

**Confidential Questionnaire**

Please fill out the following information to the best of your ability and fax or mail it back 1-2 weeks prior to your meeting. If you have questions call us at 651-373-9499.

**Client Information**

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

<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 ( ) - _____
Mobile Phone ( ) - _____	Mobile Phone ( ) - _____
Fax (Hm or Wk) ( ) - _____	Fax (Hm or Wk) ( ) - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Primary Contact Person during business hours? _____	
Contact me/us by (circle one) E-mail or Phone	

**Family Members** (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

**Employment**

<b>Client Employer (1)</b> _____	<b>Client Employer (2)</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 (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____



**Confidential Questionnaire, Continued**

**Advisor Relationships**

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

<u>Advisor</u>	<u>Satisfaction Rating</u>					<u>Not Applicable</u>
	1 = Very Satisfied			5 = Dissatisfied		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
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"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Insurance**

	<u>Client (1)</u>		<u>Client (2)</u>			
	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>
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 and attach necessary documentation.)

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

<u>CDs</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
<u>Institution</u>	_____ %	_____ / ____ / ____	_____	\$ _____
_____	_____ %	_____ / ____ / ____	_____	\$ _____
_____	_____ %	_____ / ____ / ____	_____	\$ _____

**Confidential Questionnaire, Continued**

**Assets, continued**

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

<b>Personal Property</b>	<b>Estimated Value</b>
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**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 Liabilities**

<b><u>Credit Cards</u></b>	<b><u>Interest Rate</u></b>	<b><u>Avg. Monthly Payment*</u></b>	<b><u>Current Balance</u></b>
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

(\*If not paid in full each month)

<b><u>Debts</u></b> (Residence, Auto, Business, School)	<b><u>Term</u></b>	<b><u>Interest Rate</u></b>	<b><u>Payment</u></b>	<b><u>Approximate Balance</u></b>
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____

Have you received a copy of your credit report recently?  Yes  No

Please comment on the advice you seek. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Confidential Questionnaire, Continued

### Additional Information

**These items, as well as others, 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

**For your financial consultation,**

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at: **Sailor Financial, LLC**

7900 International Drive, Suite 200  
Bloomington, MN 55425

• Phone: (651) 373-9499 • Fax: (866) 291-7529

OR E-mail: [info@SailorFinancial.com](mailto:info@SailorFinancial.com)

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