

# CLIENT QUESTIONNAIRE

## CLIENT DATA

Client Name:	Date of Birth: / /	US Citizen: Y N
Spouse Name:	Date of Birth: / /	US Citizen: Y N
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

## FAMILY DATA

Children	Date of Birth	Marital Status
	/ /	S M Div Sep
	/ /	S M Div Sep
	/ /	S M Div Sep
	/ /	S M Div Sep
	/ /	S M Div Sep

## FINANCIAL PRIORITIES

Please place a number next to your top 3 priorities from the list below:

### CLIENT

- \_\_\_\_\_ Creating Retirement Income
- \_\_\_\_\_ Saving for Major Purchases
- \_\_\_\_\_ Minimizing Taxes
- \_\_\_\_\_ Insuring your assets
- \_\_\_\_\_ Caring for Parents
- \_\_\_\_\_ Planning for a Business
- \_\_\_\_\_ Saving For College
- \_\_\_\_\_ Managing a Budget
- \_\_\_\_\_ Insuring your Life
- \_\_\_\_\_ Providing a Legacy
- \_\_\_\_\_ Contributing to Charity

### SPOUSE

- \_\_\_\_\_ Creating Retirement Income
- \_\_\_\_\_ Saving for Major Purchases
- \_\_\_\_\_ Minimizing Taxes
- \_\_\_\_\_ Insuring your assets
- \_\_\_\_\_ Caring for Parents
- \_\_\_\_\_ Planning for a Business
- \_\_\_\_\_ Saving For College
- \_\_\_\_\_ Managing a Budget
- \_\_\_\_\_ Insuring your Life
- \_\_\_\_\_ Providing a Legacy
- \_\_\_\_\_ Contributing to Charity

What is your primary question for Wilon?

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What are your biggest financial concerns?

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