



Confidential Client Questionnaire

Please fill out the following information to the best of your ability. It is preferable to include copies of recent statements for investment accounts, retirement accounts, loan balances, etc. if available, rather than filling out the form. All information will be held strictly confidential.

General Information

Personal	Client	Spouse/Companion
Name		
Social security number		
Date of birth		
Health status		
Citizenship		
Home street address		
City, State, ZIP		
Home telephone		
Email address		

Personal	Client	Spouse/Companion
Employer		
Year employment began		
Job title		
Business street address		
City, State, ZIP		
Business telephone		

Children & Other Dependents

Name	Address	Date of Birth	Dependent for support	Health status/conditions	Marital status



Goals

Please respond to as many of the following sample goals as apply to you. Please add and briefly describe any other goals you may have.

Education Funds Necessary

Name	Year education costs begin	Number of years	Estimated annual cost (Current \$)

Support of Survivor

Annual income available to survivor:

Salary _____ Survivor Pension _____ Other _____

Would family continue to live in present house? _____

Retirement

At what age do you plan to achieve financial independence/retire? _____

Estimate of total annual expenses, not including taxes, in today's dollars.

Do you have any special plans for retirement (travel, consulting, selling your home, etc.)? _____

Please describe dollar amount and timing: _____

Other

Are you planning any major purchases or expenditures in the next five years (i.e. weddings, new cars, extended travel, remodeling, second home, etc)? _____

Please describe and estimate the cost in today's dollars: _____



Please rank the sample goals you've responded to above in order of importance to you. Add any other goals you may have. (Circle the appropriate rank: 5-highest 1-lowest)

	<u>Highest -----Lowest</u>				
Planning for your children's education	5	4	3	2	1
Planning for support/comfort of surviving spouse/companion	5	4	3	2	1
Planning for financial independence/retirement	5	4	3	2	1
Other _____	5	4	3	2	1
Other _____	5	4	3	2	1

For Ownership Codes in this section use the following:

C = Client, individual ownership

S = Spouse/Companion, individual ownership

J/T = Jointly owned with "right of survivorship" (Joint Tenancy)

T/C = Jointly owned as tenants in common

O = Other, including assets owned by children, custodians, trustees, etc. (Please describe where appropriate).

Assets

Cash (Checking, Savings, Money Market, CD's)

Ownership code	Name of institution	Type of account	Interest rate	Maturity date	Cash balance



Fixed Income (Bonds {Taxable/Tax exempt}, Mutual Funds- Please include a copy of a recent statement if held in an account)

Ownership code	Description	Face amount	Interest rate	Acquisition date/cost	Maturity date	Estimated current value

Common Stocks (including Mutual Funds- Please include a copy of a recent statement if held in an account)

Ownership code	Name	Number of shares	Dividends per share	Acquisition date/cost	Estimated current value

Partnerships & Other Investments

Ownership code	Description	Acquisition date	Annual cash flow	Cost	Estimated current value

Real Estate (Including residence)

Ownership code	Description	Acquisition date	Cost	Estimated current value



Personal Property (Furnishings, Jewelry, Autos, etc.)

Ownership Code	Description	Estimated current value

Retirement Plans, Annuities, etc. (IRA, Keogh, 401[k], Employer plans- Please include a copy of a recent statement if held in an account)

Ownership code	Type of plan	Annual employer contribution	Annual employee contribution	Current value of vested interest	Investment vehicle	Beneficiary designation

Life Insurance

Ownership code	Type	Insured (C,S, or O)	Beneficiary	Face value	Cash value	Outstanding loan	Annual premium

Employee Stock Options (Please include a copy of a recent statement if held in an account)

Ownership code	Company	Type (NQ, ISO)	Date granted	Option price per share	Number of shares	Vesting schedule	Expiration date

Are you a director of a publicly traded company? _____



Liabilities

Real Estate Mortgages

Ownership code	Property description	Original amount	Date of loan	Interest rate	Term in years	Monthly principal & interest	Current balance

Other Liabilities (Charge accounts not paid in full monthly, Auto loans, Margin loans, etc.)

Ownership code	Property description	Original amount	Date of loan	Interest rate	Term in years	Monthly principal & interest	Current balance

Cash Flow

Current Annual Sources of Cash (before tax or other deductions)

	Client	Spouse/Companion
Salary		
Bonus		
Self-employment income		
Loans received		
Other sources (specify):		



How much of last year's income did you save or invest? _____

What change in your employment income do you expect in the next five years (i.e. annual rate of increase, absolute amounts of increase (decrease), irregular changes, etc)? Please comment.

Client: _____

Spouse/Companion: _____

Do you expect to receive substantial gifts or inheritances? Yes _____ No _____

If yes, describe terms, estimated timing, and amount: _____

Do you have an expectation for the rate of inflation (or deflation) for the next five years? _____

If so, what percent ? _____%

Current Annual Household Disbursements (Other than for Income Taxes or Investments)

	\$	Notes/Comments
Housing:		
Mortgage or rent		
Property taxes		
Homeowner's or renter's insurance		
Utilities (gas, electric, water, cable)		

Telephone			
Repairs & Maintenance			
Home improvements & decorating			
Food (at home)			
Personal Care (hair, cosmetics, etc.)			
Clothing:			
Purchases			
Laundry & cleaning			
Transportation:			
Commuting costs			
Repairs, maintenance, fuel			
Automobile insurance			
Installment (loan or lease) payments			
Medical & Dental			
Education (current expenses)			
Life Insurance:			
Premiums			
Loan interest payments			
Miscellaneous:			
Personal pocket money			
Books & subscriptions			
Professional services			
Other (specify):			
Recreation & dining			
Vacation & travel			
Club dues			
Other (specify):			
Charitable gifts			
Personal gifts			



Please provide copies of the following documents as appropriate:

- Most recent tax return
- Summary of wills and trust arrangements
- Recent paycheck stubs
- Social security benefits (estimate or statement)
- Brokerage account statements
- Employee benefits booklet
- Retirement plan account statements

Please return completed questionnaire to:

Parker Financial Planning, LLC
28 Cottrell Street
Mystic, CT 06355

Phone: 860-572-2737
Fax: 860-572-7888