Comprehensive Financial Planning, Inc.

Preliminary Data Gathering Questionnaire

This questionnaire is used to assist us in identifying your financial goals and defining the scope of services provided. Please fill out the questionnaire as best your can, but note asset, income and expense information need not be exact. After a scope and fees are agreed to, a more comprehensive data gathering process will be used during the actual planning process.

Prepared for: ____

Date: ____

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GENERAL INFORMATION

NAME
CLIENT ______________________ D/O/B ________ S.S.# ______________
SPOUSE/PARTNER ______________ D/O/B ________ S.S.# ______________
Status (circle one): Married Single N Other__________

Home Addres ______________ Other address ______________

City, State, Zip ______________________________

Phone ________ Email __________ Other______________________

Where would you like your mail sent? Home Business Other

CLIENT
Occupation ______________________ U.S. Citizen: Y N
Employer ______________________________
Address ______________________________ Approximate net worth $ __________
City, State, Zip ______________________ Approximate income $ __________
Phone ________ Email __________ Other______________________

PARTNER
Occupation ______________________ U.S. Citizen: Y N
Employer ______________________________
Address ______________________________ Approximate net worth $ __________
City, State, Zip ______________________ Approximate income $ __________
Phone ________ Email __________ Other______________________

DEPENDENT CHILDREN
______________________ D/O/B ________ S.S.# ______________
______________________ D/O/B ________ S.S.# ______________
______________________ D/O/B ________ S.S.# ______________
______________________ D/O/B ________ S.S.# ______________

HOBBIES AND OTHER INTERESTS:______________________________
____

PRIOR INVESTMENT EXPERIENCE
Indicate H, M, or L H = high M = moderate L = low
Listed stocks/bonds - ______ Insurance ______ Public limited partnerships ______
Mutual funds ______ Annuities ______ Tangible Assets ______
Real Estate ______ Other: (please indicate) __________

DO YOU CURRENTLY MANAGE YOUR OWN PORTFOLIO? YES NO

HOW DID YOU HEAR ABOUT US? ______________________________

DO YOU USE A COMPUTER/EMAIL? ______________________

GENERAL INFORMATION(cont)

WHAT ARE YOUR FINANCIAL CONCERNS?

____
____
____
____
____
____
____

WHAT SPECIFIC GOALS DO YOU HAVE?
Retirement Age: Client________ Spouse_________ Where_______________________________
College: Who_______________________ Type_______________ When________________________________
Other: ____
____
____
____
____

DO YOU HAVE THE FOLLOWING?	CLIENT		PARTNER	
Power of Attorney / Appointment	YES	NO	YES	NO
Will	YES	NO	YES	NO
Living Will	YES	NO	YES	NO
Health Care Power of Attorney	YES	NO	YES	NO

HOW MUCH INSURANCE DO YOU HAVE?	CLIENT	PARTNER
Life	__________	__________
Health	__________	__________
Disability	__________	__________
Liability	__________	__________
Auto	__________	__________
Home	__________	__________
Other	__________	__________

OTHER PROFESSIONALS- WE WILL NOT CONTACT ANYONE WITHOUT YOUR PERMISSION.

ACCOUNTANT Name______________________ Company____
Phone _______________ Email ____________ Other____
ATTORNEY Name______________________ Company____
Phone _______________ Email ____________ Other____
INSURANCE AGENT Name______________________ Company____
Phone _______________ Email ____________ Other____
OTHER Name______________________ Company____
Phone _______________ Email ____________ Other____

ADDITIONAL COMMENTS:

ASSETS

INVESTMENTS- TAXABLE ACCOUNTS	APPROXIMATE CURRENT VALUE	OWNER See Note 1
Liquid Assets (Bank Accounts, Money Market Accounts)	$____________	____________
Fixed Annuities and Cash Value Life Insurance	$____________	____________
Bonds	$____________	____________
Bond Funds	$____________	____________
Stocks	$____________	____________
Stock Funds	$____________	____________
Variable Annuities	$____________	____________
Real estate	$____________	____________
Other Investments not including your home(please describe)	$____________	____________
Business	$____________	____________
	$____________	____________
	$____________	____________

INVESTMENTS-TAX-SHELTERED ACCOUNTS- PENSIONS, IRAs, ETC.		
Liquid Assets (Bank Accounts, Money Market Accounts)	$____________	____________
Fixed Annuities and Cash Value Life Insurance	$____________	____________
Bonds	$____________	____________
Bond Funds	$____________	____________
Stocks	$____________	____________
Stock Funds	$____________	____________
Variable Annuities	$____________	____________
Other Investments not including your home(please describe)	$____________	____________
	$____________	____________
	$____________	____________

PERSONAL PROPERTY	APPROXIMATE CURRENT VALUE	OWNER See Note 1
Residence	$____________	____________
Automobiles, boats	$____________	____________
Other	$____________	____________
	$____________	____________
	$____________	____________
Total Assets	$ -	

LIABILITIES	TERM-YRS	START DATE	BALANCE	INTEREST-%
Mortgage on residence	________	____________	$____________	____________
Auto	________	____________	$____________	____________
Credit card balance	________	____________	$____________	____________
Consumer and other	________	____________	$____________	____________
Total Liabilities			$ -	

NOTES:
1. Ownership codes: Client= C Spouse=S Child=CH Joint=J(list who)

INCOME-CURRENT OR LAST YEAR

	WHEN ELIGIBLE	CLIENT	SPOUSE/PARTNER
From Employment:			
From Pensions:			
From Portfolio			
From Social Security:			
From Other:			
Total		$ -	$ -

ESTIMATED LIVING EXPENSES-CURRENT OR LAST YEAR

	TOTAL
Mortgage Payments(PIT)	
Other Debt	
Rent	
Insurance	
Income Tax	
All other	
Total	$ -

DOCUMENT CHECKLIST

PLEASE BRING THE MOST RECENT COPIES OF THE FOLLOWING DOCUMENTS WITH YOU. BETTER YET, IF POSSIBLE, PLEASE SEND US, IN ADVANCE OF OUR MEETING, COPIES OF THESE DOCUMENTS SO WE CAN BE BETTER PREPARED WHEN YOU VISIT US.

______ CURRENT STATEMENTS FOR SAVINGS ACCOUNTS, CD's, CHECKING ACCOUNTS, MONEY MARKET ACCOUNTS, MUTUAL FUNDS, BROKERAGE ACCOUNTS, IRA's, ETC.

______ COST BASIS OF INVESTMENTS LISTED ABOVE

______ ANNUITY AND LIFE INSURANCE CONTRACTS(Illustration, recent statement)

______ AUTO, HOMEOWNERS, HEALTH, AND OTHER INSURANCE POLICIES(declaration page only)

______ RETIREMENT/PENSION PLAN STATEMENTS

______ RECENT PAY STUBS

______ LAST YEARS TAX RETURN

______ SOCIAL SECURITY STATEMENTS

______ WILLS, TRUSTS, DURABLE POWERS, HEALTH CARE POWERS

______ BUSINESS DOCUMENTS(Buy-sell agreements, tax returnes, financial statements)

______ ANY OTHER ITEMS THAT YOU BELEIVE MAY BE OF IMPORTANCE IN ASSISTING YOU WITH YOUR FINANCIAL PLANNING ISSUES

CLIENT SIGNATURE ____________________________ DATE ______________________
PARTNER SIGNATURE __________________________ DATE ______________________

ADVISOR ACKNOWLEDGEMENT ________________ DATE ______________________