

# Confidential Questionnaire

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

## Client Information

<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 (Hm or Wk)	(____) - _____	Fax (Hm or Wk)	(____) - _____
E-mail	_____	E-mail	_____
Date of Birth	_____	Date of Birth	_____
Primary Contact Person during business hours?		_____	
Contact me/us by (circle one) E-mail or Phone			

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

Name	Relationship	Date of Birth	Dependent	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

## Tax & Estate Planning Documentation

### Who prepares your tax return?

<input type="radio"/> Self	Preparer Name _____	Phone (____) _____ - _____
<input type="radio"/> Paid Preparer	Address _____	Fax (____) _____ - _____
	City, State, ZIP _____	

Do you have estate planning documents?	Year Drafted	State Drafted
<input type="radio"/> Wills	_____	_____
Living Trusts	_____	_____
Powers of Attorney	_____	_____
Living Wills	_____	_____
Other Documents	_____	_____

## Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

<u>Client 1</u>	<u>Client 2</u>	<u>1 = Most True, 5 = Least True</u>
_____	_____	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.
_____	_____	I am more concerned about protecting my assets than about growth.
_____	_____	I prefer the ease of mutual funds over individual securities.
_____	_____	I am comfortable with investments that promise slow, long term appreciation and growth.
_____	_____	I don't brood over bad investment decisions I've made.
_____	_____	I feel comfortable with aggressive growth investments.
_____	_____	I don't like surprises.
_____	_____	I am optimistic about my financial future.
_____	_____	My immediate concern is for income rather than growth opportunities.
_____	_____	I am a risk taker.
_____	_____	I make investment decisions comfortably and quickly.
_____	_____	I like predictability and routine in my daily life.
_____	_____	I usually pick the tried and true, the slow, safe but sure investments.
_____	_____	I need to focus my investment efforts on building cash reserves.
_____	_____	I prefer predictable, steady return on my investments, even if the return is low.

## 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		5 = Very Satisfied			
	1	2	3	4	5	
Financial Planner						
Broker						
Broker						
Accountant						
Tax Preparer						
Attorney						
Insurance Agent (1)						
Insurance Agent (2)						

### Insurance

	<u>Client (1)</u> <u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Client (2)</u> <u>Coverage</u>	<u>Group</u>	<u>Individual</u>
Health						
Disability						
Disability						
Life						
Life						
Homeowners						
Auto						
Auto						
Umbrella Liability						
Professional Liability						
Long Term Care						

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.)

## Confidential Questionnaire, Continued

### Assets, continued

Do you have a pension?    Yes            No  
 If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_ . COLA?            Yes        No

Personal Property	Estimated Value
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**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

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Avg. Monthly Payment*</u>	<u>Current Balance</u>
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

(\*If not paid in full each month)

<u>Debts</u> (Residence, Auto, Business, School)	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____

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

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

**Additional Information**

**These items, as well as others, may be needed should you engage our services:**

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

**For your financial consultation,**

• if you will be coming to our office, please bring this completed form with you.  
if we will be teleconferencing with you, please keep a copy of your completed form AND

send us a copy **Merit Financial Partners, LLC**

at: 191 Post Road West or 69-64 Grand Avenue  
Westport, CT 06880 Maspeth, NY 11378  
Phone: (203) 221-2799 ☐ (718) 898-0871

OR E-mail: [info@meritfinancialpartners.com](mailto:info@meritfinancialpartners.com)