

Date: _____

**COMPREHENSIVE
 CONFIDENTIAL QUESTIONNAIRE**

CLIENT NAME (1): _____

CLIENT NAME (2): _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Fax: (Home or Work) _____

Fax: (Home or Work) _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-Mail: _____

Birth date: _____

Birth date: _____

Contact me by (circle one) E-mail or Phone
 Primary Contact Person during business hours?

FAMILY MEMBERS (Please list children and other dependants. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1): _____

Title/Job: _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary: _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

Client Employer (2): _____

Title/Job: _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary: _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

Please comment on the advice you seek.

Please indicate the specific areas you may wish discuss.

_____ Cash Flow Analysis	_____ Investment Analysis & Recommendations
_____ Retirement Capital Needs Analysis	_____ Education Funding
_____ Estate Planning Counsel	_____ Life Insurance/LTC Review
_____ Property/Casualty Insurance Review	_____ Retirement Plan Funds Selection

Who prepares your tax return? Self Paid Preparer

Do you have estate planning documents? When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected? _____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1 to 5.
(1 = Strongly Agree; 2 = Agree; 3 = No Opinion; 4 = Disagree; 5 = Strongly Disagree)

_____ I would rather work longer than reduce my standard of living in retirement.

_____ I feel that I/we can reduce our current living expenses to save more for the future if needed.

_____ I am more concerned about protecting my assets than about growth of these assets.

_____ I prefer the ease of mutual funds over individual securities.

_____ I am comfortable with investments that promise slow, long term appreciation and growth.

_____ I don't brood over bad investment decisions I've made.

_____ I feel comfortable with aggressive growth investments which mean greater risk.

_____ I don't like surprises.

_____ I am optimistic about my financial future.

_____ My immediate concern is for income rather than growth opportunities.

_____ I am a risk taker.

- _____ I make investment decisions comfortably and quickly.
- _____ I like predictability and routine in my daily life.
- _____ I usually pick the tried and true, the slow, safe but sure investments.
- _____ I need to focus my investment efforts on building cash reserves.
- _____ I prefer predictable, steady return on my investments, even if the return is low.

Rate your working relationships with each of the following advisors: (mark Not Applicable if not used)

Advisor	Satisfaction Rating					Not Applicable
	Dissatisfied		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Realtor	1	2	3	4	5	X

INSURANCE	Client (1)		Client (2)			
	Coverage/Cost	<u>Group</u>	<u>Individual</u>	Coverage/Cost	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Certificates of Deposit

<u>Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Appx. Value</u>
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

Current Brokerage, Mutual Fund and Retirement Accounts

<u>Name</u>	<u>Brokerage [B], Mutual Fund [MF], Retirement Acct [RA]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please list below and estimate a value for any other investment assets not appearing on the list above:

PERSONAL PROPERTY

Estimated Value

Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____

*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____%	\$ _____	\$ _____	_____
_____	_____	_____%	\$ _____	\$ _____	_____
_____	_____	_____%	\$ _____	\$ _____	_____
_____	_____	_____%	\$ _____	\$ _____	_____

Have you received a copy of your credit report recently? Yes No

Financial and Lifestyle Goals

Please prioritize your few most important goals from the following table by ranking them starting with 1 as the most important goal, 2 the second most important, etc. Some may not be goals for you at all. Among those you select some may seem of equal importance; however, please distinguish between them the best you can.

Goal	Rank
Enjoy a comfortable retirement	
Maintain or improve standard of living	
Education or training for self	
College/school expenses for children/grandchildren	
Vacation or travel	
Start or buy a business	
Change careers	
Increase your emergency reserves	
Make major purchase: second home, car, boat, airplane	
Relocate	
Home repair or improvement	
Gifts or donations	
Develop an estate plan	
Leave inheritance	
Reduce tax burden	

Are there any specific plans that would affect your financial planning, such as downsizing a home or relocating to another state? _____

Do you expect to inherit money some day? _____

Are there any types of investments that you are opposed to? _____

How much are you saving in total each year? _____

These items may be needed, should you engage our services:

Prior Year Tax Return	Paycheck Stubs
Brokerage Account Statements	Mutual Fund Account Statements
Trust Account Statements	Employee Benefits Booklet
Retirement Plan Account Statements	Social Security Annual Statement
Loan Documents	Insurance Policies

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax or mail a copy to us at the following address:

Forward Financial Planning 508 Amherst Drive Normal, IL 61761

Phone: 309-451-9135 • Fax: 309-452-8220

Email: info@Welookforward.com

Visit us on the web at www.Welookforward.com