

Client Questionnaire

Comprehensive Financial Plan

Client Name: _____

Advisor: _____

Date: _____

Please complete the following to the best of your ability and return along with material listed on the accompanying Document Checklist.



Document Checklist

Personal

	<i>Collected</i>
Recent Bank Statement(s)	
Recent Investment & Retirement Plan Statements	
Recent Pay Stubs	
Social Security Earnings Statements	
Pension Benefit Summary	
Income Tax Returns – Most Recent, One Year Prior and Two Years Prior	
Life, Disability or Long Term Care Statements	
Property and Casualty Policy (Auto, Homeowner, Umbrella)	
Employee Benefit Summary	
Wills	
Trust Agreements	

Business

	<i>Collected</i>
Business Agreements	
Articles of Incorporation	
Minutes of Directors Meetings	
Income Tax Returns – Most Recent, One Year Prior and Two Years Prior	
Financial Statements	
Pension and/or Profit Sharing Agreements	
Master Group Insurance Policy	
Commercial Insurance Policy	
Compensation and Employment Contracts	
Employee Benefit Booklets	

Client Information

Client

Name _____ Date of Birth _____
 Phone _____ Email _____
 Occupation _____ Employer _____ Length of Service _____
 Anticipated Retirement Age: _____
 Marital Status: (Single, Married, Separated, divorced, domestic partner, widow): _____
 Previous Marriages: Yes No

Spouse

Name _____ Date of Birth _____
 Phone _____ Email _____
 Occupation _____ Employer _____ Length of Service _____
 Anticipated Retirement Age: _____
 Previous Marriages: Yes No

Children

Name _____ Date of Birth _____ Spouse _____
 Grandchildren and Birthdays: _____
 Name _____ Date of Birth _____ Spouse _____
 Grandchildren and Birthdays: _____
 Name _____ Date of Birth _____ Spouse _____
 Grandchildren and Birthdays: _____

Other Family Considerations

Would you like to provide for anyone else? (i.e. elderly parents/family members) _____

 Any special considerations? Family members with special needs? _____

 Are you in good health? Yes No If no, please explain: _____

Advisors

Advisor Type (Accountant, Attorney, etc.)	Name	Company	Address Phone, Fax, Email

Objectives and Considerations

Financial Planning Objectives

Rate of Importance of each item according to the following scale:

	Not Concerned	Somewhat Concerned	Very Concerned
Outliving income/assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect my assets from market volatility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate life insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect assets from LTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing a legacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Protection

Current Income & Expenses

Income:	Client - Monthly	Spouse - Monthly
Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____
Other	\$ _____	\$ _____

Income Protection Considerations

Please list any potential changes to current and/or future income: _____

Expenses

Household Expenses	Current	Retirement
Real Estate Taxes	\$	\$
Rent	\$	\$
Insurance – Home/Rental	\$	\$
Maintenance/ Supplies	\$	\$
Utilities – Electric/ Gas	\$	\$
Water – Sewer	\$	\$
Cable, Phone, Internet	\$	\$
House Cleaning	\$	\$
Other	\$	\$
Total	\$	\$

Daily Living Expenses	Current	Retirement
Groceries	\$	\$
Dining and Eating Out	\$	\$
Clothing	\$	\$
Hair/Nails	\$	\$
Dues and Memberships	\$	\$
Other	\$	\$
Other	\$	\$
Total	\$	\$

Recreational	Current	Retirement
Vacation/Travel	\$	\$
Children’s Sports	\$	\$
Hobbies	\$	\$
Total	\$	\$

Transportation Expenses	Current	Retirement
Auto Insurance	\$	\$
Fuel	\$	\$
Repairs	\$	\$
Other	\$	\$
Other	\$	\$
Total	\$	\$

Health Expenses	Current	Retirement
Health Insurance	\$	\$
Life Insurance	\$	\$
LTC Insurance	\$	\$
Disability Insurance	\$	\$
Medicine and Rx Drugs	\$	\$
Veterinarian/ Pet Care	\$	\$
Other	\$	\$
Other	\$	\$
Total	\$	\$

Charity, Gifts	Current	Retirement
Charitable Donations	\$	\$
Gifts	\$	\$
Other	\$	\$
Other	\$	\$
Total	\$	\$

Liabilities

Debts/Loans	Original Balance	Current Balance	Interest Rate	Payoff Date	Monthly Payment
Credit Card	\$ _____	\$ _____	_____ %	_____	\$ _____
Auto Loan	\$ _____	\$ _____	_____ %	_____	\$ _____
Student Loan	\$ _____	\$ _____	_____ %	_____	\$ _____
Mortgage	\$ _____	\$ _____	_____ %	_____	\$ _____
Home Equity Loan/Line	\$ _____	\$ _____	_____ %	_____	\$ _____

Assets

Taxable Assets

	Checking	Savings	CD	Investment Account	Annuity	Other
Owner						
Beneficiary						
Holdings Value	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Contribution						

***Please provide a current statement for each account listed**

Retirement Assets

	IRA	Roth IRA	Retirement Plan	Other
Owner				
Beneficiary				
Holdings Value	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Contribution				
Employer Contribution or Match				

***Please provide a current statement for each account listed**

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Real Estate				
	Property 1	Property 2	Property 3	Property 4
Property Name				
Address				
Property Type (Residence, Non-Residence)				
Current Value	\$	\$	\$	\$
Owner (Client, Spouse, Joint, etc.)				

Financial Independence

What concerns you most about your current retirement plan and goals?

What would you like to accomplish as a result of our work together in this area?

Do you foresee your income or expenses increasing or decreasing in retirement?

Do you have any other specific future goals or major purchases:

Risk Tolerance

Please Answer the Following Questions:

1. If you own a home, do you have more than 30% equity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't own a home
2. Do you plan to work during retirement?	<input type="radio"/> Full-time, for as long as possible <input type="radio"/> Full-time, for a few years <input type="radio"/> Part-time <input type="radio"/> Not at all
3. From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?	<input type="radio"/> I would look for a way to invest more <input type="radio"/> I would take no action <input type="radio"/> I would be somewhat concerned <input type="radio"/> I would avoid any investment that could suddenly lose 15% of its value
4. Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?	<input type="radio"/> I would look for a way to invest more <input type="radio"/> I would take no action <input type="radio"/> I would be somewhat concerned <input type="radio"/> I would probably sell <input type="radio"/> I would never have made this investment
5. Have you invested in Equities?	<input type="radio"/> No <input type="radio"/> Yes
6. Have you invested in Fixed Incomes?	<input type="radio"/> No <input type="radio"/> Yes
7. Have you invested in Mutual Funds?	<input type="radio"/> No <input type="radio"/> Yes
8. Have you invested in Options, Futures or Derivatives?	<input type="radio"/> No <input type="radio"/> Yes
9. How would you describe your level of investment knowledge?	<input type="radio"/> None <input type="radio"/> Limited <input type="radio"/> Good <input type="radio"/> Extensive
10. How much investment experience do you have?	<input type="radio"/> None <input type="radio"/> Limited (1 to 3 years) <input type="radio"/> Good (4 to 5 years) <input type="radio"/> Extensive (more than 5 years)
11. Do you currently need to withdraw from your investments to provide income?	<input type="radio"/> Yes <input type="radio"/> No
12. How soon do you expect to need to withdraw from these assets to provide retirement income?	<input type="radio"/> Less than 2 years <input type="radio"/> 2 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> More than 10 years

Legacy Planning

Legacy Planning Considerations

Is your intent to leave an amount of money to your heirs? If so what amount? _____

Do you have any of the following?

Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dated: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dated: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dated: _____
Healthcare Proxy / Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dated: _____
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dated: _____

Life Insurance				
	Policy 1	Policy 2	Policy 3	Policy 4
Owner				
Beneficiary				
Policy Type (Term, Whole Life, Universal Life, Variable Universal Life, Group Policy)				
Insurance Provider				
Benefit Amount	\$	\$	\$	\$
Cash Value	\$	\$	\$	\$
Annual Premium				
*Please provide a current statement for each account listed				

Additional Insurance Policies				
	Disability Policy 1	Disability Policy 2	Long Term Care 1	Long Term Care 2
Owner				
Insured				
Insurance Provider				

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Benefit Amount	\$	\$	\$	\$
Annual Premium				
<i>*Please provide a current statement for each account listed</i>				

Healthcare Planning

Health Assessment		
	Client	Spouse
Height		
Weight		
Smoker: (Yes or No)		
Any health issues in the past 3 years?		
Family History: Do you have a parent or sibling diagnosed with cancer or heart disease prior to age 60?		
Current Medications		

Healthcare Coverage

Do you have.....

Health Insurance Coverage? Yes No Company _____
 Plan _____ Monthly Premium \$ _____

Medicare gap coverage? Yes No Company _____
 If yes, is coverage provided by a former employer under a group plan? Yes No
 Monthly Premium \$ _____ Plan _____

Prescription drug coverage? Yes No Company _____
 Monthly Premium \$ _____ Plan _____
 Is your employer paying for any part of the premium? Yes No

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