

# Pre-phone Consultation Questionnaire



Please complete this questionnaire prior to your initial phone consultation. Your responses will help us begin assessing your situation, formulating your blueprint and determining whether our services fit well with your needs.

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Spouse/Partner Name \_\_\_\_\_ DOB \_\_\_\_\_  
Children's Names/DOB \_\_\_\_\_

What role would you like a financial advisor to play in your life?

What prompted you to seek advice from an advisor?

Do you expect to pay a fee for advice if you engage an advisor?      **Yes**      **No**

Do you have an attorney?      **Yes**      **No**      Do you have an accountant?      **Yes**      **No**

Please list any existing advisors not shown above and describe the role that each of your current advisors plays.

Do you have any anxieties or specific concerns about your overall current financial situation?

What are your most important financial goals? **Financial Goal/Priority (Rate 1-5)**

- Retirement
- Wealth accumulation
- Education planning
- Family security
- Special purchase (e.g. Second home)

# Pre-phone Consultation Questionnaire



## Employment & Income

### You

Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
How Long \_\_\_\_\_

### Spouse/Partner

Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
How Long \_\_\_\_\_

Base salary (You) \_\_\_\_\_  
Estimated bonus (You) \_\_\_\_\_

Base salary (Spouse/Partner) \_\_\_\_\_  
Estimated bonus (Spouse/Partner) \_\_\_\_\_

### Other Income Sources

Rental income \_\_\_\_\_  
Investment income \_\_\_\_\_  
Pension income \_\_\_\_\_

Social Security \_\_\_\_\_  
Annuity \_\_\_\_\_

## Assets & Liabilities

### Investments

Taxable account \_\_\_\_\_  
Trust accounts \_\_\_\_\_  
Stock options \_\_\_\_\_  
Restricted stock options \_\_\_\_\_  
Annuity \_\_\_\_\_  
529 \_\_\_\_\_

### Retirement Accounts

IRAs \_\_\_\_\_  
401(K)/403(B) \_\_\_\_\_  
Account values \_\_\_\_\_  
Account owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_

### Real Estate

Address \_\_\_\_\_  
Owner \_\_\_\_\_  
Cost basis \_\_\_\_\_  
Value \_\_\_\_\_  
Income derived \_\_\_\_\_

### Mortgage

Owner \_\_\_\_\_ Term \_\_\_\_\_  
Loan amount \_\_\_\_\_ Interest rate \_\_\_\_\_

### Other Loans

Private \_\_\_\_\_ Car \_\_\_\_\_  
Student \_\_\_\_\_ Credit cards \_\_\_\_\_

Cash		
	Account value	Owner
Checking	<input type="text"/>	<input type="text"/>
Savings	<input type="text"/>	<input type="text"/>
Money Market	<input type="text"/>	<input type="text"/>
CD	<input type="text"/>	<input type="text"/>

# Pre-phone Consultation Questionnaire



**ARTISAN**  
Financial Strategies LLC

## Insurance & Estate

### Life Insurance

Personal \_\_\_\_\_

Corporate/Group \_\_\_\_\_

### Long Term Care

Personal \_\_\_\_\_

Corporate/Group \_\_\_\_\_

### Disability Insurance

Personal \_\_\_\_\_

Corporate/Group \_\_\_\_\_

### Updated Estate Documents (Mark with Y or N)

Wills

Powers of Attorney

Revocable trusts

Irrevocable trusts

Family trust

Healthcare directives