

## Confidential Questionnaire

Date of Completion: \_\_\_\_\_

### Client Information

<b>Client Name (1)</b> _____	<b>Client Name (2)</b> _____
Home Address _____	Home Address _____
City, State, ZIP _____	City, State, ZIP _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Primary Contact Person? _____	

### Family Members (Please list children and other dependents.)

Name	Relationship	Date of Birth	City & State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Employment

<b>Client (1) Employer</b> _____	<b>Client (2) Employer</b> _____
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 _____
<b>Total Annual Income =</b> _____	<b>Total Annual Income =</b> _____

**Financial Goals** (Retirement, Education, Major Purchases, Debt Management, Etc.)

Description: \_\_\_\_\_  
 Year of Goal: \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_ Per  Month  Year  
 Additional Information: \_\_\_\_\_

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Description: \_\_\_\_\_  
 Year of Goal: \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_ Per  Month  Year  
 Additional Information: \_\_\_\_\_

Do you have a financial plan?  Yes  No

What would you like to gain from working with an advisor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any other relevant information about your financial situation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assets**

Bank Accounts		Checking (C), Savings (S), or Money (MM)			Ownership	Avg. Balance
Bank Name						
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$	_____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$	_____
_____	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> MM	_____	\$	_____

CDs				
Institution	Interest Rate	Maturity Date	Ownership	Avg. Balance
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

**Investment and Retirement Accounts** (Feel free to attach copies of account statements.)

Account Type and Financial Institution	Account Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

Personal Property	Estimated Value	Related Mortgage or Loan
Primary Residence	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

Please list any additional investment assets. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal Liabilities** (Not including mortgage or loan related to personal property.)

Type (Credit Card, Loan, Etc.)	Term	Rate	Payment	Approximate Balance
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

**Insurance**

	Client (1) (Y/N)	Group	Individual	Client (2) (Y/N)	Group	Individual
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"/>
Short-Term Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	_____	<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"/>
Professional Liability	_____	<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"/>

**Have you ever been turned down for Insurance?**  Yes  No

## Estate Planning

	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other:	_____	_____

## Advisor Relationships

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

	1 = Dissatisfied			5 = Very Satisfied			Not Applicable
	1	2	3	4	5		
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"/>	
CPA / 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Information

Here are some of the documents that may be needed if you choose to 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

- For meetings at our office, feel free to bring the questionnaire with you or send us a copy before our meeting.
- If we will be meeting virtually (e.g. phone or Skype), please send us a copy of this completed form before our meeting by email, fax, or regular mail.

Mailing Address: Vannoy Advisory Group, Inc.  
 One Riverwalk Place  
 700 N. St. Mary's St., Suite 1400  
 San Antonio, TX 78205

Fax: (888) 366-0035

Email: [Info@VannoyAdvisoryGroup.com](mailto:Info@VannoyAdvisoryGroup.com)