



## 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.

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How were your current investments selected? \_\_\_\_\_

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Note- the following questions will just be a starting point for a more in depth conversation during our meeting:

Please rate your risk tolerance.

Client (1):  High  Medium  Low  
 Client (2):  High  Medium  Low

Please rate your investment objective.

Client (1):  Capital Preservation  Income  Growth & Income  Aggressive Growth  
 Client (2):  Capital Preservation  Income  Growth & Income  Aggressive Growth

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.

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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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