

LIFETIME FINANCIAL PLANNING, LLC

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):	CLIENT NAME (2):
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Fax: (Home or Work)	Fax: (Home or Work)
E-mail:	E-mail:
Social Security #:	Social Security #:
Birthdate:	Birthdate:
Fax: (Home or Work) E-mail: Social Security #:	Fax: (Home or Work) E-mail: Social Security #:

Primary Contact Person during business hours?

FAMILY MEMBERS (Please list children and other dependants.)

Name	<u>Relationship</u>	Date of Birth	Dependent	<u>Resides?</u> (City & State)
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	

Client Employer (1

Client Employer (1):	Client Employer (2):
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:
TOTAL (Current Yr) =	TOTAL (Current Yr) =

Who prepares your tax return?	Self	Preparer	Name _ Addres			 _
Do you have estate planning docur When and in what state were they dr		Wills Living Trusts Power of Attor Living Will Other Documes	5	() () Y N Y N Y N Y N Y N Y N	I	
How were your current investment as	ssets select	ed?				

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

(1 being most true and 5 least true)

- 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 and feel a professional money manager may achieve higher growth than I can.
- 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.

Rate your working relationships with each of the following advisors that apply:

			Satisfaction Rating			
Adviser	Dissatisfied		-	Ve	ry Satisfied	Not Applicable
Financial Planner	1	2	3	4	5	Х
Broker	1	2	3	4	5	Х
Broker	1	2	3	4	5	Х
Accountant	1	2	3	4	5	Х
Tax Preparer	1	2	3	4	5	Х
Attorney	1	2	3	4	5	Х
Insurance Agent	1	2	3	4	5	Х
Insurance Agent	1	2	3	4	5	Х

Client (1)

INSURANCE						
	Coverage	<u>Group</u>	<u>Individual</u>	Coverage	<u>Group</u>	<u>Individual</u>
Health						
Disability						
Disability						
Life						
Life						
Life						
Homeowners						
Auto						
Auto						
Umbrella Liability						
Professional Liability						
Long Term Care						
Have you ever been turned	d down for Insuran	.ce?	Yes	No		

ASSETS

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

Bank Accounts

Bank Name	Checking [C], Saving	s [S], or Money [MM]	<u>Ownership</u>	<u>Avg. Balance</u> \$
-	_	_		\$
				\$
CD's				
Where Held?	Interest Rate	Maturity Date	<u>Ownership</u>	Apx. Value
	%			\$
	%			\$
	%			\$

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 PROPERTY	Estimated Value
Primary Residence	
Furnishings (Liquidation Value)	
Vehicle	
Vehicle	
Other	
Other	

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LIABILITIES

		Average	
Credit Cards	Interest Rate*	Monthly Payment	Current Balance
	%	\$	\$
	%	\$ \$	\$
	%		\$
	%	\$	\$
If not paid in full each month			
Debts (Residence, Auto, Business, School)	Interest Rate	Payment	Current Balance
	<u>%</u>	\$	\$
	<u> </u>	\$ \$	\$ \$
		\$	\$
	%	\$	\$
ave you received a copy of your credit report rece lease comment on the advice you seek.	ntly? 🗌 Yes 🗌	No	
	ntly? 🗌 Yes 🗌	No	
	ntly? 🗌 Yes 🗌	No	
	ntly? 🗌 Yes 🗌	No	
	ntly? Yes	No	

These items 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

If you will be coming to our office for your financial consultation, please bring this completed form with you. If we will be teleconferencing with you, please (1) keep a copy of your completed form, (2) fax or mail a copy to us at the following address: Lifetime Financial Planning, LLC • 208 South King Street, Suite 201 • Leesburg, VA 20175 Phone: (703) 779-0515 • Fax: (703) 779-7815

Email: info@lifetimefp.net Visit us on the web at **www.lifetimefp.net**