

Confidential Questionnaire

Date of Completion: _____

Client Information

Client Name (1) _____

Home Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Date of Birth _____

Primary Contact Person during business hours? _____

Contact me/us by (circle one) _____ E-mail or Phone

Client Name (2) _____

Home Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

Date of Birth _____

Family Members (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent (Yes/No)	Resides (City & State)

Employment

Client Employer (1) _____

Title/Job _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary _____

Self-Employment Income _____

Bonus _____

Other Earned Income _____

TOTAL (Current Year) = _____

Client Employer (2) _____

Title/Job _____

Number of years with this employer? _____

Anticipated employment changes? _____

When do you plan to retire? _____

Salary _____

Self-Employment Income _____

Bonus _____

Other Earned Income _____

TOTAL (Current Year) = _____

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

Who prepares your tax return?

☐ Self Preparer Name _____ Phone _____

☐ Paid Preparer Address _____ Fax _____

City, State, ZIP _____

Do you have estate planning documents?

Year Drafted

State Drafted

<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

Financial Opinions/Preferences

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

Client 1	Client 2	1 = Most True, 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 over individual securities.
_____	_____	I am comfortable with investments designed to provide, 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.

How were your current investment assets selected? _____

Confidential Questionnaire, Continued

Advisor Relationships

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

<u>Advisor</u>	<u>Satisfaction Rating</u>					Not Applicable
	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)</u>	<u>Group</u>	<u>Individual</u>	<u>Client (2)</u>	<u>Group</u>	<u>Individual</u>
	<u>Coverage</u>			<u>Coverage</u>		
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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 (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

☐ 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 brief summary 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.

Confidential Questionnaire, Continued

Essential Living Expenses In Retirement

The amount required to cover your essential needs (e.g., housing, utilities, food, transportation, property taxes, etc.)

Approximately how much will you need to meet your essential living expenses in retirement?

\$ _____ / Month or \$ _____ / Year

(Please fill out Attached Monthly Budget Worksheet)

Will you have employer-sponsored healthcare in retirement? ☐ Yes ☐ No

Social Security Retirement Benefits

To obtain an estimate of your Social Security benefits go to ssa.gov/myaccount/

	Client (1)		Client (2)	
Are you eligible? (Circle)	Yes or No	Receiving Now?	Yes or No	Receiving Now?
Benefit Amount (PIA)	\$ _____	Use an Estimate	\$ _____	Use an Estimate
When will you start collecting? (Circle)	When I retire?	At Age ____	When I retire?	At Age ____

Additional Information

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

- Prior year tax returns
- 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

It is very helpful to have this questionnaire provided at least two days prior to our initial meeting.

Send us a copy at: **Brandt Wealth Management**

116 N. Pine Street

Burlington, WI 53105

Phone: (262) 661 – 4242

clay.brandt@raymondjames.com

Goal Planning & Monitoring Budget Data Worksheet

Recording your average monthly expenses can help you budget for the future.

CLIENT _____ CO-CLIENT _____

PERSONAL AND FAMILY EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/Retirement
Alimony	\$	\$
Bank Charges	\$	\$
Books/Magazines	\$	\$
Business Expense	\$	\$
Care for Parent/Other	\$	\$
Cash - Miscellaneous	\$	\$
Cell Phone	\$	\$
Charitable Donations	\$	\$
Child Activities	\$	\$
Child Allowance/Expense	\$	\$
Child Care	\$	\$
Child Support	\$	\$
Child Tutor	\$	\$
Clothing - Client	\$	\$
Clothing - Co-Client	\$	\$
Clothing - Children	\$	\$
Club Dues	\$	\$
Credit Card Debt Payment	\$	\$
Dining	\$	\$
Education	\$	\$
Entertainment	\$	\$
Gifts	\$	\$
Groceries	\$	\$
Healthcare - Dental	\$	\$
Healthcare - Medical	\$	\$
Healthcare - Prescription	\$	\$

MONTHLY BUDGET AMOUNT - Cont.		
Category	Current	Alt 1/Retirement
Healthcare - Vision	\$	\$
Hobbies	\$	\$
Household Items	\$	\$
Personal Care	\$	\$
Personal Loan Payment	\$	\$
Pet Care	\$	\$
Public Transportation	\$	\$
Recreation	\$	\$
Self-improvement	\$	\$
Student Loan Payment	\$	\$
Vacation/Travel	\$	\$
Other	\$	\$
SUBTOTAL	\$ 0.00	\$ 0.00

INCOME

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/Retirement
Employment	\$	\$
Other	\$	\$
SUBTOTAL	\$ 0.00	\$ 0.00

Goal Planning & Monitoring Budget Data Worksheet, *continued*

PERSONAL INSURANCE EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/Retirement
Disability for Client	\$	\$
Disability for Co-Client	\$	\$
Life for Client	\$	\$
Life for Co-Client	\$	\$
Long-term Care for Client	\$	\$
Long-term Care for Co-Client	\$	\$
Medical for Client	\$	\$
Medical for Co-Client	\$	\$
Umbrella Liability	\$	\$
Other	\$	\$
SUBTOTAL	\$ 0.00	\$ 0.00

TAXES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/Retirement
Client FICA	\$	\$
Client Medicare	\$	\$
Co-Client FICA	\$	\$
Co-Client Medicare	\$	\$
Federal Income	\$	\$
State Income	\$	\$
Local Income	\$	\$
Other	\$	\$
SUBTOTAL	\$ 0.00	\$ 0.00

HOME EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/Retirement
First Mortgage	\$	\$
Second Mortgage	\$	\$
Equity Line	\$	\$
Real Estate Tax	\$	\$
Rent	\$	\$
Homeowner's Insurance	\$	\$
Association Fees	\$	\$
Electricity	\$	\$
Gas/Oil	\$	\$
Trash Pickup	\$	\$
Water/Sewer	\$	\$
Cable/Satellite TV	\$	\$
Internet	\$	\$
Telephone (land line)	\$	\$
Lawn Care	\$	\$
Maintenance - Major Repair	\$	\$
Maintenance - Regular	\$	\$
Furniture	\$	\$
Household Help	\$	\$
Other	\$	\$
SUBTOTAL	\$ 0.00	\$ 0.00

VEHICLE EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/Retirement
Loan Payment	\$	\$
Lease Payment	\$	\$
Insurance	\$	\$
Personal Property Tax	\$	\$
Fuel	\$	\$
Repairs/Maintenance	\$	\$
Parking/Tolls	\$	\$
Docking/Storage	\$	\$
Other	\$	\$
SUBTOTAL	\$ 0.00	\$ 0.00

	Current	Alt 1/Retirement
TOTAL EXPENSES	\$ 0.00	\$ 0.00