

Name: _____

Date: _____

Initial Planning Questionnaire

Please indicate your current concerns (rate with 1 for highest concern, 2 for next highest, etc.)

- _____ Budget and cash flow planning
- _____ Life Planning and Goal Prioritization
- _____ Retirement Planning
- _____ College Planning
- _____ Housing Planning
- _____ Estate Planning
- _____ Tax Planning

- _____ Other (please describe)

What would you hope to accomplish from our work together?

What are your most important financial concerns today?

What are your most important non-financial concerns today?

How do you envision your life in five years?

Do you have other financial advisors?