



Confidential Questionnaire



Date: _____

Client Name (1): _____

Client Name (2): _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

E-mail: _____

E-mail: _____

Birth date: _____

Birth date: _____

Contact me by (circle one): E-mail or Phone

Date of Marriage (if app.): _____

Primary contact person during business hours: _____

Family Information. Please list all children and other dependents. Include any planned children.

Name	Relationship	Date of Birth	Dependent		Resides? (City & State)
			Y	N	
_____	_____	_____	Y	N	_____
_____	_____	_____	Y	N	_____
_____	_____	_____	Y	N	_____
_____	_____	_____	Y	N	_____

Client Employer (1): _____

Client Employer (2): _____

Title / Job: _____

Title / Job: _____

Years w/ employer? _____

Years w/ employer? _____

Anticipated changes? _____

Anticipated changes? _____

Planned retirement year? _____

Planned retirement year? _____

Salary: _____

Salary: _____

Self Employment Income: _____

Self Employment Income: _____

Bonus/Commissions: _____

Bonus/Commissions: _____

Other income: _____

Other income: _____

Total (Current Yr): _____

Total (Current Yr): _____

Your retirement contrib. _____

Your retirement contrib. _____

Employer contrib. _____

Employer contrib. _____

Any Pension? _____

Any Pension? _____

Estate Planning

Do you have estate planning documents?

When and in what state were they drafted?

Wills	Y	N
Trust	Y	N
Power of Attorney -- Assets	Y	N
Power of Attorney - Healthcare	Y	N
Medical Directive / Living Will	Y	N
HIPAA Waiver	Y	N

Personal Property

Estimated Value

Primary Residence	_____
Personal Property (estimate)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

Deposit Assets

If you have this information in a different format, you may skip this section and attach documentation.

Bank Name	Type: Checking/Savings/CDs	Rate	Ownership	Average Balance
_____	_____	%	_____	\$
_____	_____	%	_____	\$
_____	_____	%	_____	\$
_____	_____	%	_____	\$

Liabilities

List Credit Cards Not Paid in Full Every Month	Rate	Min Monthly Payment	Current Balance
_____	%	\$	\$
_____	%	\$	\$
_____	%	\$	\$

List Other Debts (Residence, Auto, Business, School)

Lender	Term	Rate	Paymt.	Cur. Balance	Orig. Balance
_____	_____	%	\$	\$	\$
_____	_____	%	\$	\$	\$
_____	_____	%	\$	\$	\$
_____	_____	%	\$	\$	\$

Insurance

	Client (1)				Client (2)		
	Coverage/Cost	Group	Indiv.		Coverage/Cost	Group	Indiv.
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	Health	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Prof. Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	Prof. Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for insurance? Yes No

Investment Assets

Attach a copy of your most recent brokerage, mutual fund, and retirement statements. Please list any other investment assets not appearing on the list above or the statements provided.

How were your current investments selected? _____

After you have completed the online Finametrica risk tolerance questionnaire, please comment on whether you perceive your overall risk tolerance as higher or lower than your risk tolerance score indicated:

Client (1): _____

Client (2): _____

_____ % Enter your expected annual investment rate of return based on a portfolio invested consistently with your risk tolerance and goals

Have you received a copy of your credit report recently? Yes No

Who prepares your tax return? Self Paid Preparer

Pensions from any former employers? _____

Please comment on the advice you seek.

How did you hear about Keener Financial Planning? _____

Please select the service or services you are interested in discussing.

- One-time advice & recommendations Investment management
 Ongoing advice & planning Undecided

Please complete this confidential questionnaire and bring it along to the initial consultation. Should you decide to engage our services, the following additional documents may be required:

- | | |
|------------------------------------|----------------------------------|
| Prior year tax return | Paycheck stubs |
| Brokerage account statements | Mutual fund account statements |
| Trust account statements | Employee benefits booklet |
| Retirement plan account statements | Social security annual statement |
| Cash flow worksheet | Annuity statements |
| Employer retirement plan options | Pension statements |
| Loan documents | Insurance policies |

All information received will be treated in accordance with KFP's privacy policy.

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