



## CONFIDENTIAL QUESTIONNAIRE

**CLIENT NAME (1):** \_\_\_\_\_

**CLIENT NAME (2):** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: (Home or Work) \_\_\_\_\_

Fax: (Home or Work) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Primary Contact Person during business hours? \_\_\_\_\_

Contact me by (circle one)  
E-mail or Phone

**FAMILY MEMBERS (Please list children and other dependants.)**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	<b>Y N</b>	_____
_____	_____	/ /	<b>Y N</b>	_____
_____	_____	/ /	<b>Y N</b>	_____
_____	_____	/ /	<b>Y N</b>	_____

**Client Employer (1):** \_\_\_\_\_  
 Title/Job: \_\_\_\_\_  
 Number of years with this employer? \_\_\_\_\_  
 Anticipated employment changes? \_\_\_\_\_  
 When do you plan to retire? \_\_\_\_\_  
 Salary: \_\_\_\_\_  
 Self Employment Income: \_\_\_\_\_  
 Bonus/Commissions: \_\_\_\_\_  
 Other Earned Income: \_\_\_\_\_  
**TOTAL (Current Yr) =** \_\_\_\_\_

**Client Employer (2):** \_\_\_\_\_  
 Title/Job: \_\_\_\_\_  
 Number of years with this employer? \_\_\_\_\_  
 Anticipated employment changes? \_\_\_\_\_  
 When do you plan to retire? \_\_\_\_\_  
 Salary: \_\_\_\_\_  
 Self Employment Income: \_\_\_\_\_  
 Bonus/Commissions: \_\_\_\_\_  
 Other Earned Income: \_\_\_\_\_  
**TOTAL (Current Yr) =** \_\_\_\_\_

**Do you have estate planning documents?**  
 When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

**How were your current investment assets selected?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.**  
 (1 being most true and 5 least true)

- \_\_\_\_\_ I would rather work longer than reduce my standard of living in retirement.
- \_\_\_\_\_ I feel that I/we can reduce our current living expenses to save more for the future if needed.
- \_\_\_\_\_ I am more concerned about protecting my assets than about growth.
- \_\_\_\_\_ I prefer the ease of mutual funds over individual securities.
- \_\_\_\_\_ I am comfortable with investments that promise slow, long term appreciation and growth.
- \_\_\_\_\_ I don't brood over bad investment decisions I've made.
- \_\_\_\_\_ I feel comfortable with aggressive growth investments.
- \_\_\_\_\_ I don't like surprises.
- \_\_\_\_\_ I am optimistic about my financial future.
- \_\_\_\_\_ My immediate concern is for income rather than growth opportunities.
- \_\_\_\_\_ I am a risk taker.
- \_\_\_\_\_ I make investment decisions comfortably and quickly.
- \_\_\_\_\_ I like predictability and routine in my daily life.
- \_\_\_\_\_ I usually pick the tried and true, the slow, safe but sure investments.
- \_\_\_\_\_ I need to focus my investment efforts on building cash reserves.
- \_\_\_\_\_ I prefer predictable, steady return on my investments, even if the return is low.

**Rate your working relationships with each of the following advisors that apply**

<u>Adviser</u>	<u>Satisfaction Rating</u>					
	<u>Dissatisfied</u>		-		<u>Very Satisfied</u>	<u>Not Applicable</u>
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
			<b>Client (1)</b>			<b>Client (2)</b>

**INSURANCE**

	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been denied Insurance?  Yes  No

**ASSETS**

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

**Bank Accounts**

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**CD's**

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____
_____	_____%	_____	_____	\$ _____

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

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**PERSONAL PROPERTY**

Estimated Value

Primary Residence	_____	_____
Furnishings (Liquidation Value)	_____	_____
Vehicle	_____	_____
Vehicle	_____	_____
Other	_____	_____
Other	_____	_____

**LIABILITIES**

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$
_____	_____ %	_____ \$	_____ \$

\*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
_____	_____	_____ %	_____ \$	_____ \$	_____
_____	_____	_____ %	_____ \$	_____ \$	_____
_____	_____	_____ %	_____ \$	_____ \$	_____
_____	_____	_____ %	_____ \$	_____ \$	_____

Have you received a copy of your credit report recently?  Yes  No

**Please comment on the advice you seek.**

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**These items will be needed, should you engage our services:**

Two Years Prior Tax Returns  
Brokerage Account Statements  
Trust Account Statements  
Retirement Plan Account Statements  
Loan Documents

Paycheck Stubs  
Mutual Fund Account Statements  
Employee Benefits Booklet  
Legal Documents  
Insurance Policies – Declaration Pages

Fax or mail a copy of this form and the items listed above to us at the following address:

Davis Financial Management, Inc. • 4901 W. 136<sup>th</sup> Street • Leawood, KS 66224

Phone: (913) 890-7279 • Fax: (913) 890-7280

Email: [matt@davisfinancialmanagement.com](mailto:matt@davisfinancialmanagement.com)

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