# Discovery

## *Your Financial Life Planning Journey Begins Here*

Date ______________________________________________

Name ______________________________________________

NORTH GEORGIA
WEALTH MANAGEMENT GROUP

Financial Life Planning and Wealth Management

## What Keeps You Up At Night?

What are your most important financial concerns? ______________________________

______________________________

______________________________

What are your most important non-financial concerns & objectives right now? ___________

______________________________

______________________________

What family obligations do you have or expect to have? ______________________________

______________________________

______________________________

What would you like to accomplish through this engagement? ______________________

______________________________

______________________________

## How Do You Make Financial Decisions?

How do you make important investment decisions? ______________________________

______________________________

______________________________

Have you ever done anything strange or excessive with your investments? ___________

______________________________

______________________________

Regarding investments, what do the words "risky" or "conservative" mean to you? _________

______________________________

______________________________

## How Do You Feel About Money?

How was money handled in your family growing up? ______________________________

______________________________

______________________________

***"The future belongs to those who believe in the bea***

What kinds of lessons regarding money have you tried to teach your children and/or grandchildren?

______________________________________________________________________

______________________________________________________________________

Regarding your current holdings, what are you most pleased about and what are your greatest concerns?

______________________________________________________________________

______________________________________________________________________

## Whom Do You Turn To For Advice?

Have you ever worked with a CERTIFIED FINANCIAL PLANNER™ Professional? ____________

Who are your other advisors? ______________________________________________________

What are their strengths and weaknesses in your eyes? ______________________________

______________________________________________________________________

______________________________________________________________________

Have you ever been involved in litigation? Yes___No___What happened? ______________

______________________________________________________________________

______________________________________________________________________

## How Can We Provide Value?

For this relationship to be a good experience for you, what three things would have to happen?

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________

## What Do You Dream About?

Are you pessimistic/optimistic? ____________________________________________

How do you envision your lifestyle 5 years from now? __________________________

______________________________________________________________________

______________________________________________________________________

What will your legacy be? ______________________________________________

______________________________________________________________________

______________________________________________________________________

***uty of their dreams." — Eleanor Roosevelt***

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