Fiscal Fitness, LLC

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Verona, WI 53593

(608) 848-1133

contactus@fiscalfitnessmadison.com

www.fiscalfitnessmadison.com

**Confidential Questionnaire**

*Instructions: You can use Microsoft Word to complete this form. Just tab through the document or click with your mouse and begin typing when you see the black rectangle. To check a box, click it or press the space bar.*

Date Completed:

|  |  |
| --- | --- |
| **Client Name:**        | **Co-Client Name:**      |
| Relationship to Co-Client:       | Relationship to Client:        |
| Date of Birth:        | Date of Birth:        |
| Gender Identity: [ ]  F [ ]  M [ ]  Non-binary | Gender Identity: [ ]  F [ ]  M [ ]  Non-binary |
| Address:        | Address:       |
| City, State, Zip:       | City, State, Zip:       |
| Home Phone:       | Home Phone:       |
| Other Phone:       | Other Phone:       |
| Email:       | Email:       |

|  |
| --- |
| Primary person to contact during business hours:       |
| Preferred contact method: [ ]  Home Phone [ ]  Other Phone or [ ]  Email |

**Children (or others you support):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Relationship:** | **Date of Birth:** | **Dependent:** | **Residence** **(city & state):** |
|       |       |       | [ ]  Y [ ]  N |       |
|       |       |       | [ ]  Y [ ]  N |       |
|       |       |       | [ ]  Y [ ]  N |       |
|       |       |       | [ ]  Y [ ]  N |       |
|       |       |       | [ ]  Y [ ]  N |       |

***Financial Planning Priorities and Interests***

**Short-term goals (next 1-5 years):**

|  |
| --- |
|       |
|       |
|       |

**Longer-term goals:**

|  |
| --- |
|       |
|       |
|       |
|       |

**What would you like to accomplish with Fiscal Fitness?**

|  |
| --- |
|       |
|       |
|       |
|       |

**What is important to you about your money?**For example: charitable involvement, family security, bequests, grandchildren’s education, or anything not listed above*.*

|  |
| --- |
|       |
|       |
|       |

***Employment Information, including self employment (if applicable):***

|  |  |
| --- | --- |
| **Client**  | **Co-Client**  |
| Employer:       | Employer:       |
| Position:       | Position:       |
| Years with this employer:       | Years with this employer:       |
| Anticipated employment changes? [ ]  Yes [ ]  No | Anticipated employment changes? [ ]  Yes [ ]  No |
| When do you plan to retire?       | When do you plan to retire?       |
| Current annual pre-tax salary: $       | Current annual pre-tax salary: $       |
| Other employment income: $       | Other employment income: $       |
| Average bonus/commissions: $       | Average bonus/commissions: $       |
| Total annual income = $       | Total annual income = $       |
| Is income consistent & reliable? [ ]  Yes [ ]  No | Is income consistent & reliable? [ ]  Yes [ ]  No |

**Do you have non-employment sources of income,** such as alimony, pensions, retirement accounts, or rental property? If yes, please describe:

|  |
| --- |
|       |
|       |
|         |

***Advisor Relationships***

**Where applicable, rate your current advisor on a scale of 1 (dissatisfied) to 5 (very satisfied)**

|  |  |  |
| --- | --- | --- |
| **Advisor** | **Rating (1-5)** | **Comment** |
| Accountant |   |       |
| Tax Preparer |   |       |
| Attorney |   |       |
| Broker |   |       |
| Insurance Agent (1) |   |       |
| Insurance Agent (2) |   |            |
| Financial Planner |   |       |

***Tax & Estate Planning Information***

**Who prepares your tax return?** [ ]  Self [ ]  Paid Preparer Preparer Name:

**Client:**

|  |  |  |
| --- | --- | --- |
| **Which documents do you have?** | **Year drafted?** | **In what state?** |
| [ ]  Will |      |       |
| [ ]  Living Will |      |       |
| [ ]  Living Trust |      |       |
| [ ]  Durable Power of Attorney (Financial)  |      |       |
| [ ]  Durable Power of Attorney (Medical)  |      |       |
| [ ]  Other (e.g. property agreements) |      |       |

**Co-Client:**

|  |  |  |
| --- | --- | --- |
| **Which documents do you have?** | **Year drafted?** | **In what state?** |
| [ ]  Will |      |       |
| [ ]  Living Will |      |       |
| [ ]  Living Trust |      |       |
| [ ]  Durable Power of Attorney (Financial)  |      |       |
| [ ]  Durable Power of Attorney (Medical)  |      |       |
| [ ]  Other (e.g. property agreements) |      |       |

***Insurance Information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy** | **Insurance company** | **Coverage Amount?** | **Deductible?** | **Premium?** |
| Vehicle 1  |        | $       | $       | $       |
| Vehicle 2  |       | $       | $       | $       |
| Vehicle 3  |       | $       | $       | $       |
| Homeowners |       | $       | $       | $       |
| Other |       | $       | $       | $       |

**Client**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do You Have?** | **Employer-Provided?** | **Coverage?** | **Premium?** |
| Health: [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No | $       | $       |
| Disability: [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No | $       | $       |
| Life: [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No | $       | $       |
| Umbrella Liability: [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | $       | $       |
| Long-Term Care: [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | $       | $       |

How is your health?

**Co-Client**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do You Have?** | **Employer-Provided?** | **Coverage?** | **Premium?** |
| Health: [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No | $       | $       |
| Disability: [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No | $       | $       |
| Life: [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No | $       | $       |
| Umbrella Liability: [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | $       | $       |
| Long-Term Care: [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | $       | $       |

How is your health?

***Financial Assets***

**Please provide the current value of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Type** | **Joint** | **Client** | **Co-Client** |
| Checking and savings : | $       | $       | $       |
| CDs + money market funds: | $       | $       | $       |
| Tax-deferred retirement accounts(IRAs, 401(k)’s, 403(b)’s, etc.): | $ n/a | $       | $       |
| Roth IRAs: | $ n/a | $      | $      |
| Brokerage accounts: | $       | $       | $       |
| Mutual funds in taxable accounts: | $       | $       | $       |
| Education savings (529s, etc.): | $       | $       | $       |
| Employee stock purchase plan: | $       | $       | $       |
| Other financial assets: | $       | $       | $       |

**Do you have a pension? Client** [ ]  Yes [ ]  No **Co-Client** [ ]  Yes [ ]  No

**If yes, estimated monthly benefit: Client** $       at age    **Co-Client** $       at age    .

**How much do you save each month?**

|  |  |
| --- | --- |
| Retirement plans: | $       |
| Other investment or savings accounts: | $       |

**Do you manage your own investments?** [ ]  Yes [ ]  No

**What is your desired annual retirement income?** (after tax, in today’s dollars) $

***Personal Property***

|  |  |  |
| --- | --- | --- |
|  | **Estimated Value:** | **Notes:** |
| Primary Residence: | $       |       |
| Vehicle 1: | $       |       |
| Vehicle 2: | $       |       |
| Vehicle 3: | $       |       |
| Furnishings: | $       |       |
| Other: | $       |       |

***Liabilities***

**Credit Cards:** (If not paid in full each month)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Interest Rate** | **Average Monthly Payment** | **Current Balance** |
|       |       % | $       | $       |
|       |       % | $       | $       |
|       |       % | $       | $       |

**Other Debts:** Please list mortgage, home equity, auto, personal, business, education, or other loans:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Term** | **Maturity****Date** | **Interest Rate** | **Monthly Payment** | **Current Balance** | **Original Balance** |
|       |       |       |       % | $       | $       | $       |
|       |       |       |       % | $       | $       | $       |
|       |       |       |       % | $       | $       | $       |
|       |       |       |       % | $       | $       | $       |
|       |       |       |       % | $       | $       | $       |

**Have you received a copy of your credit report recently?**

**Client** [ ]  Yes [ ]  No **Co-Client** [ ]  Yes [ ]  No

**If you know your credit score, what is it?**

**Client**     **Co-Client**

**How did you hear about Fiscal Fitness?**

***Other***

**Other noteworthy considerations not captured above:**

|  |
| --- |
|       |
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**Please email this completed form to:**

kathy@fiscalfitnessmadison.com

**or mail it to:**

Fiscal Fitness, LLC

211 E. Verona Ave. Suite 4

Verona, WI 53593

**or fax it, attention Kathy:**

608-268-8671

***Thank you for the time you have taken to provide this information!***