

## Confidential Client Questionnaire

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

Any financial plan, advice or recommendations will be based on the information you provide. We realize that we may request more information than many planners, but the extra time you invest will help us develop a more complete picture. All information you provide is in the strictest confidence and subject to our privacy policy statement.

If you are not comfortable providing dollar amounts at this time, do not fill in that information (shaded in grey). We can collect that once you have engaged our services.

We look forward to meeting with you to answer your questions about us, help you learn more about the financial planning process, and review your situation. At the conclusion of our meeting we can tell you what we can do for you, give you an estimate of the cost, and how long it will take.

When completed deliver the form to our office at least 2 business days prior to our appointment. Delivery information is on page 6. (Note that email is not considered a secure method of transferring confidential information)

*Note: do not use the "enter" key. Instead, use the "tab" keys, cursor control keys, or the mouse to move from one field to the next. Click on check boxes to check or uncheck.*

	Client #1	Client #2
<b>Name</b>		
<b>Home Address</b>		
<b>Home Phone</b>		<b>Home Fax:</b>
<b>Cell Phone</b>		
<b>Email Address</b>		
<b>Date of Birth</b>		
	<b>Age</b>	<b>Age</b>
<b>Marital Status</b>	<input type="checkbox"/> <b>Married date:</b> _____ <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Committed Relationship</b>	
<b>Credit Report in Past 12 Months?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Approx. score / notes:	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Approx. score / notes:
<b>Lawsuits Pending?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Notes:	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Notes:
<b>Bankruptcies?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Notes:	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Notes:
<b>U.S. Citizen?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Notes:	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Notes:
<b>Alimony</b>	<input type="checkbox"/> <b>Paid Out</b> <input type="checkbox"/> <b>Received</b> Notes:	<input type="checkbox"/> <b>Paid Out</b> <input type="checkbox"/> <b>Received</b> Notes:
<b>Child Support</b>	<input type="checkbox"/> <b>Paid Out</b> <input type="checkbox"/> <b>Received</b> Notes:	<input type="checkbox"/> <b>Paid Out</b> <input type="checkbox"/> <b>Received</b> Notes:
<b>Retirement Goal</b>	<b>Year:</b>	<b>Age:</b>
<b>Approx Living Expenses</b>	<b>Annual:</b>	<b>Monthly average:</b>
<b>Primary contact person during business hours:</b>		
<b>Best way to contact you during business hours:</b> <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email (check one)		
<b>What was your prime motivation for contacting our office?</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		



Income	Client #1	Client #2
<b>Title/Job:</b>		
<b>Employer</b>		
<b>Number of years with this employer?</b>		
<b>Anticipated employment changes?</b>		
<b>When do you plan to retire?</b>		
<b>Salary:</b>	\$	\$
<b>Bonus/Commissions:</b>	\$	\$
<b>Self Employment Income:</b>	\$	\$
<b>Other Earned Income:</b>	\$	\$
<b>TOTAL (Current Yr) =</b>	\$	\$

Notes:

Children	#1	#2	#3					
<b>Name (first)</b>								
<b>Name (last if different)</b>								
<b>Relationship (son, daughter, etc.)</b>								
<b>Date of Birth/Age</b>								
<b>Dependent on your tax return (Yes or No)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Complete the following if dependent:</b>								
<b>Year In School (7th grade, freshman, etc.)</b>								
<b>If a dependent on your tax return complete the following:</b>								
<b>College Questions About Dependents</b>	<b>Dependent #1</b>	<b>Dependent #2</b>	<b>Dependent #3</b>					
1. Month & year child plans to enter college?								
2. Years of college to plan for?								
3. What percentage of college do you plan to pay for?	%	%	%					
4. Top two college preferences?								
<b>Dependents Assets (type: checking, savings, money market, CDs, savings bonds, 529 accounts, etc.)</b>								
	<b>Dependent</b>	<b>Institution</b>	<b>Type</b>	<b>Value</b>		<b>Institution</b>	<b>Type</b>	<b>Value</b>
1				\$	2			\$
3				\$	4			\$
5				\$	6			\$
7				\$	8			\$
9				\$	10			\$



Estate Planning Documents (DPOA = durable power of attorney)		
		Notes
<b>Will</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Health Care DPOA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>General Financial DPOA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Living Will</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Trust</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>HIPPA Release Form</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Insurance Coverage			
Type Coverage		Group/Individual Policy	NOTES
Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Disability Short Term	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Disability Long Term	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Health	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Homeowner/Renter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Umbrella Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Long Term Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Other #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	
Ever been turned down for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Grp <input type="checkbox"/> Ind	

Note: if you have a printout of your assets in another format, feel free to attach a copy instead of entering them on this form.

Assets – Real Estate and Personal Property (title=Persons Name, Joint Tenant, Community Property, Trust)				
Description	Year Purchase	Purchase Price	Title	Estimated Value
Primary Residence				\$
Other Real Estate:				\$
Vehicle #1:				\$
Vehicle #2:				\$
Vehicle #3:				\$
Furnishings (liquidation value)	NA	NA	NA	\$
Other:				\$



Assets – Bank Accounts (type: checking, savings, money market, CDs, savings bonds, etc.)				
	Institution	Type	Title	Average Balance
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$
9				\$

Assets - Retirement Accounts						
Institution	Description (401K, IRA, etc)	Title	# of investments in account	Annual Addition	Annual Employer Match	Estimated Value
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Other Assets (brokerage accounts, mutual funds, annuities, business, valuables, etc.)					
Institution	Description	Title	# of investments	Annual Addition	Estimated Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Liabilities – Other Debts (residence, autos, business, school, etc.)					
Description ( loan on what/ institution)	Term (in years)	Years Left	Interest Rate	Monthly Payment (Principal & Interest)	Current Balance
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$



Liabilities – Credit Cards				
Credit Card Company	Card Holder Name	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Pension Plans (COLA = cost of living adjustment)					
Description (social security, PERS, company, etc.)	Client #1	Client #2	Begin At Age	COLA	Monthly Benefit
	<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"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$

Stock Options
Tell me about your stock options / type / vesting / value if exercised.

Advisor Relationships (where applicable, rate your working relationships with each of the following advisors)		
1 = Very Dissatisfied; 5 = Very Satisfied (enter a value for each advisor or check "Not Applicable")		
Advisor	1 2 3 4 5 na	Name & Comments
Financial Planner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Stock Broker #1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Stock Broker #2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Accountant/Taxes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Attorney	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent #1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent #2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent #3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



**Investment Management Preference (check the one that that best fits your personality, experience and time)**

Client 1	Client 2	
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to make my own investment decisions.
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to make my own investment decisions with occasional "as needed" advice from a financial professional.
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to "team" with a financial professional for ongoing advisory services during the year.
<input type="checkbox"/>	<input type="checkbox"/>	Prefer to transfer responsibility of all investment decisions to a money manager.

**Any other information you would like to share**

Please return a completed copy of this form (upload to secure site, fax, or mail) at least two business days before our initial meeting.

Secure upload	The link for uploading can be requested
Fax	
Mail address	Stanhouse Financial Planning LLC, 3235 Satellite Blvd., Bldg. 400, Suite 300, Duluth, GA 30096

The items below, as well as others, may be needed should you engage our services.

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| <ol style="list-style-type: none"> <li>1. Paycheck Stubs –Most Recent</li> <li>2. Employee Benefits Statements</li> <li>3. Tax Returns &amp; W2s –Most Recent</li> <li>4. Dependents' Bank Statements, 529 Account Statements, Insurance Policies &amp; Trust Documents</li> <li>5. Estate Planning Documents: Wills, Trusts, etc.</li> <li>6. Insurance Policies: Life, Disability, Homeowners', Auto, Long-Term Care, Umbrella, etc.</li> <li>7. Social Security Statements</li> <li>8. Pension Plan Statements</li> </ol> | <ol style="list-style-type: none"> <li>9. Bank Account Statements – Most Recent 3 Months</li> <li>10. Retirement Account Statements (401k, 403b, IRAs, etc.)</li> <li>11. Retirement Account Investment Options for Company Plans</li> <li>12. Brokerage Account &amp; Mutual Fund Statements</li> <li>13. Annuity Statements &amp; Prospectuses</li> <li>14. Mortgage Statements</li> <li>15. Credit Card Statements – Most Recent 3 Months</li> <li>16. Other Loan Statements: School, Business, Farm, etc.</li> <li>17. Budget or cash flow</li> <li>18. Business Balance Sheet &amp; Income Statement</li> </ol> |
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