



CONFIDENTIAL CLIENT QUESTIONNAIRE

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CONFIDENTIAL CLIENT QUESTIONNAIRE

CONFIDENTIAL CLIENT QUESTIONNAIRE *continued*

Full Name _____
Nickname _____
Social Security Number _____
Driver's License/Passport # _____
U.S. Citizen/Resident Alien _____
Date of Birth _____
Residence Address _____

Home Phone _____
Cell Phone _____
Home Fax _____
Occupation/Title _____
Business Name _____
Business Address _____

Business Phone _____
Business Fax _____
Date Employed _____
E-Mail Address _____
Marital Status _____
Anniversary date _____

Preferred Method of Contact Home Phone Cell Phone Business Phone E-Mail

CHILDREN

<u>Name</u>	<u>Dependent</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>College Start Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONFIDENTIAL CLIENT QUESTIONNAIRE *continued*

GRANDCHILDREN

<u>Name</u>	<u>Dependent</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>College Start Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PETS NAMES

<u>Dog</u>	<u>Cat</u>	<u>Others</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDCHILDREN

<u>Name</u>	<u>Dependent</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>College Start Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONFIDENTIAL CLIENT QUESTIONNAIRE *continued*

Client:

Community Involvement: Charities Volunteerism Other: _____

Involvement:

Favorite charity _____

Interests/Hobbies: Reading Travel Cycling Fishing Gardening

Wine-tasting Golf Tennis Sailing

Photography

Theater Education Running Swimming Hunting

art Knitting/crochet/sewing Board games cooking hiking

What are you most passionate about? _____

What is your favorite vacation destination? _____

Preferences (Check the answers that apply.)

Client:

What is the best time to call you between 8:00 a.m. and 5:00 p.m.?

8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

Where is the best place to call you? Home Work Mobile Any

What is the best time to schedule annual meetings?

Day: Mondays Tuesdays Wednesdays Thursdays Fridays
 8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00
Time:

What kind of beverage do you prefer?

Coffee Decaf Coffee Decaf Tea Soda Water

What do you prefer in your coffee/tea? _____

What type of wine do you prefer? _____

BUSINESS INFORMATION *optional*

What type of beer do you prefer? _____

What is your preferred snack?

- Trail Mix Fruit Vegetables Cheese/
Crackers Chips Cookies Candy

BUSINESS INFORMATION *optional*

What are your primary financial concerns (e.g., preparing for retirement, college expenses, estate issues, current tax concerns)? (List in order of importance.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

What kind of financial legacy do you want to leave?

How would you improve your financial situation if you could? Why?

Do you have any special concerns or needs for your parents, children, grandchildren, or others?

College Planning and Retirement Goals

Do you plan to financially support your children and/or grandchildren with their college education? If so, what is the level of support that you would like to provide? How are you currently saving for this?

Planned retirement date: _____ If retired, date retired: _____

Describe your ideal retirement.

How much do you think you will need on a monthly basis for basic living expenses?

How much additional income would you like to have for other lifestyle expenses?

What is most important to you about retirement?

BUSINESS INFORMATION *optional*

Rank the following list of products/services, goals, and features in order of importance to you, with “1” being the most important:

Services

- _____ Estate planning
- _____ Tax planning
- _____ College funding/educational planning
- _____ Retirement planning
- _____ Budgeting
- _____ Debt management
- _____ Trust planning
- _____ Socially responsible investing
- _____ Life insurance
- _____ Disability insurance
- _____ Long-term care insurance
- _____ Nursing home expenses
- _____ Alternative investments
(e.g., limited partnerships, REITs)
- _____ Regular portfolio reviews (Check

one.):

- Quarterly
- Semiannually
- Annually

- _____ Professional referrals
- _____ Charitable giving

Goals

- _____ Lower income taxes
- _____ Hedge against inflation
- _____ Plan for retirement
- _____ Reduce estate taxes
- _____ Avoid probate fees
- _____ Reduce insurance premiums
- _____ Increase net worth
- _____ Increase current income
- _____ Ensure proper disposition of assets
- _____ Organize financial affairs
- _____ Peace of mind
- _____ Other:
- _____ Other:

Desired Investment Features

- _____ Liquidity
- _____ Current income
- _____ Growth potential
- _____ Future income
- _____ Tax advantages
- _____ Preservation of capital

BUSINESS INFORMATION *optional*

Client name(s): _____

Business Assets

	Value of Business	Tangible Assets	Percent Ownership	Present Value	Receivables	Loans and Payables
Total						

Key Person Insurance

(Attach your most recent statement and your policies.)

Company	Insured Key Person	Benefit Amount	Benefit Period	Annual Premium

Business Continuity Insurance

(Attach your most recent statement and your policies.)

Company	Insured Key Person	Benefit Amount	Benefit Period	Annual Premium

Briefly describe your **succession plan** for the business:

If you die: _____

If you retire: _____

If you become disabled: _____

BUSINESS INFORMATION *optional*

Please attach a printout of this information if it is in your private database.

Household Cash Flow			
Wages and Bonuses:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
What are your approximate annual expenses?	\$	/YR	

Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)

(e.g., checking, savings, money market accounts)

Name of Institution	Name of Owner	Type of Account	Maturity Date	Interest Rate	Approximate Balance
					\$
					\$
					\$
					\$
					\$

IRA and Other Retirement Accounts

(Attach your most recent statement/report.)

Name of Institution and Location (e.g., bank, broker)	Name of Owner	Type of Account (e.g., IRA, TSA)	Approximate Market Value
			\$
			\$
			\$
			\$
			\$

BUSINESS INFORMATION *optional*

Employer Retirement Accounts

(Attach your most recent statement/report.)

Name of Firm and Location (e.g., employer)	Name of Owner	Type of Account (e.g., 401(k), TSA)	Current Employee Contribution	Projected Future Contribution	Current Employer Matching Contribution	Approximate Market Value
						\$
						\$
						\$
						\$
						\$

BUSINESS INFORMATION *optional*

(Projected) Retirement Income

(Attach your most recent statement/report.)

Name of Owner	Source of Income	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Stocks and Bonds

(e.g., assets you hold yourself in certificate form)
(Attach your most recent statement/report.)

Name of Stock/Bond	Name of Owner	Number of Shares	Approximate Market Value
			\$
			\$
			\$
			\$
			\$

Mutual Funds and/or Brokerage Accounts

(Attach your most recent statement/report.)

Name of Brokerage/ Mutual Fund	Name of Owner	Number of Shares	Approximate Market Value
			\$
			\$
			\$
			\$
			\$

BUSINESS INFORMATION *optional*

Promissory Notes and Trust Deeds (e.g., amounts owed to you by someone who is paying you on a note)

Name of Debtor	Name of Owner	Interest Rate	Approximate Balance of Note
		%	\$
		%	\$

Residence and Other Real Estate

Property Address	Name of Owner	Original Cost	Approximate Value	Debt	Net Cash Flow Before Depreciation (if a rental)
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Limited or General Partnerships

Name of Partnership	Name of Owner	Type of Investment	Approximate Market Value or Amount Invested
			\$

BUSINESS INFORMATION *optional*

			\$
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Stock Options

Name of Firm	Name of Owner	Incentive or Nonqualified?	Number of Shares	Year to Sell	Current Value	Vested Amount	Unvested Amount

Stock Option Vesting Schedule	
After 1 year of service	%
After 2 years of service	%
After 3 years of service	%
After 4 years of service	%
After 5 years of service	%
After 6 years of service	%
After 7 years of service	%

BUSINESS INFORMATION *optional*

Life Insurance

(Attach your most recent statement and your policies.)

Name of Insurance Company	Name of Owner	Beneficiary	Type of Insurance (e.g., whole life, term)	Approximate Death Benefit	Approximate Cash Value (before loans)	Loan Amount	Annual Premium
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$

Disability Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Monthly Benefit	Delay Before Benefits Begin	Length of Benefit Period	Actual Premium
		\$			\$
		\$			\$

Health Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Deductible	Maximum Limits	Annual Premium
		\$	\$	\$
		\$	\$	\$

Long-Term Care Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Daily Benefit Amount	Length of Benefit Period	Annual Premium
		\$	\$	\$
		\$	\$	\$

BUSINESS INFORMATION *optional*

Trust-Owned Second-to-Die Insurance

(Attach your most recent statement and your policies.)

Company	Approximate Death Benefit	Approximate Cash Value	Annual Premium
		\$	\$
		\$	\$

Auto Insurance

(Attach your most recent statement and your policies.)

Company	Liability Coverage	Collision Deductible	Comprehensive	Medical Amount	Expiration Date	Annual Premium
	\$	\$	\$	\$		\$
	\$	\$	\$	\$		\$

Homeowner's Insurance

(Attach your most recent statement and your policies.)

Company	Dwelling	Personal Liability/Property	Medical	Expiration Date	Annual Premium
		\$			\$
		\$			\$

Annuities

(Attach your most recent statement and your contracts.)

Name of Annuity Company	Name of Annuitant/ Owner	Interest Rate	Approximate Value	Date Purchased
		%	\$	
		%	\$	
		%	\$	

BUSINESS INFORMATION *optional*

		%	\$	
		%	\$	

Other Assets

(Attach your most recent statement and your policies.)

Description	Name of Owner	Approximate Value
		\$
		\$
		\$

BUSINESS INFORMATION *optional*

Liabilities

Source (e.g., credit cards, car payments)	Name of Owner	Interest Rate/ Finance Charge	Approximate Debt
			\$
			\$
			\$
			\$
			\$

Estate Planning

Do you have a will?	Yes	No
Date of when will was last updated:		
Date of when will was last updated:	Yes	No
Who is the trustee?		
Does the will leave everything to your partner?	Yes	No
Does the will use trusts to take advantage of tax credits?	Yes	No
Do you have a durable power of attorney?	Yes	No
If yes, who?		
Do you have a medical power of attorney?		
If yes, who?	Yes	No
Do you have an advanced medical directive?	Yes	No
Do you have a named guardian for your children?	Yes	No
If yes, who?		

BUSINESS INFORMATION *optional*

Is there anyone else for whom you are (or could be) responsible financially? (e.g., parents, siblings, children with special needs)	Yes	No
Have you established a trust for your pet?	Yes	No
If so, who is the future guardian?		

Comments:

The preceding information reflects an accurate picture of my financial position at this time.

Client 1 Signature

Date

