

# Confidential Financial Questionnaire



<b>GENERAL INFORMATION</b>	Name: _____ Nickname: _____ DOB: _____
	Address: _____
	Current/Former Employer: _____ Retired: YES NO
	Occupation: _____ Employer Address: _____
	Spouse Name: _____ Nickname: _____ DOB: _____
	Current/Former Employer: _____ Retired: YES NO
	Occupation: _____ Employer Address: _____
Home Phone: _____ Cell: _____ Spouse Cell: _____	
Email: _____ Spouse Email: _____	

<b>INCOME</b>	<i>Please list <b>NET MONTHLY</b> income from each source:</i>		
		Self:	Spouse:
	Salary	_____	_____
	Social Security (if receiving now)	_____	_____
	Pension (if taking now)	_____	_____
	IRA/401(k) Distributions	_____	_____
	Income from Investments	_____	_____
	Rental Income	_____	_____
Other: _____	_____	_____	

<b>EXPENSES</b>	<i>What is the monthly cost to support your lifestyle? (Not just living expenses)</i>
	The most accurate way to understand your <b>true</b> living expenses is to add what <b>actually</b> came out of your bank account in the last 12 months. Please consider the following: Utilities, vacations, dinners, hobbies, etc. \$ _____

<b>CASH FLOW</b>	Is your current cash flow sufficient and comfortable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, please explain:
	Are you planning any major lifestyle changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please explain:
	Do you anticipate any significant changes in cash flow? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please explain:
	Do you foresee purchases greater than \$20,000 within the next 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please explain:

*The information provided on this form is kept strictly confidential and will not be copied, distributed or shared with any third party. Information gathered is solely for the purpose of better understanding your financial situation and to ensure your time with us is as efficient as possible.*

LEGAL ITEMS

Which of the following do you have in place?

- Will  Yes  No
- Trust  Yes  No
- Power of Attorney (POA)  Yes  No
- Financial Power of Attorney  Yes  No
- (POA) Health Living Will  Yes  No
- Date last updated: \_\_\_\_\_

ADD'L INFO

In the near future I expect to: (Please check all that apply)

- Improve a home  Start/Expand a business
- Travel  Receive an inheritance
- Pay off debt  Start a part-time job
- Care for a parent  Fund education costs for a family member

LIFE EVENTS

Which of the following do you have in place?

Long-Term Care Insurance  Yes  No

Long-Term Care Insurance (Spouse)  Yes  No

Total Number of Policies

Total Death Benefit

Life Insurance (His): \_\_\_\_\_

\_\_\_\_\_

Life Insurance (Her): \_\_\_\_\_

REAL ESTATE

	PRIMARY RESIDENCE	ADD'L PROPERTY #1	#2	#3
Value				
Existing Mtg. Amount				
Mtg. Monthly Payment				
Rental Property Income (Monthly)				
Rental Property Expenses (Monthly)				

If you own land, what is the total value of land you own: \_\_\_\_\_

Do you plan on selling any properties you own:  Yes  No

Do you plan on purchasing any properties:  Yes  No

ADDITIONAL INFO

What is the main concern for your retirement life savings?

Knowing what you know now, what would you have done differently with your money?

What are you looking for in a financial advisor?

Please rank the following items based on what is **MOST IMPORTANT** to you. (1= Most Important 2= Important 3= Least Important)

SECURITY: \_\_\_\_\_ GROWTH: \_\_\_\_\_ LIQUIDITY: \_\_\_\_\_

CONCERNS

What are your main retirement concerns? Check all that apply.

- Losing too much money in the stock market
- Paying too much in taxes
- Not having a reliable income plan for retirement
- Concerned about losing life savings due to a catastrophic illness
- Outliving nest egg
- Leaving a legacy to children and/or grandchildren
- Need direction with 401(k) and/or IRA accounts
- Exposure to Bond Bubble

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