



# Personal & Confidential Financial Questionnaire

Below is a checklist of the documents needed to prepare your Comprehensive/Strategic Plan.

- Recent Pay stub    3yr Tax Returns    Property Tax Info    Social Security Statement
- Investment Statement    Retirement Statement    Pension Statements    HSA
- Health Coverage    Life Policies    Disability Policies    Home Auto Liability Dec Pages
- Long Term Care Coverage    Retirement Beneficiary List    Estate Planning Documents

Registered Investment Advisor

## Section 1. PERSONAL INFORMATION

	Client	Co-Client
Name		
Date of Birth		
Social Security #		
US Citizen (Y/N)		
Street Address		
City, State, Zip		
Phone/Mobile		
Email		
Marital Status		
Anniversary Date		
Previous Marriage		
Health		
Hobbies		

## Section 2. BUSINESS INFORMATION

	Client	Co-Client
Employer		
Department		
Street Address		
City, State, Zip		
Occupation		
Length of Employ		
Email		
Work Phone		

## Section 3. BENEFICIARY INFORMATION

Name			
Relationship			
Date of Birth			
Gender			
Street Address			
City, State, Zip			
Social Security #			

## Section 4. ADVISOR INFORMATION

	Name/Company	Full Address	Phone/Email
Accountant			
Attorney			
Life Ins Agent			
Casualty Agent			
Financial Advisor			

**Section 4. ASSETS AND LIABILITIES**

<b>Assets</b>	<b>Ownership</b>	<b>Value</b>	<b>Liability (if applicable)</b>
Residence			
2nd Home			
Personal Property			
Vehicles			
Vehicle			
Rec Vehicles			
Other			
Other			
Checking			
Checking			
Saving			
Saving			
CD			
Money Markets			
Credit Card			
Credit Card			
Personal Loans			
Other			
Other			

**Section 6. GOALS** (additional space on last page)

What is your primary reason for visiting a financial planner?

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What other concerns would you like to address?

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What are you expectations of IAM Financial, LLC?

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How secure is your job? \_\_\_\_\_

Do you anticipate any significant change in income in the next 5 years? \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_

Are you involved in any lawsuits? \_\_\_\_\_

Have you every been dissatisfied with an advisor? Is so, please state your source of dissatisfaction:

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**Section 7. INVESTMENT RISK TOLERANCE** On a scale of 1 to 9, 9 being VERY IMPORTANT, how important is

1. \_\_\_\_\_ Capital Preservation
2. \_\_\_\_\_ Growth
3. \_\_\_\_\_ Low Volatility
4. \_\_\_\_\_ Inflation Protection
5. \_\_\_\_\_ Cash Flow from Inv
6. \_\_\_\_\_ How much risk are you willing to take for higher return? 1 to 9, 9 = A lot!

How much could you see your investments go down before you would start to worry? \_\_\_\_\_%

**Section 8. BUDGET** (Comprehensive Plans Only)

	Fixed Expenses		Variable Expenses
<b>Housing</b>		<b>Food</b>	
Mortgage P&I		Groceries	
Home Equity		Meals Out	
Property Taxes		<b>Clothing</b>	
Condo Fees/Dues		Purchases	
Other		Cleaning/Tailoring	
<b>Utilities</b>		<b>Household</b>	
Oil, Gas, Electric		Maintenance/Repairs	
Phone		Services	
Water & Sewer		<b>Recreation</b>	
Cable		Vacation	
Internet		Entertainment	
Refuse		Sports	
Other		Hobbies/Activities	
<b>Insurance</b>		<b>Personal Items</b>	
Life		Gifts	
Health		Pets	
Disability		Tobacco/Alcohol	
Long Term Care		Personal Care	
Home		Paper/Books/Stationary	
Auto		Misc Cash	
Umbrella		Professional Fees	
<b>Debt</b>		<b>Education</b>	
Auto Payment		Daycare/Private School	
Personal Loan		College	
Credit Card		Work Related Exp	
<b>Savings</b>		<b>Health Care</b>	
Retirement		Prescriptions	
IRA/Roth IRA		Out of Pocket	
Savings		Dental	
<b>Other Fixed Exp</b>		<b>Transportation</b>	
Alimony		Gas	
Child Support		Repairs	
Other		Registration	
Other		Other	

**Section 9. ADDITIONAL COMMENTS**