employer:		Office Phone:
Business Address:		Salary/Income:
		ered by a state or federal retirement plan? Y \square N \square
Occupation:		Cell Phone:
Employer:		Office Phone:
Business Address:		Salary/Income:
Most convenient time t	to call: Are you cove	ered by a state or federal retirement plan? Y \square N \square
Children		
Name:		Gender (optional):
	Marital Status:	Number of Children:
-		Gender (optional):
	Marital Status:	Number of Children:
-		Gender
	Marital Status:	Number of Children

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Assets

Cash equivalents		Business interests	\$	
Checking and savings accounts	\$	Other assets		
Money market accounts	\$	Accounts receivable	\$	
Certificates of deposit	\$	Gold or precious metals	\$	
Life insurance cash value	\$	Oil or gas interests	\$	
Stocks/bonds/mutual funds		Coin/stamp/other collections	\$	
Attach a separate statement or	\$	Art and antiques	\$	
list individual securities/funds	\$	Jewelry and furs	\$	
	\$	Personal property	\$	
Retirement plans		Automobiles	\$	
IRA account	\$	Miscellaneous	\$	
Pension plan	\$		\$	
Profit sharing plan	\$		\$	
401 (k) or thrift plan	\$			
Tax sheltered annuity /403(b) plan	\$	Total Assets	\$	
Deferred compensation plan	\$			
ESOP or stock option plan	\$	Please bring the following documents to your initial meeting:		
Real estate		 Most recent brokerage/investment 		
Home	\$	statements		
Other real estate	\$	Most recent tax return(s)		
		Most recent retirement plan	statement(s)	

Most recent IRA statement(s)

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Liabilities

Home mortgage	\$ \$ \$	Financial planning priorities In order of importance, what are your three most critical financial issues?		
Home equity line of credit or second mortgage	\$\$			
Other mortgages	\$			
		How did you hear about Summit Financial Strategies?		
Auto loans/leases	\$ \$ \$			
Other installment loans	\$\$			
Business loans	\$\$			
Taxes due	\$ \$			
Credit cards	\$ \$ \$			
Other personal debt	\$			
Total liabilities	\$			
Net worth (Assets minus liabilities)	\$			

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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	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 year	s?					

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