

Confidential Financial Questionnaire



Marmaras & Smith LLC
Giving your wealth purpose



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Mission Statement

Our team of wealth management professionals will earn your trust by understanding your unique goals and circumstances.

We will help you answer the critical question,

“Where are you heading and how will you get there?”

Planning your future is a journey.

As your trusted advisor, we are committed to traveling this road together with you and your family.

We give your wealth purpose so you and your family can lead impactful, meaningful lives.

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Confidential Financial Questionnaire

About this questionnaire

This confidential questionnaire is the first step in establishing a sound financial plan. Please fill in completely the information requested. Only we and our authorized professional staff will have access to this information under strict standards of confidentiality. We can assist you in gathering the information requested. Please call with any questions or if any item needs clarification.

Documents to bring to the next interview:

To best analyze your financial situation we must have a clear picture of your past and present financial position. This is reflected in a number of documents (see checklist).

We can work toward your best advantage when you provide these documents along with this completed questionnaire. Your documents will be returned to you.

Below is a checklist of documents: Please provide us with copies of the documents applicable to your situation.

- Completed confidential
- Income Tax Return(s) for last year
- Paycheck stub(s) for you and your spouse showing deductions from your gross income
- Wills and trust documents
- Insurance summary
 - Life
 - Auto
 - Home
 - Disability
 - Long Term Care
- 401(k) statements/IRA statements
- Investment statements
- Stock options
- Summary of employer benefits (typically from HR)
- Pension information and Summary Plan Description (SPD)
- Other

Personal Data

Today's Date _____

	Name	Marital Status	Date of Birth	S.S. Number	Place of Birth/Citizenship	Driver's License
Client I	_____	_____	_____	_____	_____	_____
Client II	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	Grade _____
Child	_____	_____	_____	_____	_____	Grade _____
Child	_____	_____	_____	_____	_____	Grade _____
Child	_____	_____	_____	_____	_____	Grade _____
Child	_____	_____	_____	_____	_____	Grade _____
Child	_____	_____	_____	_____	_____	Grade _____

Legal Residence

Street Address _____ City, State, Zip _____

Primary Email _____ Secondary Email _____

Cell Phone 1 _____ Cell Phone 2 _____

Home Telephone _____

Occupational Data

	Client I	Client II
Your Title	_____	_____
Employer	_____	_____
Employer Street Address	_____	_____
City, State, Zip	_____	_____
Telephone	_____	_____
Work Email	_____	_____
Years of Service	_____	_____
Self Employed, Type of Business	_____	

Occupational Data

Work-Related Benefits

Does your company have (check as many as appropriate):

	<u>Client I</u>	<u>Client II</u>
Pension Plan	_____	_____
401k Plan	_____	_____
Profit Sharing	_____	_____
Thrift/Savings Plan/Other	_____	_____
Stock Option Plan	_____	_____
Deferred Compensation	_____	_____
Comprehensive Major Medical	_____	_____
Disability, Long Term Care	_____	_____

Income Sources

	<u>Client I</u>	<u>Client II</u>	<u>Joint</u>
Base Salary/Income	_____	_____	
Bonuses	_____	_____	
Pension	_____	_____	
Social Security	_____	_____	_____
Rental Income	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

Personal & Family Background

Disability/Health Issues in Family

Do you have any special needs dependents?

Personal Questions

Yes No

Notes:

1. Do you have a P.O.A?
2. Do you have a living trust?
3. Do you have a will?
4. Do you have income from real estate?
5. Do you have an attorney?
6. Do you have an accountant?
7. Do you expect to care for a child or parent?
8. Do you expect an inheritance?
9. Do you have long term care protection?

Financial Objectives

Rank the following according to your level of concern (1 being Not Concerned and 10 being Very Concerned)

Retirement planning

Planning for children or grandchildren's
education

Reducing current income taxes

Increasing current income

Estate Planning

Desire for professional management

Maximum Growth

Combined growth and income

Briefly describe your investment objectives overall.

Short term financial goals

Long term financial goals

Asset Inventory

Savings

Titled Owner	Item	Current Market Value	Yield/Coupon

Investments

Real Estate

	Year Bought	Price	Title	Improvements Capital Expenditures	Current Market Value
Primary Residence					
Other Home					
Other Home					
Undeveloped Land					
Undeveloped Land					
Other					

Life Insurance Policies

Disability & Long Term Care Insurance Policies

Debt

Mortgages

	Loan Date	Term	Amount	Interest Rate	Approximate Balance	Monthly Principal & Interest Payment
Primary Residence						

Loans (includes personal loans, college loans, home improvement loans, passbook loans, car loans, credit cards, store charges, checking credit line, etc.)

Type of Loan	Monthly Payment	Balance Remaining	Interest Rate	Insured Yes/No

Do you make extra payments? No Yes How much? _____

Notes

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