

Pre-Consultation Questionnaire

Please complete this questionnaire prior to your initial consultation. Your responses will help us begin assessing your situation, formulating your blueprint and determining whether our services fit well with your needs.

Name _____ DOB _____

Marital Status _____

Spouse/Partner Name _____ DOB _____

Children's Names/DOB _____

What role would you like a financial advisor to play in your life?

What prompted you to seek advice from an advisor?

Do you expect to pay a fee for advice if you engage an advisor? **Yes** **No**

Do you have an attorney? **Yes** **No** Do you have an accountant? **Yes** **No**

Please list any existing advisors not shown above and describe the role that each of your current advisors plays.

Do you have any anxieties or specific concerns about your overall current financial situation?

What are your most important financial goals? **Financial Goal/Priority (Rate 1-5)**

___ Retirement

___ Family security

___ Wealth accumulation

___ Special purchase (e.g. Second home)

___ Education planning

Pre-Consultation Questionnaire

Employment & Income

You

Occupation _____
Employer _____
How Long _____

Spouse/Partner

Occupation _____
Employer _____
How Long _____

Base salary (You) _____
Estimated bonus (You) _____

Base salary (Spouse/Partner) _____
Estimated bonus (Spouse/Partner) _____

Other Income Sources

Rental income _____
Investment income _____
Pension income _____

Social Security _____
Annuity _____

Assets & Liabilities

Investments

Taxable account _____
Trust accounts _____
Stock options _____
Restricted stock options _____
Annuity _____
529 _____

Retirement Accounts

IRAs _____
401(K)/403(B) _____
Account values _____
Account owner _____
Beneficiary _____

Real Estate

Address _____
Owner _____
Cost basis _____
Value _____
Income derived _____

Mortgage

Owner _____ Term _____
Loan amount _____ Interest rate _____

Other Loans

Private _____ Car _____
Student _____ Credit cards _____

Cash

Checking
Savings
Money Market
CD

Account value	Owner

Pre-Consultation Questionnaire

Insurance & Estate

Life Insurance

Personal _____

Corporate/Group _____

Long Term Care

Personal _____

Corporate/Group _____

Disability Insurance

Personal _____

Corporate/Group _____

Updated Estate Documents (Mark with Y or N)

___ Wills

___ Powers of Attorney

___ Revocable trusts

___ Irrevocable trusts

___ Family trust

___ Healthcare directives