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Thalheimer Financial Planning

Fee-Only Financial Planning and Advice

GET ACQUAINTED QUESTIONNAIRE

Personal and Confidential

Name: ______________________________ Date: ____________________

Personal Information

	Client 1	Client 2
Full Name	______________________	______________________
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth	____/____/____	____/____/____
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Home Address	______________________ ______________________ ______________________ ______________________	______________________ ______________________ ______________________ ______________________
Home Phone	______________________	______________________
Work/Cell Phone	______________________	______________________
Email Address	______________________	______________________
Primary Contact Person *(During business hours)*	______________________	______________________
Citizenship	______________________	______________________
Employment Status	☐ Retired ☐ Employed ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed	☐ Retired ☐ Employed ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed
Employer Name	______________________	______________________
Job Title/Description	______________________	______________________
Number of Years	______________________	______________________
Anticipated Employment Changes?	______________________	______________________
Salary	$______________________	$______________________
Bonus/Commission	$______________________	$______________________
Self-Employment Income	$______________________	$______________________
Other/Non-Investment Income	$______________________	$______________________

Approximate Net Worth

☐ < $250K ☐ < $500K ☐ $500K - $1M ☐ $1M - $2M ☐ > $2M

Family Members (Children and other dependents)

Name	Date of Birth	Relationship
____________	____/____/____	☐ Child ☐ Grandchild ☐ Other Dependent
____________	____/____/____	☐ Child ☐ Grandchild ☐ Other Dependent
____________	____/____/____	☐ Child ☐ Grandchild ☐ Other Dependent
____________	____/____/____	☐ Child ☐ Grandchild ☐ Other Dependent

Other Advisors

	Name	City/State	Telephone
Taxes			
Life Insurance			
Home Insurance			
Auto Insurance			
Estate Planning Attorney			

Property

	Name	Owner	Value
Residence 1			
Residence 2			
Auto 1			
Auto 2			
Pers. Property			
Other			
Other			

All Savings & Investment Accounts

Including checking, savings, mutual fund, brokerage, and retirement accounts. Please complete the following summary chart and attach a copy of each of your most recent statements from each account.

Account Description	Tax Status	Owner	Balance

Account Description	Tax Status	Owner	Balance

All Liabilities

Including mortgages, HELOCs, car loans, student loans, credit cards.

Loan Description	Owner	Interest Rate	Monthly Amount	Current Balance

Insurance Coverage

	Client 1	Client 2
Health	☐ Group ☐ Individual	☐ Group ☐ Individual
Disability	☐ Group ☐ Individual	☐ Group ☐ Individual
Life	☐ Group ☐ Individual Description: ______________ ______________________ ______________________ ______________________	☐ Group ☐ Individual Description: ______________ ______________________ ______________________ ______________________
Long-Term Care	☐ Group ☐ Individual	☐ Group ☐ Individual
Home	☐ Yes ☐ No	
Renters	☐ Yes ☐ No	
Auto	☐ Yes ☐ No	
Umbrella Liability	☐ Yes ☐ No	
Professional Liability	☐ Yes ☐ No	

Have you ever been turned down for any insurance? ☐ Yes ☐ No

Estate Planning

	Client 1	Client 2
Will	☐ No ☐ Yes	☐ No ☐ Yes
Bypass Trust	☐ No ☐ Yes	☐ No ☐ Yes
Living Trusts	☐ No ☐ Yes	☐ No ☐ Yes
Medical Directive	☐ No ☐ Yes	☐ No ☐ Yes
Power of Attorney	☐ No ☐ Yes	☐ No ☐ Yes

Other estate planning documents? ☐ Yes ☐ No If yes, please describe: ____________________________

____

When and in what State were estate planning documents drafted or last reviewed?:

Date: ________________ State: ____________________

Financial Concerns

Please list the three most important reasons you are seeking to work with a financial planner at this time.

1. ______________________________
2. ______________________________
3. ______________________________

Please add to, elaborate, or comment on the advice you seek.

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Have you ever worked with a financial advisor before? ________ If yes, when last? __________________

If yes, describe your experience working with them:

____

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____

Preliminary Investment Attitude Risk Questionnaire

Check the box next to the number in answer to each of the six questions below.

1. How important is capital preservation?

   Not at all important *Moderately important* *Very important*

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

2. How important is growth?

   Not at all important *Moderately important* *Very important*

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

3. How important is low volatility?

   Not at all important *Moderately important* *Very important*

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

4. How important is inflation protection?

   Not at all important *Moderately important* *Very important*

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

5. How important is current cash flow?

   Not at all important *Moderately important* *Very important*

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

6. How much risk are you willing to take to achieve a higher return?

   Not at all important *Moderately important* *Very important*

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

Average Annual Rate of Return* You Want: __________ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Overall, what type of Investor do you think are you? Select one description based upon your willingness to accept investment risk.

☐ Very Conservative ☐ Conservative ☐ Moderate ☐ Aggressive ☐ Very Aggressive

< LESS RISK ---MORE RISK **>**