



Cole Financial Planning

Confidential Questionnaire

Note: print extra form page(s) when necessary to enter additional information.

Date: ___/___/___

	Client #1 Data	Client #2 Data (spouse)
Name		
Home Address		
Home Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Home Fax		
Work Fax		
Email Address		
Date of Birth		
Employer		
Title/Job		
Years With Employer		
Year You Plan to Retire		

Primary contact person during business hours:

Best way to contact you during business hours: (circle one) Home Phone Work Phone Cell Phone Email

Describe any major changes that you anticipate in the next 12 months (e.g. employment changes, expecting baby, retirement, etc.)

Get the following numbers from the "Income" section of your most recent 1040

	Client #1	Client #2
Wages & Salaries (Line 7)	\$	\$
Interest (Line 8a)	\$	\$
Dividends (Line 9a)	\$	\$
Business Income (Lines 12, 17, 18)	\$	\$
Pensions (Lines 16b, 20b)	\$	\$
Alimony & Other (Lines 11, 21)	\$	\$
Total	\$	\$



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Family Members (list children and other dependents)				
Name	Relationship	Date of Birth	Dependent	Resides in City, State
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Tax Preparation by: <input type="checkbox"/> Self <input type="checkbox"/> Other (check one, fill out below if "Other")				
Preparer Name				
Address				
City, State, Zip				
Phone			Fax	

Estate Planning Documents				
	Client #1		Client #2	
	Year Drafted	State Drafted	Year Drafted	State Drafted
Will				
Living Trust				
Power of Attorney				
Living Will				
Other Documents				

How were your current investment assets selected?



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Financial Opinions/Preferences										
Of the following statements, indicate your preferences using a scale of 1 – 5 (check one)										
Client #1					Client #2					1 = Most True; 5 = Least True
1	2	3	4	5	1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would rather work longer than reduce my standard of living in retirement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel that I/we can reduce our current living expenses to save more for the future if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am more concerned about protecting my assets than about growth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer the ease of mutual funds over individual securities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am comfortable with investments that promise slow, long term appreciation and growth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't brood over bad investment decisions I've made.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel comfortable with aggressive growth investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like surprises.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am optimistic about my financial future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My immediate concern is for income rather than growth opportunities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a risk taker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I make investment decisions comfortably and quickly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I like predictability and routine in my daily life.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I usually pick the tried and true, the slow, safe but sure investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I need to focus my investment efforts on building cash reserves.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer predictable, steady return on my investments, even if the return is low.

Advisor Relationships (where applicable, rate your working relationships with each of the following advisors)							
1 = Very Dissatisfied; 5 = Very Satisfied (check one)							
Advisor	1	2	3	4	5	Not Applicable	Comments
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broker #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broker #2	<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 – Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent - Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Insurance Coverage						
	Client #1			Client #2		
Type Coverage	Brief Description	Group Policy	Individual	Brief Description	Group Policy	Individual
Health		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #3		<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 #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Auto #2		<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"/>
Ever been turned down for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Pension Plans					
Description	Client #1	Client #2	Begin At Age	COLA	Monthly Benefit
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$

Have you received a copy of your credit report in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: if you have a printout of your assets and/or liabilities in another format, feel free to attach a copy instead of entering them on this form.

Assets – Bank Accounts					
Institution	Check -ing	Sav-ings	Money Market	Who Owns Acct?	Average Balance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Assets – Certificates of Deposit (attach a copy of the most current statements)		
Institution	Who Owns CDs?	Average Balance
		\$
		\$
		\$
		\$

Assets – Real Estate and Personal Property		
Description	Who Owns Property?	Estimated Value
Primary Residence		\$
Furnishings (liquidation value)		\$
Vehicle #1:		\$
Vehicle #2:		\$
Vehicle #3:		\$
Other:		\$
Other:		\$

Assets – Other (Retirement accounts, brokerage accounts, businesses, etc. Bring a copy of the most current brokerage, mutual fund and retirement statements to the Initial Meeting.)			
Institution	Description	Who Owns Asset?	Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$



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Liabilities – Credit Cards				
Credit Card Company	Card Name	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Liabilities – Other Debts (Residence, autos, business, school, etc.)				
Description	Term of Loan (in years)	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Please comment on the advice that you seek.

Please send a completed copy of this form to us so that we receive it at least two business days before the Initial Meeting.

Email	Email scanned copy to contact@colefinaancialplanning.com
Fax	Fax it to (206) 984.0813
Mail	Mail it to Cole Financial Planning 6239 Letson Farms Drive Bessemer, AL 35022

The items below, as well as others, may be needed should you engage our services.

<ol style="list-style-type: none"> 1. Prior year tax return 2. Brokerage account statements 3. Trust account statements 4. Retirement plan account statements 5. Loan documents 	<ol style="list-style-type: none"> 6. Paycheck stubs 7. Mutual Fund account statements 8. Employee Benefits booklet 9. Legal documents 10. Insurance policies
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