

# Confidential Questionnaire

Date completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Client Information

<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? _____	

May we contact you via email regarding business matters?  Yes  No

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

Name	Relationship	Date of Birth	Dependent	Resides (City & State)
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## 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>					Not Applicable
	1 = Dissatisfied	2	3	4	5 = Very Satisfied	
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"/> whole <input type="checkbox"/> term	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life: <input type="checkbox"/> whole <input type="checkbox"/> term	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life: <input type="checkbox"/> whole <input type="checkbox"/> term	_____	<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)</u>	<u>Ownership</u>	<u>Avg. Balance</u>
<u>Bank Name</u>	<u>or Money Market (MM)</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	_____	\$ _____

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

# Confidential Questionnaire, Continued

## Assets, continued

### Investment and Retirement Accounts

<u>Brokerage or Employer Name</u>	<u>Account Type**</u>	<u>Ownership</u>	<u>Approximate Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(\*\* e.g., taxable, IRA, Roth IRA, 401(k), 403(b), deferred comp, etc. )

Please attach a copy of your most current brokerage, mutual fund and retirement account statements.

**Do you hold any Employer Stock Options or Restricted Stock?**  Yes  No

**If yes, type is:**  Option  R.S. **Vested?**  Yes  No **Approx. Value \$** \_\_\_\_\_  
 Option / R.S. #2  Option  R.S. **Vested?**  Yes  No **Approx. Value \$** \_\_\_\_\_  
 Option / R.S. #3  Option  R.S. **Vested?**  Yes  No **Approx. Value \$** \_\_\_\_\_

**Do you have a pension?**  Yes  No

**If yes, estimated monthly benefit is \$** \_\_\_\_\_ **at age** \_\_\_\_\_ . **COLA?**  Yes  No  
 Pension #2 \_\_\_\_\_ **at age** \_\_\_\_\_ . **COLA?**  Yes  No

<b>Personal Property</b>	<b>Estimated Value</b>
--------------------------	------------------------

Primary Residence	_____
Other Residence or Real Estate	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Other	_____
Other	_____

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Confidential Questionnaire, Continued

## Personal Liabilities

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

(\*\*If not paid in full each month)

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

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

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

## 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, please complete this form and return it to us at least two days prior to our scheduled appointment...

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} Fax or email preferred