Confidential Questionnaire

Client name (1) ______________________________
Home address ______________________________
City & Zip code ______________________________
Home phone ______________________________
Work phone ______________________________
Work fax ______________________________
E-mail ______________________________
Social Security # ______________________________
Birth date ______________________________

Client name (2) ______________________________
Home address ______________________________
City & Zip code ______________________________
Home phone ______________________________
Work phone ______________________________
Work fax ______________________________
E-mail ______________________________
Social Security # ______________________________
Birth date ______________________________

Primary contact ______________________________

Family members (Please list children and other dependents.)

Name ______________________________
Relationship ______________________________
Birth date ________________ Dependent? Yes or No
Resides ________________ (City & State)

Name ______________________________
Relationship ______________________________
Birth date ________________ Dependent? Yes or No
Resides ________________ (City & State)

SKAGGS FINANCIAL PLANNING, LLC

Name ______________________________
Relationship ______________________________
Birth date ____________________ Dependent? Yes or No
Resides ____________________ (City & State)

Name ______________________________
Relationship ______________________________
Birth date ____________________ Dependent? Yes or No
Resides ____________________ (City & State)

Client employer (1)

Title/Job ______________________________
Years with this employer ______________________________
Years in position ______________________________
Anticipated changes ______________________________
Planned retirement date ______________________________
Salary ______________________________
Self employment income ______________________________
Bonus/Commissions ______________________________
Other earned income ______________________________
TOTAL (current year) ______________________________

Client employer (2)

Title/Job ______________________________
Years with this employer ______________________________
Years in position ______________________________
Anticipated changes ______________________________
Planned retirement date ______________________________
Salary ______________________________
Self employment income ______________________________
Bonus/Commissions ______________________________
Other earned income ______________________________
TOTAL (current year) ______________________________

SKAGGS FINANCIAL PLANNING, LLC

What are the primary goals or concerns that led you to consider assistance from a financial professional?

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What are any secondary concerns?

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Rate your working relationships with each of the following advisers.

Satisfaction Rating

Advisor	Dissatisfied				Very Satisfied	Not Applicable
Financial Planner	1	2	3	4	5	X
Account	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Family Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

Please bring the most recent copies of the following documents with you better yet, if possible, please send us copies of these documents in advance. This will help us to be better prepared for out meeting.

- Current statements for savings accounts, CD's, checking accounts, money market accounts, mutual funds, brokerage accounts, IRA's, Trusts and other investments.
- Annuity and life insurance contracts
- Cost basis of investments listed above
- Retirement and pension plan statements
- Last two tax returns
- Wills, trusts, durable powers of attorney, health care powers of attorney, medical directives
- Any other items that you are concerned with or believe may be of importance in assisting you with your financial issues

Thank you! We look forward to meeting with you soon.