

DISCOVERY

Questionnaire

Name:			
Advisor:			
Date:	/	/	

PERSONAL INFORMATION

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

IMPORTANT RELATIONSHIPS

Name	DOB		Dependent		Relationship
1.	/	/	Υ	Ν	
2.	/	/	Υ	Ν	
3.	/	/	Υ	Ν	
4.	/	/	Υ	Ν	
5.	/	/	Υ	Ν	
6.	/	/	Υ	Ν	

OTHER PROFESSIONALS

Name	Business Name	Email	Profession	Phone

NOTES:	 	

INVESTMENTS

Institution: _____ Institution: _____

BANK ACCOUNTS

Account Value:		Account Value:				
Type of Account:		Type of Account:				
RETIREMENT ACCOUNTS		Se	lf	Sp	ouse/P	artner
Institution Name						
Type of Account (401k, IRA, etc.)						
Account Value						
Employee Contribution						
Employer Match						
Asset Allocation						
Statement		Υ	N		Υ	N
Institution Name						
Type of Account (401k, IRA, etc.)						
Account Value						
Employee Contribution						
Employer Match						
Asset Allocation						
Statement		Y	N		Υ	N

INVESTMENT ACCOUNTS	Self	Spouse/Partner
Institution Name		
Type of Account (401k, IRA, etc.)		
Account Value		
Contributions		
Asset Allocation		
Statement	Y N	Y N
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?

RETIREMENT

	Client	Spouse/Partner
At what age would you like to retire?		
How willing are you to retire later?	□ Not at all □ Slightly	□ Not at all □ Slightly
	□ Somewhat □ Very	□ Somewhat □ Very
Living Expense Amount NOW	☐ Use My Estimate	☐ Use My Estimate
	\$	\$
Living Expense Amount RETIREMENT	□ Use My Estimate	☐ Use My Estimate
	\$	\$

Rate the importance of each goal on a scale of 10 -1. Needs (10,9,8), Wants (7,6,5,4), and Wishes (3,2,1).

Most Common Goals		Other Goals				
Travel	College	Wedding	New Home	Celebration		
Car	Home Improvement	Major Purchase	Start Business	Provide Care		
Healthcare	Gift/Donation	Leave Bequest	Private School	Other		

Importance 10-1	Description	Start Year	С	S/P	Amount	How Often	How Many Times
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		

SOCIAL SECURITY BENEFITS

(www.ssa.gov)

			********	' /			
	Client		Spouse/Partner				
Receiving now?	☐ Yes ☐ No Amount: \$		□ Yes	Amount: \$			
FRA Amount							
Age to start							
Statement	Y N			Υ	N		
RETIREMENT INCOME							
Description		Monthly Income	Start Year		nds or No. ears	Check if amount inflates	Statement
		\$					
		\$					
		\$				0	0
		\$				0	
		\$				0	
NOTES:							<u></u>
					<u></u>		

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

NOTES
