

# PRACTICAL PLANNING, L.L.C.

## CONFIDENTIAL QUESTIONNAIRE

<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:
_____	_____
Fax: (Home or Work)	Fax: (Home or Work)
_____	_____
E-mail:	E-mail:
_____	_____
Social Security #:	Social Security #:
_____	_____
Birthdate:	Birthdate:
_____	_____

Primary Contact Person during business hours? \_\_\_\_\_

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

**FAMILY MEMBERS (Please list children and other dependants.)**

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

<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 Yr) =</b>	<b>TOTAL (Current Yr) =</b>
_____	_____

Who prepares your tax return?

- Self
- Paid Preparer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Do you have estate planning documents?**

When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

**How were your current investment assets selected?**

**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 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.

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

<u>Adviser</u>	<u>Satisfaction Rating</u>				
	<u>Dissatisfied</u>			<u>Very Satisfied</u>	<u>Not Applicable</u>
Financial Planner	1	2	3	4	5 X
Broker	1	2	3	4	5 X
Broker	1	2	3	4	5 X
Accountant	1	2	3	4	5 X
Tax Preparer	1	2	3	4	5 X
Attorney	1	2	3	4	5 X
Insurance Agent	1	2	3	4	5 X
Insurance Agent	1	2	3	4	5 X

Client (1)

Client (2)

**INSURANCE**

	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<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"/>
Disability	_____	<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"/>
Life	_____	<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"/>
Homeowners	_____	<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"/>
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"/>

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. Please attach necessary documentation.)

**Bank Accounts**

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**CD's**

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

**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	_____

**LIABILITIES**

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

\*If not paid in full each month

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

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

**Please comment on the advice you seek.**

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

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|------------------------------------|--------------------------------|
| Prior Year Tax Return              | Paycheck Stubs                 |
| Brokerage Account Statements       | Mutual Fund Account Statements |
| Trust Account Statements           | Employee Benefits Booklet      |
| Retirement Plan Account Statements | Legal Documents                |
| Loan 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:

Practical Planning, L.L.C. • 8301 W. 102 St. • Overland Park, KS. 66212-3421

Phone: (913) 908-7548 • Fax: (913) 339-6341

Email: info@practicalplan.com

Visit us on the web at **www.practicalplan.com**

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