Date of Completion:______________________

Financial Bridges

Connecting you to where you want to be.

# CONFIDENTIAL QUESTIONNAIRE

| **CLIENT NAME 1:** | | **CLIENT NAME 2:** | |
|---|---|---|---|
| Home Address: | | Home Phone: | |
| City, State, Zip: | | Anniversary date: | |
| Client 1 Cell Phone: | | Client 2 Cell Phone: | |
| Client 1 Work Phone: | | Client 2 Work Phone: | |
| Fax: (Home ☐ or Work ☐) | | Fax: (Home ☐ or Work ☐) | |
| Birthdate: | | Birthdate: | |
| E-mail:<br>Send E-newsletter here ☐ | | E-mail:<br>Send E-newsletter here ☐ | |
| Smoker ☐ Non-Smoker ☐ | | Smoker ☐ Non-Smoker ☐ | |

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

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

| Name | Relationship | Date of Birth | Dependent | Resides? (City & State) |
|---|---|---|---|---|
| | | / / | **Y N** | |
| | | / / | **Y N** | |
| | | / / | **Y N** | |

| **Client Employer (1):** | | **Client Employer (2):** | |
|---|---|---|---|
| Occupation/Title: | | Occupation/Title: | |
| Current occupation start date? | | Current occupation start date? | |
| Anticipated employment changes? | | Anticipated employment changes? | |
| Planned retirement date? | | Planned retirement date? | |
| Gross Annual Income (salary): | | Gross Annual Income (salary): | |
| Self Employment Income: | | Self Employment Income: | |
| Bonus/Commissions: | | Bonus/Commissions: | |
| Other Earned Income: | | Other Earned Income: | |
| **TOTAL (Current Yr) =** | | **TOTAL (Current Yr) =** | |

**Rank your top major financial concerns from 1 to 3:**

__Asset Allocation
__Budgeting
__Cash Flow
__College Planning
__Debt Management
__Estate Planning
__Insurance
__Investments
__Portfolio Review
__Retirement Planning
__Tax Planning
__Tax Preparation

**Explain your concerns further. Is there one thing that keeps you up at night?**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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 | ____________________ |
| Other Documents | Y | N | ____________________ |

Answer the following questions to determine your Risk Tolerance.

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?

*None at all* — *A moderate amount* — *A lot*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

## INSURANCE

| | Client (1) Coverage/Cost | Group | Individual | Client (2) Coverage/Cost | Group | Individual |
|---|---|---|---|---|---|---|
| Health | | ☐ | ☐ | | ☐ | ☐ |
| Disability | | ☐ | ☐ | | ☐ | ☐ |
| Disability | | ☐ | ☐ | | ☐ | ☐ |
| Life | | ☐ | ☐ | | ☐ | ☐ |
| Life | | ☐ | ☐ | | ☐ | ☐ |
| Life | | ☐ | ☐ | | ☐ | ☐ |
| Homeowners | | ☐ | ☐ | | ☐ | ☐ |
| Auto | | ☐ | ☐ | | ☐ | ☐ |
| Auto | | ☐ | ☐ | | ☐ | ☐ |
| Umbrella Liability | | ☐ | ☐ | | ☐ | ☐ |
| Professional Liability | | ☐ | ☐ | | ☐ | ☐ |
| Long Term Care | | ☐ | ☐ | | ☐ | ☐ |

Have you ever been turned down for Insurance? ☐ Yes ☐ No

## ASSETS (If you have this information in a different format feel free to omit this section and attach your documentation.)

### Bank Accounts

| Bank Name | Checking [C], Savings [S], or Money [MM] | Ownership | Avg. Balance |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |

### CD's

| Where Held? | Interest Rate | Maturity Date | Ownership | Apx. Value |
|---|---|---|---|---|
| | % | | | $ |
| | % | | | $ |

**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

| | | Estimated Value |
|---|---|---|
| Primary Residence | | |
| Furnishings (Liquidation Value) | | |
| Vehicle | | |
| Vehicle | | |
| Other | | |
| Other | | |

## LIABILITIES

| Credit Cards | Interest Rate* | Average Monthly Payment | Current Balance |
|---|---|---|---|
| | % | $ | $ |
| | % | $ | $ |
| | % | $ | $ |
| | % | $ | $ |

*If not paid in full each month

| Debts (Residence, Auto, Business, School) | Term | Interest Rate | Payment | Current Balance | Original Balance |
|---|---|---|---|---|---|
| | | % | $ | $ | |
| | | % | $ | $ | |
| | | % | $ | $ | |
| | | % | $ | $ | |

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

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

| Adviser | Dissatisfied | | Satisfaction Rating | | Very Satisfied | Not Applicable |
|---|---|---|---|---|---|---|
| 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 |

**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

Please (1) keep a copy of your completed form, (2) fax or mail a copy to us at the following address:

Financial Bridges • 10650 Treena Street, Suite 101 • San Diego, CA 92131
Phone: (858) 547-8100 • Fax: (858) 547-8104
Email: info@FinancialBridges.com Visit us on the web at **www.FinancialBridges.com**