

# First Visit Questionnaire

## Your Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSI Eligible at 62:      Yes      No

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Years at Company: \_\_\_\_\_

Pension:      Yes      No      *If Yes, Please Describe:* \_\_\_\_\_

## Your Spouse's Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSI Eligible at 62:      Yes      No

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Years at Company: \_\_\_\_\_

Pension:      Yes      No      *If Yes, Please Describe:* \_\_\_\_\_

## Your Marriage Information

Date Married: \_\_\_\_\_

Previous Marriage?      Yes      No      *If Yes, Date of Divorce:* \_\_\_\_\_

Do You Receive Any Child Support or Alimony?      Yes      No

*If Yes, Please Describe:* \_\_\_\_\_

**Family Information**

Name:

Relationship:

Date of Birth:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other dependents or grandchildren? Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Health:**

Do you, your spouse or any children have health issues or any special needs? If so, please explain:

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

Are your parents still living?      Yes      No

**Current Financial Concerns**

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

**Personal Interests**

How do you have fun and/or relax? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Do you serve on any boards? \_\_\_\_\_

Travel or other interests? \_\_\_\_\_

What is one thing you really love to spend money on? \_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_

\_\_\_\_\_



**Current Annual Income**

Your Annual Salary: \_\_\_\_\_

Spouse's Annual Salary: \_\_\_\_\_

Rental Income: \_\_\_\_\_

Pension Income: \_\_\_\_\_

Alimony/Child Support: \_\_\_\_\_

Other Income: \_\_\_\_\_

Do either of you foresee any major income changes in the next 2-5 years?      Yes      No

*If yes, please provide information:* \_\_\_\_\_

\_\_\_\_\_

**Personal Property**

Primary Residence      Rent      Own      Monthly Mortgage/Rent Payment: \_\_\_\_\_

Current Value, if Owned? \_\_\_\_\_

Rental Property(s)      Yes      No      *If Yes, please list addresses and current value(s) of each property:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Boats/RVs/Other Assets      Yes      No      *If Yes, please list item(s) and their current value(s):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do You Work With Any of the Following Professionals?**

Tax Preparer/Accountant      Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Estate Attorney      Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Insurance Agent      Name: \_\_\_\_\_      Phone: \_\_\_\_\_

**Savings & Investments**

	Approximate Value:	Custodian/Bank:
Current Checking Account	_____	_____
Traditional Savings Account	_____	_____
Your Traditional IRA	_____	_____
Spouse's Traditional IRA	_____	_____
Your Roth IRA	_____	_____
Spouse's Roth IRA	_____	_____
529 College Savings Plan	_____	_____
Other Investments	_____	_____
Your Retirement Plan	_____	_____
Match	_____ %	
Are you contributing to your plan?	Yes      No <i>If yes, how much annually?</i> _____	
Spouse's Retirement Plan	_____	_____
Match	_____ %	
Are you contributing to your plan?	Yes      No <i>If yes, how much annually?</i> _____	

**Your Debt**

	Total Owed	Monthly Payment	Interest Rate
Bank Loan	_____	_____	_____
Student Loan	_____	_____	_____
Mortgage	_____	_____	_____
Second Mortgage	_____	_____	_____
Auto Loans	_____	_____	_____
Credit Cards	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

Have either you or your spouse declared bankruptcy or had other credit-related problems? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Estate Planning

Do you have any of the following:

*Will* Family Trust Information (if applicable)  
*Family Trust* Title: \_\_\_\_\_ Date: \_\_\_\_\_  
*Health Care Proxy* Name of Trustees & Successor Trustees: \_\_\_\_\_  
\_\_\_\_\_  
*Durable Power of Attorney:* \_\_\_\_\_  
*Location of Documents:* \_\_\_\_\_

Do any family members expect a major inheritance? If so, how much and when is it expected?

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

### Risk Management/Insurance

Who is covered?	Face Amount	Whole, Term, UL or Umbrella	Provider
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Retirement Goals

Retirement Date/Age: \_\_\_\_\_ Spouse Retirement Date/Age: \_\_\_\_\_

Retirement Income Expectation (Includes SSI and Pension)

- 120% Replacement of Current Income (inflation adjusted)
- 100% Replacement of Current Income (inflation adjusted)
- 80% Replacement of Current Income (inflation adjusted)
- 60% Replacement of Current Income (inflation adjusted)
- \_\_\_\_ Replacement of Current Income (inflation adjusted)

Are either you or your spouse planning to work after retirement? If not, what are your plans?

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

**Other Information**

What other goals/needs are you planning for (education, home improvements, travel, wedding, care of an elder, philanthropy, etc...)?

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Ideally, how often would you want to hear from us? (please check one)

- Once per month
- Once per quarter
- Twice per year
- Once per year
- Only when necessary
- As little as possible

Preferred contact method:

- Home Phone
- Cell Phone
- Work Phone
- Email

Have you worked with a financial advisor in the past? What did you like/not like about that experience?

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What would a successful relationship look like to you?

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What do you hope to achieve by working with us?

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