Gray Financial Planning
Planning Today for a Brighter Tomorrow

Confidential Questionnaire

Date of Completion: ____________

Client Information

Client Name (1)	______________	**Client Name (2)**	______________
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? ______________

Contact me/us by E-mail ☐ or Phone ☐

Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
			☐ Y N ☐	
			☐ Y N ☐	
			☐ Y N ☐	
			☐ Y N ☐	

Employment

Client Employer (1)	______________	**Client Employer (2)**	______________
Title/Job	______________	Title/Job	______________
Number of years with this employer?	______	Number of years with this employer?	______
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	______
TOTAL (Current Year) =	$0	**TOTAL (Current Year) =**	$ 0

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

Who prepares your tax return?

- ❑ Self
- ❑ Paid Preparer

Preparer Name ______________________ Phone ( ) -

Address ______________________ Fax ( ) -

City, State, ZIP ______________________

Do you have estate planning documents?	Year Drafted	State Drafted
❑ Wills	________	________
❑ Living Trusts	________	________
❑ Powers of Attorney	________	________
❑ Living Wills	________	________
❑ Other Documents	________	________

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

C1ient 1	Client 2	1 = Most True, 5 = Least True
_______	_______	I would rather work longer than reduce my standard of living in retirement.
_______	_______	I feel that I/we can reduce our current living expenses to save more for the future if needed.
_______	_______	I am more concerned about protecting my assets than about growth.
_______	_______	I prefer the ease of mutual funds over individual securities.
_______	_______	I am comfortable with investments that promise slow, long term appreciation and growth.
_______	_______	I don’t brood over bad investment decisions I’ve made.
_______	_______	I feel comfortable with aggressive growth investments.
_______	_______	I don’t like surprises.
_______	_______	I am optimistic about my financial future.
_______	_______	My immediate concern is for income rather than growth opportunities.
_______	_______	I am a risk taker.
_______	_______	I make investment decisions comfortably and quickly.
_______	_______	I like predictability and routine in my daily life.
_______	_______	I usually pick the tried and true, the slow, safe but sure investments.
_______	_______	I need to focus my investment efforts on building cash reserves.
_______	_______	I prefer predictable, steady return on my investments, even if the return is low.

How were your current investment assets selected? ______________________

____

____

____

____

Confidential Questionnaire, Continued

Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

Advisor	**Satisfaction Rating** 1 = Dissatisfied				5 = Very Satisfied	
	1	**2**	**3**	**4**	**5**	**Not Applicable**
Financial Planner	☐	☐	☐	☐	☐	☐
Broker	☐	☐	☐	☐	☐	☐
Accountant	☐	☐	☐	☐	☐	☐
Tax Preparer	☐	☐	☐	☐	☐	☐
Attorney	☐	☐	☐	☐	☐	☐
Insurance Agent (1)	☐	☐	☐	☐	☐	☐
Insurance Agent (2)	☐	☐	☐	☐	☐	☐

Insurance	**Client (1) Coverage**	**Group**	**Individual**	**Client (2) Coverage**	**Group**	**Individual**
		☐	☐		☐	☐
Health	______	☐	☐	______	☐	☐
Disability (Short)	______	☐	☐	______	☐	☐
Disability (Long)	______	☐	☐	______	☐	☐
Long Term Care	______	☐	☐	______	☐	☐
HSA	______	☐	☐	______	☐	☐
Life	______	☐	☐	______	☐	☐
Life	______		☐	______		☐
	______		☐	______		☐
Homeowners	______		☐	______		☐
Auto	______		☐	______		☐
Auto	______		☐	______		☐
Umbrella Liability	______		☐	______		☐
Professional Liability	______			______		

Have you ever been turned down for Insurance? ☐ Yes ☐ No

Assests

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Bank Accounts **Checking (C), Savings (S), or Money (MM)**

Bank Name		**Ownership**	**Avg. Balance**
______	☐ C ☐ S ☐ MM	______	$ ______
______	☐ C ☐ S ☐ MM	______	$ ______
______	☐ C ☐ S ☐ MM	______	$ ______

CDs

Institution	**Interest Rate**	**Maturity Date**	**Ownership**	**Avg. Balance**
______	______ %	______	______	$ ______
______	______ %	______	______	$ ______
______	______ %	______	______	$ ______

Confidential Questionnaire, Continued

Assets, continued

Do you have a pension? ❑ Yes ❑ No
If yes, estimated monthly benefit is $_____________ **at age** ________. **COLA?** ❑ Yes ❑ No

Personal Property		**Estimated Value**
Primary Residence		__________________________
Furnishings (Liquidation Value)		__________________________
Vehicle	________________________	__________________________
Vehicle	________________________	__________________________
Other	________________________	__________________________
Other	________________________	__________________________

Attach a copy of your most current brokerage, mutual fund and retirement statements.

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

____

____

Personal Liabilities

Credit <u>Cards</u>	**Interest <u>Rate</u>**	**Avg. Monthly <u>Payment</u>***	**Current <u>Balance</u>**
____________________	________ %	$ __________	$ ____________________
____________________	________ %	$ __________	$ ____________________
____________________	________ %	$ __________	$ ____________________

(*If not paid in full each month)

<u>Debts</u> (Residence, Auto, Business, School)	**<u>Term</u>**	**Interest <u>Rate</u>**	**<u>Payment</u>**	**Approximate <u>Balance</u>**
____________________	______	________ %	$ __________	$ ____________________
____________________	______	________ %	$ __________	$ ____________________
____________________	______	________ %	$ __________	$ ____________________
____________________	______	________ %	$ __________	$ ____________________

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

Please comment on the advice you seek. ____

____

____

____

____

____

Confidential Questionnaire, Continued

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,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

Gray Financial Planning LLC
201 ½ East Virginia, Suite 6
McKinney, TX 75069
Phone: (469) 422-6082 • Fax: (972) 547-0216

OR: Request a DropBox from Gray Financial Planning