



## 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 investment statements including brokerage, mutual fund, annuity, and retirement accounts. Please list any other investment accounts not appearing on the attached statements.

---



---



---

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

---

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.

---

---

---

---

---

---

---

---

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 upload it, along with any investment statements, to our secure portal CollabSpace. Should you decide to engage our services, the following additional documents may be required:

- |                                  |                                  |
|----------------------------------|----------------------------------|
| Prior year tax return            | Paycheck stubs                   |
| Cash Flow worksheet              | Insurance policies               |
| Employer Retirement plan options | Employee benefits booklet        |
| Cost basis of investments        | Social security annual statement |
| Loan documents                   | Pension statements               |

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

Keener Financial Planning, LLC, 1692 Keller Parkway, Keller, TX 76248  
Phone: 817-993-0401, Fax: 817-993-0002, E-mail: [info@KeenerFinancial.com](mailto:info@KeenerFinancial.com)  
[www.KeenerFinancial.com](http://www.KeenerFinancial.com)