

Client Profile Questionnaire

Client

Date: ___/___/___

Last Name	First Name	Middle Initial	Birthdate (mm/yr) ___/___	Social Security Number N/A
Address		City, State		Zip Code
Email Address	Home Phone	Cell Phone	Work Phone	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not currently employed			Employer (Past Employer)	Position / Title
Annual Income	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower			Country of Citizenship

Co-Client

Last Name	First Name	Middle Initial	Birthdate (mm/yr) ___/___	Social Security Number N/A
Address		City, State		Zip Code
Email Address	Home Phone	Cell Phone	Work Phone	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not currently employed			Employer (Past Employer)	Position / Title
Annual Income	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower			Country of Citizenship

Dependents

Name	Birthday (mm/yr)	Relationship
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
	___/___	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent

Future Retirement Income

Client	Social Security Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Monthly Benefit Age 62 _____ 65-67 _____ 70 _____	
Co-client	Social Security Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Monthly Benefit Age 62 _____ 65-67 _____ 70 _____	
Pension Recipient	Pension Provider	Monthly Pension Benefit	Inflation adjusted?
Client or Co-client			<input type="checkbox"/> Yes <input type="checkbox"/> No
Client or Co-client			<input type="checkbox"/> Yes <input type="checkbox"/> No

Investment Experience

Stocks	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Bonds	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Mutual Funds	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Annuities	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Commodities/Futures	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Real Estate	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Options	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Other _____	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Additional Information

	Client		Co-client	
Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a health care directive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate receiving an inheritance or windfall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance

Type (life, medical, disability, other)	Company	Benefit	Premium

Notes / Additional Data

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Extra Credit Question

How did you find me?

- Referral from current client. Client name _____
- NAPFA (The National Association of Personal Financial Advisors)
- Garrett Planning Network
- Referral from another advisor. Advisor name _____
- YELP
- Internet Search
- Other. Please explain _____