



Confidential Questionnaire

Date of Completion: _____

Client Information

Client Name (1)	_____	Client Name (2)	_____
Home Address	_____	Home Address	_____
City, State, ZIP	_____	City, State, ZIP	_____
Home Phone	() - _____	Home Phone	() - _____
Work Phone	() - _____	Work Phone	() - _____
Cell Phone	() - _____	Cell Phone	() - _____
Fax (Hm or Wk)	() - _____	Fax (Hm or Wk)	() - _____
E-mail	_____	E-mail	_____
Date of Birth	_____	Date of Birth	_____
Social Security #	_____	Social Security #	_____
Citizenship	_____	Citizenship	_____
Primary contact person during business hours?	_____		

Contact me/us at (circle one) *Home, Work, or Cell* by (circle one) *E-mail or Phone*

Family Members (please list children and other dependants)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependant</u>	<u>Social Security #</u>	<u>Address</u>
_____	_____	/ /	Y N	_____	_____
_____	_____	/ /	Y N	_____	_____
_____	_____	/ /	Y N	_____	_____
_____	_____	/ /	Y N	_____	_____
_____	_____	/ /	Y N	_____	_____

Advisor Relationships

<u>Advisor</u>	<u>Name</u>	<u>Contact Information</u>
Financial Planner	_____	_____
Broker	_____	_____
Tax Preparer	_____	_____
Attorney	_____	_____
Insurance Agent (1)	_____	_____
Insurance Agent (2)	_____	_____

43 Danbury Road, Wilton, CT. 06897 | Phone: (203) 762-8499 | Fax: (203) 762-8404 | www.pricefinancialgroup.com

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Securities offered through LPL Financial, Member FINRA/SIPC. Investment advice offered through Private Advisor Group, LLC, a Registered Investment Advisor and separate entity from LPL Financial.

Assets

How were your current investment assets selected? _____

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Bank Accounts **Checking (C), Savings (S), or Money (MM)**

<u>Bank Name</u>		<u>Ownership</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____

CDs

<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____ %	_____ / ____ / ____	_____	\$ _____
_____	_____ %	_____ / ____ / ____	_____	\$ _____
_____	_____ %	_____ / ____ / ____	_____	\$ _____

<u>Personal Property</u>	<u>Ownership</u>	<u>Estimated Value</u>
Primary Residence	_____	\$ _____
Furnishings	_____	\$ _____
Automobile	_____	\$ _____
Automobile	_____	\$ _____
Other	_____	\$ _____
Other	_____	\$ _____

Brokerage Accounts and Retirement Plans

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

Pension

Client (1)
 Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Client (2)
 Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Liabilities

Personal Liabilities

<u>Credit Cards</u>	<u>Debtor</u>	<u>Interest Rate</u>		<u>Monthly Payment*</u>	<u>Current Balance</u>
_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____ %	\$	_____	\$ _____

(*If not paid in full each month)

Other

<u>Debts</u> <small>(Residence, Auto)</small>	<u>Debtor</u>	<u>Term</u>	<u>Interest Rate</u>		<u>Payment</u>	<u>Approximate Balance</u>
_____	_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____	_____ %	\$	_____	\$ _____

Insurance

	<u>Client (1) Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Client (2) Coverage</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for insurance? Yes No

529/Custodial Accounts

(Please attach statements)

<u>Owner</u>	<u>Current Beneficiary</u>	<u>Account Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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Income and Expenses

	<u>Monthly</u>	<u>Annual</u>		<u>Monthly</u>	<u>Annual</u>
INCOME SOURCES			HOUSING EXPENSES		
Salary (C)	_____	_____	Mortgage/Rent	_____	_____
Salary (S)	_____	_____	Homeowners Insurance	_____	_____
Bonus	_____	_____	Property Taxes	_____	_____
Self Employment (C)	_____	_____	Maintenance/Repairs	_____	_____
Self Employment (S)	_____	_____	Cleaning/Yard	_____	_____
Social Security (C)	_____	_____	Utilities		
Social Security (S)	_____	_____	Electric/Gas/Oil	_____	_____
Pensions	_____	_____	Cable TV	_____	_____
Rental Income	_____	_____	Telephone	_____	_____
Investment Income	_____	_____	Water/Sewer	_____	_____
Other Income_____	_____	_____	Other Housing_____	_____	_____
Other Income_____	_____	_____	Other Housing_____	_____	_____
TAXES			TRANSPORTATION		
Fed Inc/Soc Sec/Med (C)	_____	_____	Car Payments/Lease	_____	_____
Fed Inc/Soc Sec/Med (S)	_____	_____	Fuel	_____	_____
State Income (C)	_____	_____	Car Insurance	_____	_____
State Income (S)	_____	_____	Tax/Reg/License	_____	_____
Other Taxes_____	_____	_____	Repairs/Maintenance	_____	_____
Other Taxes_____	_____	_____	Other Car_____	_____	_____
SAVINGS			LIVING EXPENSES		
Retirement Plan (C)	_____	_____	Groceries	_____	_____
Retirement Plan (S)	_____	_____	Childcare	_____	_____
Investment/Savings	_____	_____	Child Support/Alimony	_____	_____
Other Savings_____	_____	_____	Clothing	_____	_____
Other Savings_____	_____	_____	Education	_____	_____
INSURANCE			Medical/Dental	_____	_____
Life (C)	_____	_____	Other Required_____	_____	_____
Life (S)	_____	_____	DISCRETIONARY EXPENSES		
Disability (C)	_____	_____	Charity	_____	_____
Disability (S)	_____	_____	Personal Care	_____	_____
Health	_____	_____	Club Dues	_____	_____
Long Term Care	_____	_____	Dining Out	_____	_____
DEBT			Gifts	_____	_____
Mortgage	_____	_____	Pets	_____	_____
Home Equity Loan	_____	_____	Recreation	_____	_____
Credit Card Debt	_____	_____	Subscriptions	_____	_____
Student Loan	_____	_____	Vacation	_____	_____
Other Debt _____	_____	_____	Other Discretionary_____	_____	_____
			Other Discretionary_____	_____	_____

Employment

Client Employer (1) _____	Client Employer (2) _____
Title/Job _____	Title/Job _____
Number of years with this employer? _____	Number of years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
When do you plan to retire? _____	When do you plan to retire? _____

Financial Objectives

Please rank the following objectives in terms of importance to you.

<u>Client (1)</u>	<u>Client (2)</u>	<u>1 = highest 10 = lowest</u>
_____	_____	Investment Planning
_____	_____	Estate Planning
_____	_____	Retirement Planning
_____	_____	Tax Planning
_____	_____	College Funding
_____	_____	Charitable Giving
_____	_____	Life Insurance
_____	_____	Long-term Care / Disability Insurance
_____	_____	Other _____
_____	_____	Other _____

Please comment on the advice you seek. _____

What do you hope to gain from the financial planning process? _____

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