



## 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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