



SAGEPATH FINANCIAL PLANNING, LLC

INDEPENDENT, OBJECTIVE FINANCIAL PLANNING AND ADVICE

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 dependents.)

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

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 Yr) =

TOTAL (Current Yr) =

Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

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? _____

		Client (1)			Client (2)	
INSURANCE	Coverage/Cost	Group	Individual	Coverage/Cost	Group	Individual
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. 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:

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

Have you ever declared bankruptcy? Yes No

Have you ever been involved in a lawsuit or are you involved in any pending litigation? Yes No

Please comment on the advice you seek.

These items 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

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax or mail a copy to us at the following address:

SagePath Financial Planning, LLC • 27 State Street, #32 • Bangor, ME 04401

Phone: (207) 370-4269 • Fax: (888) 557-8021