



Confidential Questionnaire

Date Completed

Personal Information

Client 1

Client 2

Full Name _____
 Gender Male Female
 Home Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Email _____
 Birth Date _____
 Marital Status/Date _____

Full Name _____
 Gender Male Female
 Home Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Birth Date _____
 Birth Date _____
 Marital Status/Date _____

Family Members (Please list children and other dependents)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Dependent</u>	<u>Grade/Year in School</u>
<input type="radio"/> Y <input type="radio"/> N	_____
<input type="radio"/> Y <input type="radio"/> N	_____
<input type="radio"/> Y <input type="radio"/> N	_____
<input type="radio"/> Y <input type="radio"/> N	_____

Employment/Income Information

Employment Status Retired Employed
 Business Owner Homemaker
 Not Currently Employed

Employment Status Retired Employed
 Business Owner Homemaker
 Not Currently Employed

Employer _____
 Title/Job _____
 Number of Years with his Employer _____
 When do you plan to retire? _____
 Salary _____
 Bonuses/Commissions _____
 Self-Employment Income _____
 Pension _____
 Social Security _____
 Other Income _____
 Total (Current Yr) _____

Employer _____
 Title/Job _____
 Number of Years with this Employer _____
 When do you plan to retire? _____
 Salary _____
 Bonuses/Commissions _____
 Self-Employment Income _____
 Pension _____
 Social Security _____
 Other Income _____
 Total (Current Yr) _____



Financial Planning Goals

What are your goals and dreams?

Looking back five years from now, what events would need to have occurred for you to be satisfied with your progress toward your goals and dreams?

What do you think the role of your financial advisor should be? How can an advisor help you achieve your goals and dreams?

What is your biggest fear regarding your future?



Monthly Living Expenses

Primary Residence

Mortgage _____
Home Equity Line Real _____
Estate Taxes _____
Homeowners Insurance _____
Heat _____
Electric _____
Water/Sewer _____
Phone - Land & Cell _____
Internet & Cable _____
Landscaping/Plow _____
Cleaners _____
Other _____

Household

Groceries _____
Dining Out _____
Entertainment _____
Subscriptions _____
Laundry/Dry Cleaning _____
Personal Care _____
Medical Expenses _____
Prescriptions _____
Dental Expenses _____
Clothing _____
Clothing - Children _____
Child Activities _____
Child Care _____
Education _____
Club Dues _____
Tax Preparation _____
Credit Card Debt Payment _____
Student Loan Payment _____
Recreation _____
Pet Care _____
Miscellaneous _____

Automobile

Insurance _____
Registration _____
Lease/Loan Payments _____
Maintenance _____
Gas _____

Insurance

Medical Insurance _____
Long-Term Disability Insurance _____
Long-Term Care Insurance _____
Life Insurance _____
Umbrella Liability _____

Vacation

Travel _____
Lodging _____
Miscellaneous _____

Gifts

Personal Gifts _____
Charitable Gifts _____

Work-Related Expenses

Taxes

Federal Withholdings _____
State Withholdings _____
Social Security Withholdings _____
Medicare Withholdings _____

Savings

Employer Retirement Plan _____
Traditional IRA _____
Roth IRA _____
College _____
Other _____



THOMPSON WEALTH MANAGEMENT

Assets & Liabilities - Please include a copy of your most recent brokerage, bank and retirement statements.

Liquid Assets	Institution	Value
Checking	_____	_____
Checking	_____	_____
Savings	_____	_____
Savings	_____	_____
Money Market	_____	_____
CDs (summary)	_____	_____
Savings Bonds (summary)	_____	_____

Non-Retirement Assets (brokerage accounts, college savings, etc.)

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Retirement Assets (401(k), 403(b), IRA, Roth, etc.)

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Personal Assets

Primary Residence	_____
Second Home	_____
Furnishings	_____
Vehicle	_____
Vehicle	_____
Other	_____

Debts	Lender	Term	Interest Rate	Payment	Current Bal	Original Bal
1st Mortgage	_____	_____	_____	_____	_____	_____
Home Equity	_____	_____	_____	_____	_____	_____
2nd Home	_____	_____	_____	_____	_____	_____
Vehicle 1	_____	_____	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

Credit Cards	Interest Rate	Avg Monthly Payment	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



THOMPSON WEALTH MANAGEMENT

Other Assets

Rental or Investment Property
Business Investments
Loans to Friends or Relatives
Other

Do you have company stock options? Client 1 Client 2
Incentive Stock Options?
Non-Qualified Stock Options?
Are you eligible for an Employee Stock Purchase Plan?
Does your employer match contributions to your retirement plan?

Insurance - Please include a copy of policies and employee benefits summary.

Table with 4 columns: Coverage, Carrier, Coverage, Carrier. Rows include Health, Disability (%), Life (Death Benefit), Homeowners, Auto, Umbrella Liability, Professional Liability, Long Term Care.

Have you ever been turned down for insurance?
Will employer provide Health Ins. in retirement?

Estate Plan

Do you have estate planning documents? In what year were these documents drafted?

Wills
Living Trusts
Power of Attorney
Health Care Proxy
Irrevocable Life Ins. Trusts
Other Documents
Attorney who Drafted Documents
Name
Address

Tax Planning - Please include a copy of your most recent tax return and W-2.

Who prepares your tax return?
Self
Paid Preparer
Name
Address