

Personal Financial Planning Questionnaire

Fill out this questionnaire as accurately and completely as possible without spending a great deal of time on it. Whenever you make a rough guess, identify it clearly by putting a question mark next to it.

Personal and Family Information

1. Client's full name: _____ Soc. Sec. No. _____
Date and place of Birth: _____
2. Spouse's full name: _____ Soc. Sec. No. _____
Date and place of Birth: _____
3. Address: _____
Home Telephone Number: (_____) _____
4. Prior Marriages
Has client been married previously? Yes No
Has your spouse been married previously? Yes No
5. Children

Name	Age	<u>Dependent?</u>	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

6. Grandchildren
Number: _____ Age(s): _____
7. Other Dependents
Does anyone other than client's children depend on them or their spouse for financial support?
 Yes No
If yes, give names and relationships: _____
8. Health Problems
Do any members of the family have health problems? Yes No
If yes, give names and relationships: _____
9. Advisers
List names and addresses:
Attorney: _____
Banker: _____
Insurance Agent: _____
Stockbroker: _____