

Date of Completion: _____

**ARCHER FINANCIAL PLANNING, LLC
CONFIDENTIAL QUESTIONNAIRE**

CLIENT NAME (1): _____ **CLIENT NAME (2):** _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone or Pager: _____ Cell Phone or Pager: _____

Fax: (Home or Work) _____ Fax: (Home or Work) _____

E-mail: _____ E-mail: _____

Birth date: _____ Birth date: _____

Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependents.)

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

Client Employer (1): _____ **Client Employer (2):** _____

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: _____

TOTAL (Current Year) = _____ **TOTAL (Current Year) =** _____

Retirement Plans Available (Pension Plan, 401(k), 403(b), etc.) _____	Retirement Plans Available (Pension Plan, 401(k), 403(b), etc.) _____
Current % of Salary Deferred _____	Current % of Salary Deferred _____
Company Match on Defined _____	Company Match on Defined _____
Contribution Plans _____	Contribution Plans _____

Please comment on the advice you seek.

Who prepares your tax return?

Self Paid Preparer

Do you have estate planning documents?	Wills	Y N	_____
When and in what state were they drafted?	Living Trusts	Y N	_____
	Power of Attorney	Y N	_____
	Living Will	Y N	_____
	Other Documents	Y N	_____

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 mutual funds over individual stocks and bonds.
- _____ 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? _____

If you have worked with a financial advisor in the past, please describe the nature of the relationship in terms of compensation method, frequency of interaction and degree of your satisfaction. _____

ADVISOR RELATIONSHIPS

Where applicable, please rate your working relationships with each of the following advisors:

	<u>SATISFACTION RATING</u>					Not Applicable
	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

Coverage	Client (1) Source of Coverage		Coverage	Client (2) Source of Coverage	
	Group	Individual		Group	Individual
Health (HMO, PPO, Trad.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability (% of inc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability (% of inc.)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<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"/>	<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

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Average Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

Where Held?	Interest Rate	Maturity Date	Ownership	Approximate Value
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

Retirement Accounts

<u>Type (IRA, Roth, 401(k), 403(b), etc.)</u>	<u>Where Held?</u>	<u>Funding Source (Pre or After-tax \$)</u>	<u>Ownership</u>	<u>Approximate Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Please 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 or the statements provided:

PERSONAL PROPERTY

	<u>Estimated Value</u>
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>Interest Rate*</u>	<u>Payment</u>	<u>Current Balance</u>
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____

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

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

Prior Year Tax Return
Brokerage Account Statements
Trust Account Statements
Retirement Plan Account Statements
Loan Documents

Paycheck Stubs
Mutual Fund Account Statements
Employee Benefits Booklet
Legal Documents
Insurance Policies

Thank you for your interest in Archer Financial Planning, LLC!

*Member of the Garrett Planning Network, Inc., a Nationwide Network of Fee-Only Advisors.
Please complete and return the Confidential Questionnaire by password protecting the PDF document
and email to lisa@archerfinancialplanning.com or return by mail to Archer Financial Planning, LLC,
7508 New LaGrange Road, Suite 6, Louisville, KY 40222.*