



CONFIDENTIAL QUESTIONNAIRE



Date: _____

CLIENT NAME (1):

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Fax: (Home or Work) _____

Cell Phone: _____

E-mail: _____

Birth date: _____

CLIENT NAME (2):

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Fax: (Home or Work) _____

Cell Phone: _____

E-Mail: _____

Birth date: _____

Contact me by (circle one) E-mail or Phone
Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependants. Attach additional sheet if needed)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1):

Title/Job: _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary: _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

Client Employer (2):

Title/Job: _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary: _____

Self Employment Income: _____

Bonus/Commissions: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

Retired Status

Client (1)

Client (2)

Are you retired?

Y N

Y N

If yes, in what year did you retire?

What was your occupation?

Self-Employed Status

Client (1)

Client (2)

Are you self-employed?

Y N

Y N

If yes, what type of business?

Who prepares your tax return?

Self

Paid Preparer

Do you have estate planning documents? When and in what state were they drafted?

Wills

Y N

Living Trusts

Y N

Power of Attorney

Y N

Living Will

Y N

Other Documents

Y N

How were your current investment assets selected?

Check the appropriate box. For 2 people instead of a check mark use a "1" for Client 1 and "2" for Client 2.

1. How important is capital preservation?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

2. How important is growth?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

3. How important is low volatility?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

4. How important is inflation protection?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

5. How important is current cash flow?

Not at all

Moderately important

Very important

1

2

3

4

5

6

7

8

9

6. How much risk are you willing to take to achieve a higher return?

Very little

A Moderate amount

A lot

1

2

3

4

5

6

7

8

9

_____ % **Enter the Average Annual Rate of Return*** you want to earn on your portfolio to reach your financial goals.

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Please rate your working relationships with each of the following advisors

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Not Applicable</u>
	<u>Dissatisfied</u>		-	<u>Very Satisfied</u>		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

INSURANCE

	<u>Client (1) Coverage/Cost</u>	<u>Satisfaction Rating</u>		<u>Client (2) Coverage/Cost</u>	<u>Satisfaction Rating</u>	
		<u>Group</u>	<u>Individual</u>		<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

Please attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

	<u>Estimated Value</u>
Primary Residence	_____
Other Real Estate	_____
Personal Property (estimate)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

LIABILITIES

<u>List Credit Cards Not Paid in Full Every Month</u>	<u>Interest Rate</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	%	\$	\$
_____	%	\$	\$
_____	%	\$	\$
_____	%	\$	\$

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____		%	\$	\$	\$
_____		%	\$	\$	\$
_____		%	\$	\$	\$
_____		%	\$	\$	\$

This section to be completed by Gover Financial Planning		
Estimated Net Worth	\$	\$
Estimated Liquid Net Worth	\$	\$

Have you received a copy of your credit report recently? Yes No

Financial Goals	Retirement	Education	Home Purchase	Car Purchase	Gift or Bequest	Other?
What are your financial Goals? (check all that apply)	_____	_____	_____	_____	_____	_____
In what year will you fund this goal?	_____	_____	_____	_____	_____	_____

Please comment on the specific advice you seek.

This section to be completed by Gover Financial Planning	Client(1)	Client(2)
Investing Experience		
Risk Tolerance Score	Score _____ Date _____	Score _____ Date _____

These items may be needed, should you engage our services:

- | | |
|------------------------------------|----------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Social Security Annual Statement |
| Loan Documents | Insurance Policies |
| Estate Documents (Wills, Trusts) | |

Thank you again for contacting us, and completing this questionnaire. If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing, please (1) keep a copy of your completed form, and (2) send by either U.S. mail or email a copy to us at one of the following addresses:

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