



**CONCENTRIC**  
**PRIVATE WEALTH**  
CENTERED ON WHAT MATTERS MOST

**CONFIDENTIAL CLIENT  
QUESTIONNAIRE**

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Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.

Rev 03/14



**CONFIDENTIAL CLIENT QUESTIONNAIRE**

**Client 1**

**Client 2**

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	_____	_____

**Client 1:**

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

**Client 2:**

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Client 1:**

Community Involvement:     Charities     Volunteerism     Other: \_\_\_\_\_

Interests/Hobbies:     Reading     Travel     Cycling     Fishing     Gardening  
                                  Photography     Wine-tasting     Golf     Tennis     Sailing  
                                  Theater     Education     Running     Swimming     Hunting

**Client 2:**

Community Involvement:     Charities     Volunteerism     Other: \_\_\_\_\_

Interests/Hobbies:     Reading     Travel     Cycling     Fishing     Gardening  
                                  Photography     Wine-tasting     Golf     Tennis     Sailing  
                                  Theater     Education     Running     Swimming     Hunting

**Preferences (Check the answers that apply.)**

**Client 1:**

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

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

What kind of beverage do you prefer?

Coffee     Decaf Coffee     Tea     Decaf Tea     Soda     Water

Cream     Milk

Sugar     Sweet'N Low     Equal     Splenda     Truvia/Stevia

What is your preferred snack?

Trail Mix     Fruit     Vegetables     Cheese/Crackers     Chips     Cookies

**Client 2:**

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?

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Cream    Milk

Sugar    Sweet'N Low    Equal    Splenda    Truvia/Stevia

What is your preferred snack?

Trail Mix    Fruit    Vegetables    Cheese/Crackers    Chips    Cookies

**CONFIDENTIAL CLIENT QUESTIONNAIRE** *continued*

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

**Client 1**

**Client 2**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What kind of financial legacy do you want to leave?

**Client 1**

**Client 2**

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

**Client 1**

**Client 2**

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

**Client 1**

**Client 2**

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**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?

**Client 1**

**Client 2**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Client 1**

Planned retirement date: \_\_\_\_\_ If retired, date retired: \_\_\_\_\_

**Client 2**

Planned retirement date: \_\_\_\_\_ If retired, date retired: \_\_\_\_\_

Describe your ideal retirement.

**Client 1**

**Client 2**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

**Client 1**

**Client 2**

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

**Client 1**

**Client 2**

_____	_____
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What is most important to you about retirement?

**Client 1**

**Client 2**

_____	_____
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# FINANCIAL NEEDS/INTERESTS

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Client 1 Name: \_\_\_\_\_

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

**Products/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

**FINANCIAL NEEDS/INTERESTS** *continued*

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Client 2 Name: \_\_\_\_\_

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

**Products/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.):
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  - 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*

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### Business Assets

	Value of Business	Tangible Assets	Percent Ownership	Present Value	Receivables	Loans and Payables
Client 1						
Client 2						
Total						

### Key Person Insurance

(Attach your most recent statement and your policies.)

Company	Insured Key Person	Benefit Amount	Benefit Period	Annual Premium
1.				
2.				

### Business Continuity Insurance

(Attach your most recent statement and your policies.)

Company	Insured Owner	Benefit Amount	Benefit Period	Annual Premium
1.				
2.				

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

If you die: \_\_\_\_\_

If you retire: \_\_\_\_\_

If you become disabled: \_\_\_\_\_

## FINANCIAL INFORMATION

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

### 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
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

### 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
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

### 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
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$

**FINANCIAL INFORMATION** *continued*

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**(Projected) Retirement Income**

(Attach your most recent statement/report.)

Name of Owner	Source of Income	Amount	Projected Benefit
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

**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
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**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
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**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
1.		%	\$
2.		%	\$

**Residence and Other Real Estate**

Property Address	Name of Owner	Original Cost	Approximate Value	Debt	Net Cash Flow Before Depreciation (if a rental)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$

**Limited or General Partnerships**

Name of Partnership	Name of Owner	Type of Investment	Approximate Market Value or Amount Invested
1.			\$
2.			\$

**Stock Options**

Name of Firm	Name of Owner	Incentive or Nonqualified?	Number of Shares	Year to Sell	Current Value	Vested Amount	Unvested Amount
1.					\$	\$	\$
2.					\$	\$	\$

**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	%

**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
1.				\$	\$	\$	\$
2.				\$	\$	\$	\$
3.				\$	\$	\$	\$
4.				\$	\$	\$	\$
5.				\$	\$	\$	\$

**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
1.		\$			\$
2.		\$			\$

**Health Insurance**

(Attach your most recent statement and your policies.)

Company	Name of Insured	Deductible	Maximum Limits	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

**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
1.		\$	\$	\$
2.		\$	\$	\$

**Trust-Owned Second-to-Die Insurance**

(Attach your most recent statement and your policies.)

Company	Approximate Death Benefit	Approximate Cash Value	Annual Premium
1.	\$	\$	\$
2.	\$	\$	\$

**FINANCIAL INFORMATION** *continued***Auto Insurance**

(Attach your most recent statement and your policies.)

Company	Liability Coverage	Collision Deductible	Comprehensive	Medical Amount	Expiration Date	Annual Premium
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$

**Homeowner's Insurance**

(Attach your most recent statement and your policies.)

Company	Dwelling	Personal Liability/Property	Medical	Expiration Date	Annual Premium
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$

**Annuities**

(Attach your most recent statement and your contracts.)

Name of Annuity Company	Name of Annuitant/Owner	Interest Rate	Approximate Value	Date Purchased
1.		%	\$	
2.		%	\$	
3.		%	\$	
4.		%	\$	
5.		%	\$	

**Other Assets**

Description	Name of Owner	Approximate Value
1.		\$
2.		\$
3.		\$

**Household Cash Flow**

Client 1's Wages and Bonuses:	\$	/YR	Source:
Client 2's Wages and Bonuses:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
What are your approximate annual expenses?	\$	/YR	

**Liabilities**

Source (e.g., credit cards, car payments)	Name of Owner	Interest Rate/ Finance Charge	Approximate Debt
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**Estate Planning**

Do you have a will?	Yes	No
Date of when will was last updated:		
Do you have a trust?	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?		
Do you have an advanced medical directive?	Yes	No
Do you have a named guardian for your children?	Yes	No
If yes, who?		
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?		

**FINANCIAL INFORMATION** *continued*

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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Client 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 Signature

\_\_\_\_\_  
Date