



Confidential Questionnaire

Please save file to your computer before filling in any data.

WELCOME

We look forward to our initial get-acquainted meeting with you and appreciate the opportunity to earn your trust. The purpose of this questionnaire is to get to know you a little better. Please complete as much as possible, but don't let a few missing items prevent you from finishing the questionnaire. Let's get started!

PERSONAL INFORMATION

	CLIENT 1	CLIENT 2
Name	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Email Address	_____	_____
Date of Birth	_____	_____
Employer	_____	_____
Job Title	_____	_____
Years with Employer	_____	_____

Primary Contact Person during business hours? _____

INCOME

	CLIENT 1	CLIENT 2
Annual Salary	\$ _____	\$ _____
Bonus/Commissions	\$ _____	\$ _____
Other Earned Income (Source: _____)	\$ _____	\$ _____
Estimated Combined Total (Full Year)	\$ _____	\$ _____
If you anticipate an employment change, please explain	_____	_____

FAMILY MEMBERS

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Dependant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of Residence	_____	_____	_____	_____
Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

RETIREMENT

	CLIENT 1	CLIENT 2
Expected Retirement Date	_____	_____
Does your employer match retirement contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	\$ or % _____	\$ or % _____
Annual contributions made by you to a retirement/401k plan	\$ or \$ _____	\$ or % _____
Do you make annual IRA contributions?		
Roth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Traditional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you qualify for a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the projected monthly benefit?	\$ _____	\$ _____
Does this benefit increase annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount saved per month, beyond your 401(k)?	\$ _____	\$ _____

NON-RETIREMENT ASSETS (Please provide statements)

ACCOUNT TYPE	NAME OF BANK OR INSTITUTION	TITLED (JOINT, SOLE, TRUST)	CURRENT BALANCE
Checking	_____	_____	\$ _____
Savings	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

LIABILITIES

CREDIT CARD	INTEREST RATE	CURRENT BALANCE	MONTHLY PAYMENT	PAY IN FULL?
_____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEBT TYPE (HOME, AUTO, SCHOOL, OTHER)	START DATE	INTEREST RATE	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____	\$ _____

If you have a home mortgage, do you have a fixed rate mortgage or adjustable rate mortgage?

If a fixed rate mortgage, what is the term of the loan? 30-year 15-year Other _____

HOME OWNERSHIP

PURCHASE DATE	PURCHASE PRICE	ESTIMATED VALUE	OWNERSHIP (JOINT, SOLE, TRUST)
Primary Residence	\$ _____	\$ _____	_____

Do you intend to purchase a different home? Yes No If yes, at what cost and when?

New Home | Date: _____ | Cost: \$ _____

Do you have any home renovations or repairs planned? Yes No If yes, what are the projected timing and cost?

Project #1: | Date: _____ | Cost: \$ _____
Project #2: | Date: _____ | Cost: \$ _____

PERSONAL PROPERTY

	ESTIMATED VALUE	OWNER (JOINT, SOLE, TRUST)
Vehicle	\$ _____	_____
Vehicle	\$ _____	_____
Furnishings	\$ _____	_____
Other Real Estate	\$ _____	_____
Other: _____	\$ _____	_____

ADVISORS

Do you have an:	Name	Satisfaction Rating (1=Dissatisfied, 5=Very Satisfied)				
Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Accountant <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Insurance Agent <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Investment Broker <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

INSURANCE

	Coverage Amount	Owner	Beneficiary	Type (Term/Whole)
Life	_____	_____	_____	_____
Life	_____	_____	_____	_____
Life	_____	_____	_____	_____
Life	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Long-Term Care	_____	_____	_____	_____

Have you ever been turned down for insurance? Yes No

ESTATE PLANNING

Which of the following estate planning documents do you have?

TYPE	YEAR DRAFTED	DRAFTED IN WHICH STATE?
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other _____	_____	_____

EXPECTATIONS

Indicate how you feel about the following statements using a scale of 1 (Most True) to 5 (Least True):

CLIENT 1	CLIENT 2	
_____	_____	I would rather work longer than reduce my standard of living in retirement.
_____	_____	I feel that I/we can reduce our current living expenses to save more for the future, if needed.

Please comment on the advice you are seeking:

■ ADDITIONAL DOCUMENTATION

Please also bring the following documents to your initial consultation:

- Retirement account statements (401(k), 403(b), ESOP, profit sharing, SEP, IRA, etc.)
- Non-retirement brokerage account statements with cost basis (stocks, mutual funds, bonds, ETF, options, etc.)
- Prior year tax return (all pages)
- Current pay stub(s)
- Current statement for mortgage and /or other debt
- Employee benefits booklet
- Social Security benefit statement(s)

■ THANK YOU

We look forward to receiving your completed questionnaire. You can safely transfer this form to us using our Secure Transfer Link below. Simply save a copy of this form to your computer. Once you've completed the questionnaire, click on the "Secure Transfer Link" below to upload the file.

If you prefer to mail the questionnaire, feel free to send it to the mailing address below.

If you have any questions, please feel free to contact us.

Mailing Address	Street Address
P.O. Box 1417 Eagle, ID 83616	1159 E. Iron Eagle Drive, Suite 170-A Eagle, ID 83616
Email Address	Website Address
info@dillonfinancialplanning.com	www.DillonFinancialPlanning.com
Telephone Number	Secure Transfer Link Address
208-336-7503	http://dillonfinancialplanning.leapfile.net/