

DISCOVERY

Questionnaire

Name: _____

Advisor: _____

Date: ____/____/____

PERSONAL INFORMATION

	Client	Spouse/Partner
Full Legal Name		
Preferred Name		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Address		
Mailing Address (if different)		
Phone Number	H:()-()- - C:()-()- -	H:()-()- - C:()-()- -
Email		
DOB (mm/dd/yyyy)	_/_/_/____	_/_/_/____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Semi-Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired <input type="checkbox"/> Semi-Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Work Address		
Work Phone		
Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor
Employer Name and Occupation		

IMPORTANT RELATIONSHIPS

Name	DOB	Dependent	Relationship
1.	/ /	Y N	
2.	/ /	Y N	
3.	/ /	Y N	
4.	/ /	Y N	
5.	/ /	Y N	
6.	/ /	Y N	

OTHER PROFESSIONALS

Name	Business Name	Email	Profession	Phone

NOTES: _____

INVESTMENTS

BANK ACCOUNTS

Institution: _____

Institution: _____

Account Value: _____

Account Value: _____

Type of Account: _____

Type of Account: _____

RETIREMENT ACCOUNTS	Self	Spouse/Partner
Institution Name		
Type of Account (401k, IRA, etc.)		
Account Value		
Employee Contribution		
Employer Match		
Asset Allocation		
Statement	Y N	Y N

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Institution Name		
Type of Account (401k, IRA, etc.)		
Account Value		
Contributions		
Asset Allocation		
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Institution Name		
Type of Account (401k, IRA, etc.)		
Account Value		
Contributions		
Asset Allocation		
Statement	Y N	Y N

NOTES: _____

ASSETS & LIABILITIES

ADDITIONAL ASSETS

Primary Residence Value: \$_____

Second Home Value: \$_____

Rental Real Estate: \$_____

Business Partnership: \$_____

Other (describe): \$_____

LIABILITIES

	Purchase Price	Purchase Date	Current Balance	Monthly Payment	Interest Rate	Term
Mortgages						
Auto Loans						
Student Loans						
Credit Cards						
Other Liabilities						

ESTATE PLANNING

1. What estate planning have you done?

2. When was the last update of your documents?

SOCIAL SECURITY BENEFITS

(www.ssa.gov)

	Client		Spouse/Partner	
Receiving now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____
FRA Amount				
Age to start				
Statement	Y	N	Y	N

RETIREMENT INCOME

Description	Monthly Income	Start Year	Year it Ends or No. Years	Check if amount inflates	Statement
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>

NOTES: _____

INSURANCE

	Insurance Company	Owner	Insured	Amount/Coverage	Premium
Group Life				\$	\$
				\$	\$
Term Life				\$	\$
				\$	\$
Whole Life				\$	\$
				\$	\$
Short-Term Disability				\$	\$
				\$	\$
Long-Term Disability				\$	\$
				\$	\$
Long-Term Care				\$	\$
				\$	\$

RISK SCORE

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest and 100 being the highest, what's your risk score?

Client	Spouse/Partner	Household

ADDITIONAL QUESTIONS

At what age would you prefer to retire? _____

Ideally how would you spend your time in retirement? _____

How confident are you about retirement? _____

What are the major challenges affecting your retirement? _____

Please describe the relationship you would like to have with your financial advisor: _____

What do you hope to gain from our working together?

1. _____

2. _____

3. _____

