

# Confidential Questionnaire

Date of Completion: \_\_\_\_\_

<b>Client Name (1)</b>	_____	<b>Client Name (2)</b>	_____
Home Address	_____	Home Address	_____
City, State, ZIP	_____	City, State, ZIP	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Mobile Phone	_____	Mobile Phone	_____
Fax <input type="checkbox"/> Hm <input type="checkbox"/> Wk	_____	Fax <input type="checkbox"/> Hm <input type="checkbox"/> Wk	_____
E-mail	_____	E-mail	_____
Date of Birth	_____	Date of Birth	_____
Primary Contact Person during business hours? _____			
Best way to Contact me/us by <input type="checkbox"/> E-mail or Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home			

## Family Members (please list children and other dependants such as parents or grandparents)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

## Employment

<b>Client Employer (1)</b>	_____	<b>Client Employer (2)</b>	_____
Title/Job	_____	Title/Job	_____
Number of years with this employer?	_____	Number of years with this employer?	_____
Anticipated employment changes?	_____	Anticipated employment changes?	_____
When do you plan to retire?	_____	When do you plan to retire?	_____
Salary	_____	Salary	_____
Self Employment Income	_____	Self Employment Income	_____
Bonus/Commissions	_____	Bonus/Commissions	_____
Other Earned Income	_____	Other Earned Income	_____
<b>TOTAL (Current Year) =</b>	_____	<b>TOTAL (Current Year) =</b>	_____

# Confidential Questionnaire

**Describe any significant changes you expect in your annual income in the next five years:**

**Describe any significant expenditures planned in the next five years:**

**Are you satisfied with the amount you have available for savings or investment after payment of monthly living expenses:**

Yes

No

**Have you received a copy of your credit report recently?**

Yes

No

**Describe how your current investment assets were selected?**

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**Describe the BEST financial decision you've made.**

**Describe the WORST financial decision you've made.**

**Are there any health concerns that may affect planning for you or a family member?**       Yes       No

**Please comment on the advice you seek.**

**For our Initial Meeting:**

**PRINT the document and return by mail or email to [Buz@LivingstonFinancial.net](mailto:Buz@LivingstonFinancial.net)**