

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 dependants)

| <b>Name</b> | <b>Relationship</b> | <b>Date of Birth</b> | <b>Dependant</b> | <b>Resides (City &amp; State)</b> |
|-------------|---------------------|----------------------|------------------|-----------------------------------|
| _____       | _____               | / /                  | 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="checkbox"/> Self          | Preparer Name _____    | Phone (____) _____ - _____ |
| <input type="checkbox"/> 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 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.              |

**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> |                          |                          |                          |                          | <u>Not Applicable</u>    |
|---------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                     | 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)<br/>Coverage</u> |                          | <u>Client (2)<br/>Coverage</u> |                          |
|------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
|                        | <u>Group</u>                   | <u>Individual</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 and attach necessary documentation.)

#### Bank Accounts

Checking (C), Savings (S), or Money (MM)

| <u>Bank Name</u> | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM | <u>Ownership</u> | <u>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>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 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><br>(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

### Additional Information

What are your reasons for seeking advice? What are your goals from working with an advisor?

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

- Prior two tax returns
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan balances, interest rates, date mortgage was started
- Paycheck stubs (last 2)
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies
- Pension calculations
- Social Security statements ([www.ssa.gov](http://www.ssa.gov))

**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 at: **Clear Financial Advisors, LLC**

39111 Six Mile Road, Livonia, MI 48152

Email: [Rob@clearfinancial.net](mailto:Rob@clearfinancial.net)

DropBox: Email us to request a DropBox upload folder if desired

Please be sure to secure information if sending electronically.

Portal: We are also happy to establish a secure portal which provides the option of:

- Inputting account information manually
- Linking accounts via online username / password
- Uploading electronic copies of statements via a secure Vault

If you would like to use this option please email us your preferred username, and we will provide you with the portal link and a temporary password.