Bell Financial planning

Client Questionnaire

The following information is strictly confidential and will not be disclosed to anyone without your consent.

Date: ________________

Personal Information

General Information

	Client 1	Client 2
Full Name		
Nickname		
Date of Birth		
Social Security number		
Street Address		
City, State, Zip code		
Home Phone		
Work Phone		
Mobile Phone		
Fax number		
E-mail		
Marital Status		

Employment & Income Information

	Client 1	Client 2
Employer		
Occupation		
Annual Gross Salary		
Bonus		
Social Security Income		
Pension Income		
Other income (specify)		
Do you have a pension plan? Describe.		
Annual Retirement contribution to employer plan?	________ % Salary Deferral ________ % Company Match	________ % Salary Deferral ________ % Company Match
What is your retirement plan company match?	*Ex. Company matches $.50 for every dollar contributed up to 6% of Salary*	
How secure is your employment?		

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Insurance Information

	Client 1	Client 2
Do you have health insurance?		
Do you have life insurance? If so, how much?		
Do you have disability insurance?		
Do you have long-term care insurance?		
Do you have excess liability coverage (umbrella)?		

Children and other Dependents

	1	2	3	4	5
Name					
Relationship					
Date of Birth	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Special Needs					
Dependent	Y / N	Y / N	Y / N	Y / N	Y / N
Marital Status					
College Bound	Y / N	Y / N	Y / N	Y / N	Y / N
Comments: (Ex. child of previous relationship)					

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Advisor Team

Advisor	Name/ Company	Address: Street, City, State, Zip Code	Telephone
Accountant			
Attorney			
Life Insurance			
Auto/Home Insurance			
Stock Broker			
Financial Planner			
Other			

Are you pleased with their services? If not, specify advisor and reason. ______________________________

____

Why are you seeking a financial planner? ____

____

How important are the following situations? Please rank in order of importance on a scale from 1 to 10. (10 = extremely important, 5 = undecided, 1 = not important)

Client 1	Client 2	
_____	_____	Retire comfortably
_____	_____	Provide for child's education
_____	_____	Provide for grandchild's education
_____	_____	Minimize taxes
_____	_____	Reduce the time I spend on investments
_____	_____	Be more conservative with investments
_____	_____	Provide for surviving dependents in case of death/disability
_____	_____	Increase current income
_____	_____	Delegate supervision of finances to a professional
_____	_____	Maintain cash reserve for emergency
_____	_____	Reduce spending
_____	_____	Investment income
_____	_____	Investment growth
_____	_____	Diversify investments to spread risk
_____	_____	Retire as soon as possible

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Assets and liabilities (estimated)

Assets

Checking Accounts	$______________	Primary House	$______________
Savings Accounts	$______________	Other Real Estate	$______________
Taxable Investment Accounts: (brokerage accounts: non-retirement)	$______________	Personal Assets (household, jewelry, etc.)	$______________
Autos, Boats, RVs, motorcycles	$______________	College Savings (529s, Coverdell, etc.)	$______________
Retirement Accounts- (IRAs, Roth IRAs, 401ks, 403b, etc.)	$______________	Other Assets	$______________

Liabilities

Primary Mortgage	$______________	Auto Loans	$______________
Other Mortgage	$______________	Credit Card (include balance carried month to month)	$______________
Home Equity Loan	$______________	Other loans or debts	$______________
Education Loans	$______________		

-On average, how often do you keep an automobile? ______________________________

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Retirement

Pre- Retirement Questions

If you aren't yet retired, please complete this section. If already retired, please complete next section "Post-Retirement Questions".

-When would you like to retire? ______________________________

-When do you think you can retire? ______________________________

-Do you have a monthly or annual budget? ______________

-Do you use a system to track expenses? If so, how? ______________________________

-Do you know your monthly living expenses excluding taxes? ______________________________

-Do you expect an inheritance? If so, how much? ______________________________

-What percentage of your income do you save for retirement? ______________

-Are you content with your financial progress to date, why or why not? ______________________________

-If necessary, could you spend less money? ______________________________

-What do you plan to do in retirement? ______________________________

-Do your investments tend to be **conservative** / **aggressive** / **just right** (circle one)?

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Post-retirement Questions

Please complete this section only if currently retired.

-Are you meeting your pre-retirement goals in retirement? ______________________________

-Are you confident that your money will last over your life? ______________________________

-Have you ever done a retirement analysis? ______________________________

-Do your investments tend to be **conservative** / **aggressive** / **just right** (circle one)?

Education Planning

-Do you plan to pay a child's or grandchild' college costs? ______________________________

-Have you calculated how much it will cost to send them to college? ______________________________

-Have you established any college saving funds? ______________________________

-Do you have a 529 Plan? What state? ______________________________

Estate Planning

-Do you have a Will, Powers of Attorney, Directive to Physician, Established Guardianship privileges, etc.? ______________________________

-When was your estate plan last reviewed? ______________________________

-Has anything happened in your life to warrant changing your estate plan? ______________________________

-If you were to die today do you know how your estate would be distributed? ______________________________

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Investment Planning

- What do you believe is a reasonable rate of return on your investments? ________________________

- How much do you think the following affect portfolio performance?

Security Selection (which stocks, bonds you buy)	______	%
Market Timing (when you buy and sell investments)	______	%
Portfolio Design (how much in stocks, bonds, cash)	______	%
	100	%

- How comfortable are you making investment decisions? ____

- Do you feel your investments are sufficiently diversified? If not, any reason? ____________________________
____

- What did you do the last time the market dropped 5% or more? ____
____

- How have your investments been selected in the past? ____
____

- Are you pleased with your investment performance in the past? Why or why not? ____________________________

- Do you have any investments you would not consider selling? ____
____

Planning Needed?

- If we could work together to create a comprehensive financial plan of action detailing how you might reach your retirement and life goals, provide for family in case of death or disability, diversify your investments, and plan estate distributions, could you benefit? Please explain? ____
____
____

-If we were working together a year from now, what would have had to happen in order for you to be pleased with our relationship?
____