



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: _____

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 earned income: _____

Other earned income: _____

Total (Current Yr): _____

Total (Current Yr): _____

Your retirement contrib. _____

Your retirement contrib. _____

Employer contrib. _____

Employer contrib. _____

Any Pension? _____

Any Pension? _____

Pensions from any former employers? _____

Family Information

Children - 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	_____

Parents - please also include siblings, aunts, uncles if you could have care responsibilities in the future.

Name	Related to Client 1 or 2?	Relationship	Living?		Age Now or Age at Death
			Y	N	
_____			Y	N	_____
_____			Y	N	_____
_____			Y	N	_____
_____			Y	N	_____

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 _____	_____

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

Deposit Assets

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

Bank Name	Type: Checking/Savings/Money Market	Ownership	Average Balance
_____			\$
_____			\$
_____			\$

CDs

Where Held?	Interest Rate	Maturity Date	Ownership	Approx. Value
_____	%			\$
_____	%			\$
_____	%			\$
_____	%			\$

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

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
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$
		%	\$	\$	\$

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

Who prepares your tax return?

Self

Paid Preparer

Please comment on the advice you seek.

How did you hear about Keener Financial Planning? _____

Please comment on the type of financial planning relationship you seek.

- One-time advice & recommendations
- Ongoing advice, planning and investment management
- Ongoing advice & planning
- Undecided
- Investment management

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 |

Please complete this form and submit it via fax, e-mail or mail to arrive no less than 24 hours in advance of the scheduled meeting time. All information received will be treated in accordance with KFP's privacy policy. **Please note:** The fax machine is in a locked, private office. Please do not send account numbers, social security numbers, or other confidential information through unencrypted e-mail.

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