

Fiscal Fitness, LLC

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Verona, WI 53593

(608) 848-1133

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www.fiscalfitnessmadison.com

**Confidential Questionnaire**

*Instructions: You can use Microsoft Word to complete this form. Just tab through the document or click with your mouse and begin typing when you see the black rectangle. To check a box, click it or press the space bar.*

Date Completed:

|  |  |
| --- | --- |
| **Client Name:** | **Co-Client Name:** |
| Relationship to Co-Client: | Relationship to Client: |
| Date of Birth: | Date of Birth: |
| Gender Identity:  F  M  Non-binary | Gender Identity:  F  M  Non-binary |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Home Phone: | Home Phone: |
| Other Phone: | Other Phone: |
| Email: | Email: |

|  |
| --- |
| Primary person to contact during business hours: |
| Preferred contact method:  Home Phone  Other Phone or  Email |

**Children (or others you support):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Relationship:** | **Date of Birth:** | **Dependent:** | **Residence**  **(city & state):** |
|  |  |  | Y  N |  |
|  |  |  | Y  N |  |
|  |  |  | Y  N |  |
|  |  |  | Y  N |  |
|  |  |  | Y  N |  |

***Financial Planning Priorities and Interests***

**Short-term goals (next 1-5 years):**

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**Longer-term goals:**

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**What would you like to accomplish with Fiscal Fitness?**

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**What is important to you about your money?**For example: charitable involvement, family security, bequests, grandchildren’s education, or anything not listed above*.*

|  |
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***Employment Information, including self employment (if applicable):***

|  |  |
| --- | --- |
| **Client** | **Co-Client** |
| Employer: | Employer: |
| Position: | Position: |
| Years with this employer: | Years with this employer: |
| Anticipated employment changes?  Yes  No | Anticipated employment changes?  Yes  No |
| When do you plan to retire? | When do you plan to retire? |
| Current annual pre-tax salary: $ | Current annual pre-tax salary: $ |
| Other employment income: $ | Other employment income: $ |
| Average bonus/commissions: $ | Average bonus/commissions: $ |
| Total annual income = $ | Total annual income = $ |
| Is income consistent & reliable?  Yes  No | Is income consistent & reliable?  Yes  No |

**Do you have non-employment sources of income,** such as alimony, pensions, retirement accounts, or rental property? If yes, please describe:

|  |
| --- |
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***Advisor Relationships***

**Where applicable, rate your current advisor on a scale of 1 (dissatisfied) to 5 (very satisfied)**

|  |  |  |
| --- | --- | --- |
| **Advisor** | **Rating (1-5)** | **Comment** |
| Accountant |  |  |
| Tax Preparer |  |  |
| Attorney |  |  |
| Broker |  |  |
| Insurance Agent (1) |  |  |
| Insurance Agent (2) |  |  |
| Financial Planner |  |  |

***Tax & Estate Planning Information***

**Who prepares your tax return?**  Self  Paid Preparer Preparer Name:

**Client:**

|  |  |  |
| --- | --- | --- |
| **Which documents do you have?** | **Year drafted?** | **In what state?** |
| Will |  |  |
| Living Will |  |  |
| Living Trust |  |  |
| Durable Power of Attorney (Financial) |  |  |
| Durable Power of Attorney (Medical) |  |  |
| Other (e.g. property agreements) |  |  |

**Co-Client:**

|  |  |  |
| --- | --- | --- |
| **Which documents do you have?** | **Year drafted?** | **In what state?** |
| Will |  |  |
| Living Will |  |  |
| Living Trust |  |  |
| Durable Power of Attorney (Financial) |  |  |
| Durable Power of Attorney (Medical) |  |  |
| Other (e.g. property agreements) |  |  |

***Insurance Information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy** | **Insurance company** | **Coverage Amount?** | **Deductible?** | **Premium?** |
| Vehicle 1 |  | $ | $ | $ |
| Vehicle 2 |  | $ | $ | $ |
| Vehicle 3 |  | $ | $ | $ |
| Homeowners |  | $ | $ | $ |
| Other |  | $ | $ | $ |

**Client**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do You Have?** | **Employer-Provided?** | **Coverage?** | **Premium?** |
| Health:  Yes  No | Yes  No | $ | $ |
| Disability:  Yes  No | Yes  No | $ | $ |
| Life:  Yes  No | Yes  No | $ | $ |
| Umbrella Liability:  Yes  No | Yes  No | $ | $ |
| Long-Term Care:  Yes  No | Yes  No | $ | $ |

How is your health?

**Co-Client**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do You Have?** | **Employer-Provided?** | **Coverage?** | **Premium?** |
| Health:  Yes  No | Yes  No | $ | $ |
| Disability:  Yes  No | Yes  No | $ | $ |
| Life:  Yes  No | Yes  No | $ | $ |
| Umbrella Liability:  Yes  No | Yes  No | $ | $ |
| Long-Term Care:  Yes  No | Yes  No | $ | $ |

How is your health?

***Financial Assets***

**Please provide the current value of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Type** | **Joint** | **Client** | **Co-Client** |
| Checking and savings : | $ | $ | $ |
| CDs + money market funds: | $ | $ | $ |
| Tax-deferred retirement accounts  (IRAs, 401(k)’s, 403(b)’s, etc.): | $ n/a | $ | $ |
| Roth IRAs: | $ n/a | $ | $ |
| Brokerage accounts: | $ | $ | $ |
| Mutual funds in taxable accounts: | $ | $ | $ |
| Education savings (529s, etc.): | $ | $ | $ |
| Employee stock purchase plan: | $ | $ | $ |
| Other financial assets: | $ | $ | $ |

**Do you have a pension? Client**  Yes  No **Co-Client**  Yes  No

**If yes, estimated monthly benefit: Client** $       at age    **Co-Client** $       at age    .

**How much do you save each month?**

|  |  |
| --- | --- |
| Retirement plans: | $ |
| Other investment or savings accounts: | $ |

**Do you manage your own investments?**  Yes  No

**What is your desired annual retirement income?** (after tax, in today’s dollars) $

***Personal Property***

|  |  |  |
| --- | --- | --- |
|  | **Estimated Value:** | **Notes:** |
| Primary Residence: | $ |  |
| Vehicle 1: | $ |  |
| Vehicle 2: | $ |  |
| Vehicle 3: | $ |  |
| Furnishings: | $ |  |
| Other: | $ |  |

***Liabilities***

**Credit Cards:** (If not paid in full each month)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Interest Rate** | **Average Monthly Payment** | **Current Balance** |
|  | % | $ | $ |
|  | % | $ | $ |
|  | % | $ | $ |

**Other Debts:** Please list mortgage, home equity, auto, personal, business, education, or other loans:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Term** | **Maturity**  **Date** | **Interest Rate** | **Monthly Payment** | **Current Balance** | **Original Balance** |
|  |  |  | % | $ | $ | $ |
|  |  |  | % | $ | $ | $ |
|  |  |  | % | $ | $ | $ |
|  |  |  | % | $ | $ | $ |
|  |  |  | % | $ | $ | $ |

**Have you received a copy of your credit report recently?**

**Client**  Yes  No **Co-Client**  Yes  No

**If you know your credit score, what is it?**

**Client**     **Co-Client**

**How did you hear about Fiscal Fitness?**

***Other***

**Other noteworthy considerations not captured above:**

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**Please email this completed form to:**

[kathy@fiscalfitnessmadison.com](mailto:kathy@fiscalfitnessmadison.com)

**or mail it to:**

Fiscal Fitness, LLC

211 E. Verona Ave. Suite 4

Verona, WI 53593

**or fax it, attention Kathy:**

608-268-8671

***Thank you for the time you have taken to provide this information!***