

Client Questionnaire

Please complete the following:

Date: _____

Name: _____

Age: _____

Gender: Male Female

Indicate: Current Client New Client

Are you married to your partner? Yes No

If so, how many years have you been married? _____

If not, how many years have you been together? _____

Have you or your partner been previously married? If so please indicate the circumstances (i.e., widowed/divorced)

You _____ Your partner _____

Children from current relationship, names/ages: _____

Children from previous relationships, names/ages: _____

Your highest level of education: _____

Your career history: _____

Please answer the following questions:

What are some of your current financial priorities for yourself and your family?

What are some of your greatest concerns and worries about your current and future financial situation?

What would be important for me to know about you and your life to understand your concerns?

How active a role are you willing to play in your financial life and decision-making?