

# CONFIDENTIAL QUESTIONNAIRE

*The following information is strictly confidential and will not be disclosed to anyone without your consent.*

Please return all 4 pages of this completed questionnaire before your preliminary meeting to

**Moore Financial Strategies • 33 Bloomfield Hills Pkwy, Suite 233 • Bloomfield Hills, MI 48304; or FAX (248) 671-0800**

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

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

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

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

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

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

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

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

Work Phone (if applicable): \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

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

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

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

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

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Check one:  married  single  divorced  
 widow/widower  other

Check one:  married  single  divorced  
 widow/widower  other

Primary contact person during business hours? \_\_\_\_\_

**FAMILY MEMBERS** (please list children, indicating if they are dependent or not; also list other dependents)

Full Name	Relationship	Date of Birth	Dependent	Residence (city & state)
_____	_____	___/___/___	Y N	_____
_____	_____	___/___/___	Y N	_____
_____	_____	___/___/___	Y N	_____
_____	_____	___/___/___	Y N	_____

## WORK & INCOME SITUATION

*Client 1*

Employer: \_\_\_\_\_  
(if not retired)

Title/Job: \_\_\_\_\_

Number of years with employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

When do you hope to retire? \_\_\_\_\_

### INCOME

Salary: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Investment Income: \_\_\_\_\_

Pension, Social Security, & IRA Income: \_\_\_\_\_

Other Income (specify): \_\_\_\_\_

**TOTAL INCOME** (Current Year): \_\_\_\_\_

*Client 2*

Employer: \_\_\_\_\_  
(if not retired)

Title/Job: \_\_\_\_\_

Number of years with employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

When do you hope to retire? \_\_\_\_\_

### INCOME

Salary: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Investment Income: \_\_\_\_\_

Pension, Social Security, & IRA Income: \_\_\_\_\_

Other Income (specify): \_\_\_\_\_

**TOTAL INCOME** (Current Year): \_\_\_\_\_

**Who prepares your tax return?**

- Self  Paid Preparer

Are all federal, state and local tax returns up-to-date and filed on time? Y N

Are any of your income tax filings on extension? Y N

*Please bring a copy of your prior year tax return to the preliminary meeting.*

**Check the estate planning documents you have in place now. When and in what state were they prepared?**

Client 1 Client 2

- Will \_\_\_\_\_
- Living Trust \_\_\_\_\_
- Durable Power of Attorney for Health Care \_\_\_\_\_
- Durable Power of Attorney for Finance \_\_\_\_\_
- Living Will \_\_\_\_\_
- Other Documents (please specify) \_\_\_\_\_

**Which insurance policies do you have?**

Client 1 Client 2

- Life What is the death benefit value of all life insurance for Client #1 \_\_\_\_\_ Client #2 \_\_\_\_\_
- Health & hospitalization
- Auto How many cars do you own? \_\_\_\_\_ lease? \_\_\_\_\_
- Homeowners
- Disability
- Long-term care

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

\_\_\_\_\_  
\_\_\_\_\_

**What is your attitude toward investments that fluctuate in value? (your risk or volatility tolerance)**

- Strongly dislike fluctuation – prefer investments that don’t go up and down in value (i.e. insured savings accounts, CDs, government bonds, etc.)
- Prefer little fluctuation – want to know how much my investments will provide (i.e. highly-rated bonds)
- Willing to assume some fluctuation (i.e., mutual funds and certain stocks)
- Prefer aggressive investments where return is uncertain but may be substantial (speculative stocks, stock options, etc.)

**Have you ever worked with another financial service provider? Y N**

If “yes,” please indicate your level of satisfaction: \_\_\_\_\_

**Please rank these financial planning goals in the order of importance to you. (1= very important; 2 = important; 3 = not important; and NA = not applicable)**

- Maintain lifetime financial independence and security (prior to and during retirement)
- Minimize taxes
- Have a better understanding of personal finances, resulting in greater peace of mind about money matters
- Use an effective method of making wise investment decisions
- Manage risk of potentially devastating financial events
- Receive help with procedural, complicated issues involving money . . . that can take so much time and effort
- Improve an estate plan
- Manage transition periods, such as death of a spouse, remarriage, career or employment change, geographic move, etc.
- Simplify aspects of life related to money management
- Plan for a major purchase : \_\_\_\_\_
- Provide financial resources for children or grandchildren’s education (circle one)
- Accomplish charitable goals
- Travel and/or enjoy more quality time with spouse/significant other or family
- Make the most of special financial planning opportunities for clergy (specific only for ordained clergy members)
- Other (please explain) \_\_\_\_\_

**What is the main reason you contacted Moore Financial Strategies?**

\_\_\_\_\_  
\_\_\_\_\_ continued . . .





# Financial Feelings Survey

Directions: As you read the statements below, think about how satisfied you are with certain parts of your life related to money and personal finances. Write your score for each of these items in the appropriate box:



- 1 = not satisfied
- 2 = only a bit satisfied
- 3 = moderately satisfied
- 4 = mostly satisfied
- 5 = very satisfied



Here's how I feel about:	Client 1	Client 2 / (if appropriate)
1. My ability to meet my financial obligations.		
2. The income from my current job and/ or retirement income sources.		
3. My spending habits.		
4. The level of debt I carry.		
5. The "extras" I am able to buy for myself and/or loved ones if I want to do this.		
6. The level and quality of insurance protection I have.		
7. The amount of money I save and invest on a regular basis.		
8. My current investment choices.		
9. Knowing I am on track to build a sufficient retirement nest egg OR IF I'M ALREADY RETIRED . . . knowing I have a sufficient amount for my retirement years.		
10. The work I'm currently doing . . . either for pay or on a volunteer basis.		
11. My style of financial record management.		
12. My ability to provide financial help to family members when it's needed.		
13. My estate plan.		
14. My level of charitable giving.		
15. My level of financial education.		
16. How I respond emotionally to issues about money and personal finance.		
17. My ability to talk about financial matters with my partner or another family member.		
18. The thoughts I have about money and its place in my life.		
19. Knowing that financial issues do not cause stress or strain in important personal relationships.		
20. The professional relationships I have with my financial service providers (i.e.- insurance agent, banker, broker, financial planner, accountant).		

Client 1 \_\_\_\_\_ Date \_\_\_\_\_

Client 2 (if applicable) \_\_\_\_\_ Date \_\_\_\_\_