



Client Questionnaire

Date Completed:

Client Name:	Co-Client Name:
Relationship to Co-Client:	Relationship to Client:
Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
U.S. Citizen:	U.S. Citizen:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Fax (Home or Work):	Fax (Home or Work):
Email:	Email:

Primary person to contact during business hours:
Preferred contact method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

Family Members (please list children and other dependents):

Name:	Relationship:	Date of Birth:	Dependent:	Resides (city & state):
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

Financial Planning Goals & Objectives

Short-term goals (next 1-5 years):

Longer-term goals:

What would you like to accomplish with Direction Financial Management?

How would you like your money to work for you? For example: charity, family security, bequests, education, or anything not listed above.

What makes you uneasy about your finances? What would you like to change?

Employment Information, including self employment (if applicable):

Client	Co-Client
Employer:	Employer:
Position:	Position:
Number of years with this employer:	Number of years with this employer:
Anticipated employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
When do you plan to retire?	When do you plan to retire?
Current salary: \$	Current salary: \$
Self-employed income: \$	Self-employed income: \$
Other earned income: \$	Other earned income:
Average bonus/commissions: \$	Average bonus/commissions: \$
Total annual income = \$	Total annual income = \$
Is income consistent & reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is income consistent & reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have non-employment sources of income, such as alimony, pensions, retirement accounts, royalties or rental property? If yes, please describe:

Expenses/Budgeting:

Do you know what your annual living expenses are? Please provide an estimate.	
Do you have a cash management plan (budget)?	
Are you saving for big ticket items (car, vacation, home repairs, etc.)?	
Are you saving for your child's college education? If yes, please provide the amount saved per year.	

Advisor Relationships

Where applicable, rate your current advisor on a scale of 1 (dissatisfied) to 5 (very satisfied)

Advisor	Rating (1-5)	Comment
Accountant		
Tax Preparer		
Attorney		
Broker		
Insurance Agent (1)		
Insurance Agent (2)		
Financial Planner		

Tax & Estate Planning Information

Who prepares your tax return? Self Paid Preparer **Preparer Name:**

Client:

Which documents do you have?	Year drafted?	In what state?
<input type="checkbox"/> Will		
<input type="checkbox"/> Living Will		
<input type="checkbox"/> Living Trust		
<input type="checkbox"/> Durable Power of Attorney (Financial)		
<input type="checkbox"/> Durable Power of Attorney (Medical)		
<input type="checkbox"/> Other (e.g. property agreements)		

Co-Client:

Which documents do you have?	Year drafted?	In what state?
<input type="checkbox"/> Will		
<input type="checkbox"/> Living Will		
<input type="checkbox"/> Living Trust		
<input type="checkbox"/> Durable Power of Attorney (Financial)		
<input type="checkbox"/> Durable Power of Attorney (Medical)		
<input type="checkbox"/> Other (e.g. property agreements)		

Insurance Information

If you have information regarding anything indicated below you may submit copies of the appropriate documents instead of entering the information below.

Policy	Insurance company	Coverage Amount?	Deductible?	Premium?
Vehicle 1		\$	\$	\$
Vehicle 2		\$	\$	\$
Vehicle 3		\$	\$	\$
Homeowners		\$	\$	\$
Umbrella Liability		\$	\$	\$

Client

Do You Have?	Employer-Provided?	Coverage?	Premium?
Health: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Life: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Umbrella Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Long-Term Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Have you ever been turned down for insurance? Yes No

Co-Client

Do You Have?	Employer-Provided?	Coverage?	Premium?
Health: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Life: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Umbrella Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Long-Term Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Have you ever been turned down for insurance? Yes No

Financial Assets

If you have information regarding anything indicated below you may submit copies of the appropriate documents instead of entering the information below.

Bank Accounts (Checking (C), Savings (S), Money Mkt (MM), Other (O))

Bank Name	Type of Account	Interest Rate	Ownership	Avg. Balance
	(C,S,MM,O)		Indiv,Jt,Trust	
		%		\$
		%		\$
		%		\$
		%		\$
		%		\$

Certificate of Deposits (CDs)

Institution	Interest Rate	Maturity Date	Ownership	Avg. Balance
	%			
	%			\$
	%			\$
	%			\$
	%			\$

What is your desired annual retirement income? (after tax, in today's dollars) \$ _____

Personal Property

	Estimated Value:	Notes:
Primary Residence:	\$	
Secondary Residence:	\$	
Vehicle 1:	\$	
Vehicle 2:	\$	
Vehicle 3:	\$	
Business Property:	\$	
Furnishings:	\$	
Other:	\$	
Other:	\$	

Personal Liabilities

Credit Cards: (If not paid in full each month)

Name	Interest Rate	Average Monthly Payment	Current Balance
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

Other Debts:

Type	Term	Maturity Date	Interest Rate	Monthly Payment	Current Balance	Original Balance
1 st Mortgage			%	\$	\$	\$
2 nd Mortgage			%	\$	\$	\$
Home equity			%	\$	\$	\$
Auto Loan #1			%	\$	\$	\$
Auto Loan #2			%	\$	\$	\$
Student Loan			%	\$	\$	\$
Other			%	\$	\$	\$
Other			%	\$	\$	\$

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

If you know your credit score, what is it? Client: Co-Client:

Are there any other obligations to be considered such as alimony, child support, etc.?

