Initial Meeting Questionnaire

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Client

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Initial Meeting Date

THE FINANCIAL ADVISORY GROUP, LLC

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The purpose of your INITIAL MEETING QUESTIONNAIRE is to enable The Financial Advisory Group, LLC and you, our prospective client, to conduct your complimentary initial meeting in an efficient manner. A summary of your financial situation and objectives will enable us to evaluate if our services would be appropriate for you. We will keep your information confidential and return this profile to you upon request should you decide not to engage The Financial Advisory Group, LLC. Thank you for spending time and energy planning your financial future.

Client	**Co-Client**
Name	Name
D.O.B.	D.O.B.
Occupation	Occupation
Employer	Employer
Cell	Cell
Office Phone	Office Phone
Email	Email
Target Retirement Age	Target Retirement Age
Nation of Citizenship	Nation of Citizenship

Home Address:____

Wedding Anniversary: ______________________________________

Children	
Name	D.O.B.

Gross Income: ____________________________ Net Worth: ____________________________

Date of Estate Plan Documents: ____

Average annual savings rate: ____

Current Insurance Coverage		
Policy	Client Coverage ($)	Co-Client Coverage ($)
Life		
Disability		
Long Term Care		

On a scale from 1 to 5, please rate the importance of the following topics to be discussed in our initial meeting (1 - not concerned, 5 - very concerned).

Retirement Planning ________________________ Estate Planning ____________________________

Income Taxes ____________________________ Education Funding _________________________

Budget/Cash Management __________________ Insurance ________________________________

Investments ______________________________ Practice/Business Management _______________

Workplace Retirement Plans _________________ Business Succession Planning ________________

Please describe your most pressing financial questions, concerns, and goals:

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Summary Financial Statement

Before-Tax Assets	Workplace Retirement Accounts (401(k), 403(b), etc.)	
	IRAs	
After-Tax Liquid Assets	Checking/Savings	
	CDs	
	Brokerage	
	Annuities	
	Cash Value of Life Insurance	
Illiquid Assets	Direct Business Interests	
	Other Private Investments	
Real Estate	Primary Residence	
	Other Real Estate Owned	
Liabilities	Mortgage	
	Auto Loans	
	Credit Cards	
	Student Loans	
	Other	

Accountant: ____

Attorney: ____

Insurance Agent: ____

How did you hear about our firm? ____