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Asset Management • Retirement, Tax and Estate Planning • Fee Only • No Commissions • Independent Advisor

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: _____

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GENERAL INFORMATION

NAME

CLIENT _____ D/O/B _____

SPOUSE/PARTNER _____ D/O/B _____

Status (circle one): Married Single Nc 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 BELIEVE 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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