



NEW CLIENT QUESTIONNAIRE

GENERAL INFORMATION

Client Information

Client Full Name: Spouse Full Name:

Client Date of Birth: Spouse Date of Birth:

Address:

City/Town: State: Zip Code:

Phone Number: Secondary Phone Number:

Primary Email: Secondary Email:

Child 1 Name: Child 2 Name: Child 3 Name:

Child 1 Date of Birth: Child 2 Date of Birth: Child 3 Date of Birth:

Employment/Income Information

Current Employment Status/Occupation/Employer:

Total Annual Compensation Per Individual:

Home/Auto

Home Value: Automobiles, Own/Lease Amount:

Home Equity: Automobiles, Own/Lease Amount:

Liability:

Add Info:

Savings

Current Savings/Emergency Fund:

Liabilities/Debt

Please provide more details on your current liabilities and debt.



Investments

Name of Company	Current Value	Current Contributions

Additional Information

Social Security Pension/Additional Income

Current Amount:

Future Amount:

Expected Monthly Living Expenses:

Expected Monthly Spend:

Retirement Goals

	Client	Spouse
Desired Age of Retirement		
Expected Monthly Living Expenses		

Anticipated Major Purchases/Expenses/Other Goals

Brief Description	Expected Year	Expected Cost

Risk Tolerance

I am willing to take higher risk to achieve a higher return.

- Strongly Disagree
 Disagree
 Neutral/Unsure
 Agree
 Strongly Agree

ADDITIONAL NOTES

Please enter any additional information that you believe we may want to know or that may be pertinent to your financial situation.