

# Client Questionnaire



Date Completed: \_\_\_\_\_

## Client Information

<b>Client Name (1)</b> _____	<b>Client Name (2)</b> _____
Home Address _____	
City, State, Zip _____	
Home Phone ( ) - _____	
Work Phone ( ) - _____	Work Phone ( ) - _____
Mobile Phone ( ) - _____	Mobile Phone ( ) - _____
Fax (Hm or Wk) ( ) - _____	Fax (Hm or Wk) ( ) - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Citizenship _____	Citizenship _____
Marital Status _____	
Primary contact person during business hours? _____	
Preferred method of contact (circle one): E-mail or Phone	
How did you hear about Provident Planning? _____	

## Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y 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, Continued

## Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Not Applicable</u>
	1 = Dissatisfied	2	3	4	5 = Very Satisfied	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Insurance

	<u>Client (1) Coverage</u>		<u>Client (2) Coverage</u>	
	<u>Group</u>	<u>Individual</u>	<u>Group</u>	<u>Individual</u>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's/Renter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for insurance?  Yes  No

**Assets** (If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

### Bank Accounts

Checking (C), Savings (S), or Money Market (MM)

<u>Bank Name</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	\$ _____

### CDs

<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	____%	____/____/____	_____	\$ _____
_____	____%	____/____/____	_____	\$ _____
_____	____%	____/____/____	_____	\$ _____

# Confidential Questionnaire, Continued

## Assets, continued

Do you have a pension?     Yes (Client 1)     Yes (Client 2)     No  
 Client 1 estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?     Yes     No  
 Client 2 estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?     Yes     No

Personal Property	Estimated Value
Primary Residence	_____
Personal Property	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____

**Please attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Liabilities

Credit Cards	Interest Rate	Avg. Monthly Payment*	Current Balance
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

(\*if not paid in full each month)

Home, Auto, School, and Other Debts	Term	Interest Rate	Payment	Approximate Balance
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____

Have you received a copy of your credit report recently?     Yes     No

Please comment on the advice you seek. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_