

LANDMARK FINANCIAL PLANNING, LLC



7305 MANCHESTER RD, STE C-2 | MAPLEWOOD, MO 63143
WWW.LANDMARKFP.NET | 314-657-7675

Confidential Questionnaire

Date of Completion: _____

Client Information

Client Name (1) _____	Client Name (2) _____
Home Address _____	
City, State, Zip _____	
Home Phone () - _____	
Work Phone () - _____	Work Phone () - _____
Mobile Phone () - _____	Mobile Phone () - _____
Fax (Hm or Wk) () - _____	Fax (Hm or Wk) () - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Citizenship _____	Citizenship _____
Marital status _____	
Primary Contact Person during business hours? _____	
Preferred method of contact (circle one): E-mail or Phone	
How did you hear about Landmark Financial Planning? _____	

Family Members (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent	Residence (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Employment

Client Employer (1) _____	Client Employer (2) _____
Title/Job _____	Title/Job _____
Number of years with this employer? _____	Number of years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
When do you plan to retire? _____	When do you plan to retire? _____
Salary _____	Salary _____
Self Employment Income _____	Self Employment Income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
TOTAL (Current Year) = _____	TOTAL (Current Year) = _____

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

Who prepares your tax return?

<input type="checkbox"/> Self	Preparer Name _____	Phone (____) _____ - _____
<input type="checkbox"/> Paid Preparer	Address _____	Fax (____) _____ - _____
	City, State, ZIP _____	

Do you have estate planning documents?

	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

Client 1	Client 2	1 = Most True, 5 = Least True
_____	_____	I know how much money I/we spend.
_____	_____	I am comfortable with my/our amount of debt.
_____	_____	I am optimistic about my financial future.
_____	_____	I feel prepared for most emergency situations.
_____	_____	I am comfortable with my spending habits.
_____	_____	I/we need to follow a budget.
_____	_____	I am/we are saving enough.
_____	_____	I feel that I/we can reduce our current living expenses to save more for the future if needed.
_____	_____	I prefer to automate bill payments and investment contributions.
_____	_____	I am adequately insured.
_____	_____	My financial affairs are in order in the event of my death or incapacity.
_____	_____	I generally make good financial decisions.
_____	_____	I check the value of my investments regularly.
_____	_____	Financial market volatility makes me nervous.
_____	_____	Money and finances keep me up at night.
_____	_____	I am willing to implement investment strategies myself if it will save me/us money.
_____	_____	I have experience placing trades online.
_____	_____	I want to learn more about financial planning and managing my own investments.

How were your current investment assets selected? _____

Confidential Questionnaire, Continued

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

Advisor	Satisfaction Rating					Not Applicable
	1 = Dissatisfied	2	3	4	5 = Very Satisfied	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance

	Client (1) Coverage		Client (2) Coverage	
	Group	Individual	Group	Individual
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 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"/>
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"/>
Other Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

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

Bank Accounts	Checking (C), Savings (S), or Money (MM)			Ownership	Avg. Balance
Bank Name	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM		\$
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$

CDs	Interest Rate	Maturity Date	Ownership	Avg. Balance
Institution	%	/ /		\$
_____	%	/ /	_____	\$
_____	%	/ /	_____	\$

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? Yes (Client 1) Yes (Client 2) No
 Client 1 estimated monthly benefit is \$ _____ at age _____ . COLA? Yes No
 Client 2 estimated monthly benefit is \$ _____ at age _____ . COLA? Yes No

Personal Property	Estimated Value
Primary Residence	_____
Personal Property	_____
Vehicle	_____
Vehicle	_____
Other	_____

Please 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:

Personal Liabilities

Credit Cards	Interest Rate	Avg. Monthly Payment*	Current Balance
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

(*If not paid in full each month)

Home, Auto, School, and Other Debts	Term	Interest Rate	Payment	Approximate Balance
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____

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

Please comment on the advice you seek. _____

Confidential Questionnaire, continued

These items may be needed, should you engage our services:

- ✓ Prior Year Tax Return
- ✓ Paycheck Stubs
- ✓ Brokerage Account Statements
- ✓ Mutual Fund Account Statements
- ✓ Trust Account Statements
- ✓ Employee Benefits Booklet
- ✓ Retirement Plan Account Statements
- ✓ Legal Documents
- ✓ Loan Documents
- ✓ Insurance Policies
- ✓ Employer Retirement plan choices
- ✓ Credit Report, if seeking advice related to
- ✓ Mortgage statement(s)

Please keep a copy of your completed form for your own records.

If you have further questions about the form, please call or email.

Landmark Financial Planning, LLC.

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