

Confidential Questionnaire



Client Information

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 () - _____
Fax (Hm or Wk) () - _____	Fax (Hm or Wk) () - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Primary Contact Person during business hours? _____	
Contact me/us by (circle one) E-mail <input type="checkbox"/> or Phone <input type="checkbox"/>	

Family Members (please list children and other dependants)

Name	Relationship	Date of Birth
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /

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

Advisor Relationships

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

<u>Advisor</u>	<u>Satisfaction Rating</u>					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

	<u>Client (1)</u>		<u>Client (2)</u>			
	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage</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 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.)

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

<u>CDs</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____ %	____ / ____ / ____	_____	\$ _____
_____	_____ %	____ / ____ / ____	_____	\$ _____
_____	_____ %	____ / ____ / ____	_____	\$ _____

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? Yes No
 If yes, estimated monthly benefit is \$ _____ at age _____ . COLA? Yes No

Personal Property	Estimated Value
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

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

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

(*If not paid in full each month)

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

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

Please comment on the advice you seek. _____

Confidential Questionnaire, Continued

Additional Information

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

- Prior year tax return
- 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

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at: **Arconti Financial Advisors, LLC.**

152 Deer Hill Avenue, Suite 102

Danbury, CT 06810

Phone: (203)778-4100

OR E-mail: tom@arcontifinancialadvisors.com
