



Comprehensive Financial Planning, Inc.
Preliminary Data Gathering Questionnaire

This questionnaire is used to assist us in identifying your financial goals and defining the scope of services provided. Please fill out the questionnaire as best your can, but note asset, income and expense information need not be exact. After a scope and fees are agreed to, a more comprehensive data gathering process will be used during the actual planning process.

Prepared for: _____

Date: _____

Comprehensive Financial Planning, Inc.
1075 Main Avenue, Suite 216
Durango, Colorado 81301
970-385-5227
Toll Free: 877-901-5227
Email: Stan@CompFinancial.com
Website: CompFinancial.com

GENERAL INFORMATION

NAME

CLIENT _____ D/O/B _____ S.S.# _____

SPOUSE/PARTNER _____ D/O/B _____ S.S.# _____

Status (circle one): Married Single N Other _____

Home Address _____ Other address _____

City, State, Zip _____

Phone _____ Email _____ Other _____

Where would you like your mail sent? Home Business Other

CLIENT

Occupation _____ U.S. Citizen: Y N

Employer _____

Address _____ Approximate net worth \$ _____

City, State, Zip _____ Approximate income \$ _____

Phone _____ Email _____ Other _____

PARTNER

Occupation _____ U.S. Citizen: Y N

Employer _____

Address _____ Approximate net worth \$ _____

City, State, Zip _____ Approximate income \$ _____

Phone _____ Email _____ Other _____

DEPENDENT CHILDREN

_____ D/O/B _____ S.S.# _____

_____ D/O/B _____ S.S.# _____

_____ D/O/B _____ S.S.# _____

_____ D/O/B _____ S.S.# _____

HOBBIES AND OTHER INTERESTS: _____

PRIOR INVESTMENT EXPERIENCE

Indicate H, M, or L

H = high M = moderate L = low

Listed stocks/bonds _____ Insurance _____ Public limited partnerships _____

Mutual funds _____ Annuities _____ Tangible Assets _____

Real Estate _____ Other: (please indicate) _____

DO YOU CURRENTLY MANAGE YOUR OWN PORTFOLIO? YES NO

HOW DID YOU HEAR ABOUT US? _____

DO YOU USE A COMPUTER/EMAIL? _____

GENERAL INFORMATION(cont)

WHAT ARE YOUR FINANCIAL CONCERNS?

WHAT SPECIFIC GOALS DO YOU HAVE?

Retirement Age: Client _____ Spouse _____ Where _____

College: Who _____ Type _____ When _____

Other: _____

DO YOU HAVE THE FOLLOWING?

	CLIENT		PARTNER	
Power of Attorney / Appointment	YES	NO	YES	NO
Will	YES	NO	YES	NO
Living Will	YES	NO	YES	NO
Health Care Power of Attorney	YES	NO	YES	NO

HOW MUCH INSURANCE DO YOU HAVE?

	CLIENT	PARTNER
Life	_____	_____
Health	_____	_____
Disability	_____	_____
Liability	_____	_____
Auto	_____	_____
Home	_____	_____
Other	_____	_____

OTHER PROFESSIONALS- WE WILL NOT CONTACT ANYONE WITHOUT YOUR PERMISSION.

ACCOUNTANT Name _____ Company _____

Phone _____ Email _____ Other _____

ATTORNEY Name _____ Company _____

Phone _____ Email _____ Other _____

INSURANCE AGENT Name _____ Company _____

Phone _____ Email _____ Other _____

OTHER Name _____ Company _____

Phone _____ Email _____ Other _____

ADDITIONAL COMMENTS:

ASSETS

INVESTMENTS- TAXABLE ACCOUNTS	APPROXIMATE CURRENT VALUE	OWNER See Note 1
Liquid Assets (Bank Accounts, Money Market Accounts)	\$ _____	_____
Fixed Annuities and Cash Value Life Insurance	\$ _____	_____
Bonds	\$ _____	_____
Bond Funds	\$ _____	_____
Stocks	\$ _____	_____
Stock Funds	\$ _____	_____
Variable Annuities	\$ _____	_____
Real estate	\$ _____	_____
Other Investments not including your home(please describe)	\$ _____	_____
Business	\$ _____	_____
	\$ _____	_____

INVESTMENTS-TAX-SHELTERED ACCOUNTS- PENSIONS, IRAs, ETC.		
Liquid Assets (Bank Accounts, Money Market Accounts)	\$ _____	_____
Fixed Annuities and Cash Value Life Insurance	\$ _____	_____
Bonds	\$ _____	_____
Bond Funds	\$ _____	_____
Stocks	\$ _____	_____
Stock Funds	\$ _____	_____
Variable Annuities	\$ _____	_____
Other Investments not including your home(please describe)	\$ _____	_____
	\$ _____	_____

PERSONAL PROPERTY	APPROXIMATE CURRENT VALUE	OWNER See Note 1
Residence	\$ _____	_____
Automobiles, boats	\$ _____	_____
Other	\$ _____	_____
	\$ _____	_____
Total Assets	\$ -	

LIABILITIES	TERM-YRS	START DATE	BALANCE	INTEREST-%
Mortgage on residence	_____	_____	\$ _____	_____
Auto	_____	_____	\$ _____	_____
Credit card balance	_____	_____	\$ _____	_____
Consumer and other	_____	_____	\$ _____	_____
Total Liabilities			\$ -	

NOTES:
 1. Ownership codes: Client= C Spouse=S Child=CH Joint=J(list who)

INCOME-CURRENT OR LAST YEAR

	WHEN ELIGIBLE	CLIENT	SPOUSE/PARTNER
From Employment:	_____	_____	_____
From Pensions:	_____	_____	_____
From Portfolio	_____	_____	_____
From Social Security:	_____	_____	_____
From Other:	_____	_____	_____
	_____	_____	_____
Total		\$ -	\$ -

ESTIMATED LIVING EXPENSES-CURRENT OR LAST YEAR

	TOTAL
Mortgage Payments(PIT)	_____
Other Debt	_____
Rent	_____
Insurance	_____
Income Tax	_____
All other	_____

Total	\$ -

DOCUMENT CHECKLIST

PLEASE BRING THE MOST RECENT COPIES OF THE FOLLOWING DOCUMENTS WITH YOU. BETTER YET, IF POSSIBLE, PLEASE SEND US, IN ADVANCE OF OUR MEETING, COPIES OF THESE DOCUMENTS SO WE CAN BE BETTER PREPARED WHEN YOU VISIT US.

- _____ CURRENT STATEMENTS FOR SAVINGS ACCOUNTS, CD's, CHECKING ACCOUNTS, MONEY MARKET ACCOUNTS, MUTUAL FUNDS, BROKERAGE ACCOUNTS, IRA's, ETC.
- _____ COST BASIS OF INVESTMENTS LISTED ABOVE
- _____ ANNUITY AND LIFE INSURANCE CONTRACTS(Illustration, recent statement)
- _____ AUTO, HOMEOWNERS, HEALTH, AND OTHER INSURANCE POLICIES(declaration page only)
- _____ RETIREMENT/PENSION PLAN STATEMENTS
- _____ RECENT PAY STUBS
- _____ LAST YEARS TAX RETURN
- _____ SOCIAL SECURITY STATEMENTS
- _____ WILLS, TRUSTS, DURABLE POWERS, HEALTH CARE POWERS
- _____ BUSINESS DOCUMENTS(Buy-sell agreements, tax returns, financial statements)
- _____ ANY OTHER ITEMS THAT YOU BELEIVE MAY BE OF IMPORTANCE IN ASSISTING YOU WITH YOUR FINANCIAL PLANNING ISSUES

CLIENT SIGNATURE _____ DATE _____

PARTNER SIGNATURE _____ DATE _____

ADVISOR ACKNOWLEDGEMENT _____ DATE _____

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