



**CLIENT QUESTIONNAIRE**

**PERSONAL**

DATE	FULL NAME	BIRTHDATE	BIRTHPLACE	CITY/STATE/COUNTY	SOCIAL SECURITY NUMBER		
MR/MISS							
MRS	( MAIDEN NAME )						
CHILDREN							
	DIVORCE DATE... ALIMONY/CHILD SUPPORT	MARRIAGE DATE	MARRIAGE SITE - CITY/STATE/COUNTY				

HOME ADDRESS	HOME PHONE	E-MAIL ADDRESS
WORK ADDRESS/POSITION/TRAINING	WORK PHONE	WORK E-MAIL ADDRESS
WORK ADDRESS/POSITION/TRAINING - SPOUSE	WORK PHONE	WORK E-MAIL ADDRESS

**LEGAL**

STATE DRIVER'S LICENSE NUMBERS	STATE OF AUTO REGISTRATION	STATE OF VOTER REGISTRATION	STATE(S) TO PAY INCOME TAX
DATE OF YOUR LAST WILL(S)	NAMES AND DATES OF YOUR TRUST(S)	DO YOU ANTICIPATE AN INHERITANCE? (DESCRIBE)	
WHO AND WHERE IS YOUR ATTORNEY?			

**TAX**

COMBINED TAX BRACKET? (%)	ITEMIZE DEDUCTIONS?	JOINT RETURN?	PAY QUARTERLY?	NO. OF WITHHOLDING EXEMPTIONS	
				HIS PAY	HER PAY
<b>FEDERAL TAXES PAID</b>		<b>STATE TAXES PAID</b>		REFUND	
LAST YEAR	TWO YEARS AGO	LAST YEAR	TWO YEARS AGO	LAST YEAR	TWO YEARS AGO
WHO AND WHERE IS YOUR TAX PREPARER?					
DO YOU CONTRIBUTE TO A TAX-ADVANTAGED PLAN ACCOUNT? (CIRCLE ANSWERS)					
DEFERRED COMPENSATION	PROFIT SHARING	IRA	SEP IRA	ROTH IRA	401K 403B(TSA) 529 PLAN UGMA/UTMA COVERDELL

**PLEASE PROVIDE COPY OF**  
**-TRUST FIRST PAGE AND SIGNATURE PAGE**  
**-FEDERAL FORM 1040 AND STATE RETURN LAST TWO YEARS**  
**-RECENT PAY STUBS**



**GOALS**

ASSIGN PRIORITY (0="NONE," 1="LOW," 5="HIGH") AND ENTER ESTIMATED ACTION DATE FOR ITEMS BELOW

INCOME NOW \_\_\_\_\_ TRAVEL \_\_\_\_\_ EDUCATION EXPENSES \_\_\_\_\_ MAJOR PURCHASE \_\_\_\_\_

ADDITIONAL CHILDREN \_\_\_\_\_ PROVIDE FOR SOMEONE'S CARE \_\_\_\_\_ WEDDING \_\_\_\_\_ ORTHODONTIA \_\_\_\_\_

CHARITY/BEQUEST \_\_\_\_\_ CELEBRATION \_\_\_\_\_ START A BUSINESS \_\_\_\_\_ RETIREMENT INCOME \_\_\_\_\_

WHEN WILL YOU RETIRE AND DESCRIBE WHAT WILL YOU DO:

**INCOME**

ANNUAL SALARY	SOURCE	ANNUAL BONUS	SOCIAL SECURITY	PENSION	RETIREMENT PLAN(S)	TOTAL

**DEBT YOU OWE**

MORTGAGE	AUTO LOAN	CREDIT CARD BAL.	SCHOOL LOAN	PERSONAL LOAN	BUSINESS LOAN	INSURANCE POL. LOAN	UNPAID TAXES
TO WHOM PAYABLE	PURPOSE			PRESENT BALANCE	DATE PAID UP	PAYMENT PER MONTH	

**DEBT YOU OWN**

CHECKING	SAVINGS	MONEYMARKET	CERTIFICATES OF DEPOSIT	E-BONDS	MORTGAGES/SECOND DEEDS	LOANS REC'BLE	ACCOUNTS REC'BLE, ETC.
DESCRIPTION/LOCATION/ACCOUNT NUMBER			OWNER	MATURITY DATE	INTEREST RATE	AMOUNT	INCOME PER MONTH

**LIFE INSURANCE AND ANNUITIES**

INSURED	OWNER	COMPANY/TYPE/POL.NO./DATE ISSUED	FACE AMOUNT	RIDER	CASH VALUE	MONTHLY PREMIUM

PLEASE PROVIDE A COPY OF POLICY FACE PAGE (COMPANY, INSURED, DATE, POLICY NO., BENEFITS, ETC.)



**EQUITY ACCOUNTS (STOCKS, MUTUAL FUNDS, REIT'S)\***

FUND OR BROKER NAME & ADDRESS	ACCOUNT NO.	CURRENT ACCOUNT VALUE	MONTHLY (CONTRIBUTION)/INCOME
STOCK OPTIONS (DESCRIBE)			

**REAL ESTATE**

DESCRIPTION/LOCATION	ORIGINAL COST	YR. PURCHASED	APPREC. RATE	OWNER(S)	CURRENT VALUE	CURRENT BASIS	MONTHLY INCOME

**OTHER INVESTMENT ASSETS**

LIMITED PARTNERSHIPS	COMMODITIES	PRECIOUS METALS	COINS	STAMPS	ART	ANTIQUES	
DESCRIPTION/LOCATION	ORIGINAL COST	YR. PURCHASED	APPREC. RATE	OWNER(S)	CURRENT VALUE	INSURED?	KEEP/SELL

**BUSINESS**

DESCRIBE BUSINESS(ES) IN WHICH YOU ARE MANAGER/OWNER

\*PLEASE PROVIDE A RECENT COPY OF EACH INVESTMENT ACCOUNT STATEMENT



**ADDITIONAL PROTECTION (LIABILITY INSURANCE COVERAGES)\***

AUTO POLICY		BOAT POLICY		RV POLICY		TRAILER POLICY		MOTORCYCLE POLICY	
COMPANY/ACCOUNT NUMBER	BODILY INJURY	PROP. DAMAGE	MEDICAL	COMPREHENSIVE (DED)	COLLISION (DED)	INSURED MOT.	MONTHLY PREMIUM		
ITEMIZE YEAR/MAKE/VALUE OF VEHICLES									

HOMEOWNER'S POLICY				RENTER'S POLICY			
COMPANY/ POLICY NUMBER	DWELLING CVG.	CONTENTS CVG.	MEDICAL PAY	LIVING EXPENSES	PERS. LIABILITY	RIDER	MONTHLY PREMIUM

PERSONAL PROPERTY POLICY		(JEWELRY	FURS	CAMERAS	COMPUTERS	TOOLS	STERLING FLATWARE	WINE)
COMPANY/ POLICY NUMBER	FIRE	THEFT	ALL RISKS FLOATER	DEDUCTIBLE	MONTHLY PREMIUM			

DISABILITY INCOME POLICY							
COMPANY/ POLICY NUMBER	TYPE	MONTHLY BENEFITS	WAITING PERIOD (DAYS)		PAYOUT PERIOD (YEARS)		MONTHLY PREMIUM
			ACCIDENT	SICKNESS	ACCIDENT	SICKNESS	

LONG TERM CARE POLICY						
COMPANY/ POLICY NUMBER	TYPE	MONTHLY BENEFITS	WAITING PERIOD (DAYS)	PAYOUT PERIOD (YEARS)	MONTHLY PREMIUM	

MEDICAL INSURANCE POLICY		DENTAL INSURANCE POLICY				
COMPANY/ POLICY NUMBER	MAX CVG ALL COST	DAILY HOSP.	SURGERY	DEDUCTIBLE \$ YOU PAY	CO-INSURANCE %YOU PAY	MONTHLY PREMIUM

LIFE EXPECTANCY
BASED ON FAMILY HEALTH HISTORIES AND YOUR CURRENT HEALTH STATUS, HOW LONG DO YOU THINK EACH OF YOU WILL LIVE?

\*PLEASE PROVIDE A COPY OF THE FACE PAGE FOR EACH POLICY





**MONTHLY LIVING EXPENSES WORKSHEET**

	\$/MO		\$/MO
<b>HOUSING</b>		<b>PERSONAL</b>	
BOTTLED H2O	_____	BARBER/BEAUTY.	_____
CONDO FEES	_____	CLEANER/LNDRY	_____
DOMESTIC	_____	CLOTHING	_____
IMPROVEMENTS	_____	FIN. ADVISOR	_____
INSURANCE	_____	GIFTS/CHRISTMAS	_____
MAINTENANCE	_____	LIFE INSURANCE	_____
LOANS/RENT	_____	POCKET MONEY	_____
PET CARE	_____	PROF. DUES	_____
PEST SERVICE	_____	SAFE DEP.	_____
R.E. TAXES	_____	TAX PREP.	_____
TELEPHONE	_____	TOILETRIES	_____
UTILITIES	_____	<b>PAYMENTS</b>	
YARD/POOL	_____	CHILD SUPPORT	_____
<b>FOOD</b>		ALIMONY	_____
GROCERIES	_____	CHARITY/CHURCH	_____
LIQUOR	_____	INSTALLMENTS	_____
EATING OUT	_____	POLITICAL	_____
<b>HEALTH</b>		<b>ENTERTAINMENT</b>	
DISAB. INSUR.	_____	CABLE TV	_____
HEALTH INSUR.	_____	CLUBS	_____
DOCTOR/DENTIST	_____	HOBBIES	_____
MEDICINES	_____	LESSONS	_____
VISION	_____	NEWS/MAGS.	_____
<b>AUTO/TRANS</b>		VCR/CD	_____
GAS/TIRES	_____	RECREATION	_____
LICENSE/INSUR.	_____	THEATER	_____
TUNE/REPAIR	_____	VACATION	_____
PARK/WASH	_____	SPORT/EVENTS	_____
LOAN PMNTS.	_____	<b>OTHER</b>	
BUS/TRAINFARE	_____	_____	_____
<b>CHILDREN</b>		_____	_____
ALLOWANCE	_____	_____	_____
BABYSITTER	_____		
CAMP	_____		
CHILD CARE	_____		
EDUCATION	_____		

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