

# Discovering Your Financial Path

Confidential Questionnaire



Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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## Current Finances and Goals

What role does money play in your future? \_\_\_\_\_

What do you see as your greatest financial challenge? \_\_\_\_\_

How much monthly income do you need to feel secure in retirement? \_\_\_\_\_

How much monthly income do you need to support your basic needs? \_\_\_\_\_

When do you plan on retiring? \_\_\_\_\_ Spouse? \_\_\_\_\_

Are you currently drawing Social Security? \_\_\_\_\_ Spouse? \_\_\_\_\_

Additional information we should know \_\_\_\_\_

**Family**

Number of Sons \_\_\_\_\_ Ages \_\_\_\_\_

Number of Daughters \_\_\_\_\_ Ages \_\_\_\_\_

Number of Grandchildren \_\_\_\_\_ Age Ranges \_\_\_\_\_

I have established/am comfortable with the legacy I will be leaving behind for my family

**YES or NO**

I have or have not considered a multi-generational IRA

**YES or NO**

**Financial and Market Interest**

Rate your concern on the following items (1 indicating little concern, 5 indicating very high concern)

High Fees on Investments

1    2    3    4    5

My feelings about the current market...

Reducing Current Taxes

1    2    3    4    5

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

Running Out of Money

1    2    3    4    5

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

Inflation Effecting Lifestyle

1    2    3    4    5

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

Better Rate of Return on Assets

1    2    3    4    5

\_\_\_\_\_

Volatility of Market & Protecting Against Risk

1    2    3    4    5

Where do you see the market going in  
the next few months? In several years?

Cost of Health Care Increasing

1    2    3    4    5

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

Need to get a 401k or 457 Rollover

1    2    3    4    5

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

Passing Money to Heirs Tax-Free

1    2    3    4    5

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

New Taxes Impacting Income

1    2    3    4    5

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

**Miscellaneous**

*Health Information*

Do you smoke? **Yes or No**

Please List Conditions / Medications:

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(Spouse) Do you smoke? **Yes or No**

Please List Conditions / Medications:

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*Professional Network*

Current CPA \_\_\_\_\_

Attorney / Lawyer \_\_\_\_\_

Other Professionals \_\_\_\_\_

*Personal Interests / Preferences*

Favorite Beverages \_\_\_\_\_

Favorite Treat / Dessert \_\_\_\_\_

Hobbies / Activities

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Other Special Interests or Facts About You

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