



Date of Completion: \_\_\_\_\_

## CONFIDENTIAL QUESTIONNAIRE

<b>CLIENT NAME (1):</b> _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ E-mail: _____ Social Security #: _____ Birthdate: _____	<b>CLIENT NAME (2):</b> _____ Home Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ E-mail: _____ Social Security #: _____ Birthdate: _____
---	---

Primary Contact Person during business hours? \_\_\_\_\_

Contact me by (circle one)  
E-mail or Phone \_\_\_\_\_

**FAMILY MEMBERS (Please list children and other dependants.)**

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

<b>Client Employer (1):</b> _____ 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: _____ <b>TOTAL (Current Yr) =</b> _____	<b>Client Employer (2):</b> _____ 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: _____ <b>TOTAL (Current Yr) =</b> _____
---	---

Who prepares your tax return?

- Self  
 Paid Preparer

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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?** \_\_\_\_\_

**Rate your working relationships with each of the following advisors that apply:**

Adviser	Satisfaction Rating					Not Applicable
	Dissatisfied		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

Client (1)

Client (2)

**INSURANCE**

	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
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>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

**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 Fair Market Value</u>
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**LIABILITIES**

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

\*If not paid in full each month

<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>
_____	_____	_____ %	\$ _____	\$ _____	_____
_____	_____	_____ %	\$ _____	\$ _____	_____
_____	_____	_____ %	\$ _____	\$ _____	_____
_____	_____	_____ %	\$ _____	\$ _____	_____

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

Please comment on the advice you seek.

---

---

---

---

---

---

---

---

---

---

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

Prior Year Tax Return  
Brokerage Account Statements  
Trust Account Statements  
Retirement Plan Account Statements  
Loan Documents

Paycheck Stubs  
Mutual Fund Account Statements  
Employee Benefits Booklet  
Legal Documents  
Insurance Policies

*If you will be coming to our office for your financial consultation, please bring this completed form with you.*

If we will be teleconferencing with you, please (1) keep a copy of your completed form,  
(2) fax or mail a copy to us at the following address:

LongPoint Financial Planning, llc • 3 Long Ridge Road • Acton, MA 01720

Phone: (978) 263-5259 • Fax: (978) 263-5259

Email: [info@longpointfinancial.com](mailto:info@longpointfinancial.com)

Visit us on the web at [www.LongPointFinancial.com](http://www.LongPointFinancial.com)

Confidential Questionnaire.doc