



**Confidential Questionnaire**

**Date of Completion:** \_\_\_\_\_

**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 (H or W) ( ) - _____	Fax (H or W) ( ) - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Primary Contact Person during business hours? _____	
Contact me/us by (circle one) E-mail or Phone	

**Family Members** (please list children and other dependents)

<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Dependent</b>	<b>Resides (City &amp; State)</b>
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

**Employment**

<b>Client Employer (1)</b> _____	<b>Client Employer (2)</b> _____
Title/Job _____	Title/Job _____
No. of years with this employer? _____	No. 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> _____





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**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	N/A
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker (2)	<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**

	Client (1)			Client (2)		
	Coverage	Group	Individual	Coverage	Group	Individual
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"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<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"/>
Car (1)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Car (2)	_____	<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



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**Financial Opinions/Preferences**

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

<u>Client 1</u>	<u>Client 2</u>	<u>1 = Most True, 5 = Least True</u>
_____	_____	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.

**Assets**

(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)**

<u>Bank Name</u>	<u>Ownership</u>	<u>Avg Balance</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	\$ _____

**CDs**

<u>Institution</u>	<u>Interest</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg Balance</u>
_____	_____	/ /	_____	\$ _____
_____	_____	/ /	_____	\$ _____
_____	_____	/ /	_____	\$ _____



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**Retirement Accounts**

Type of account - if 401(k), Roth IRA, etc. and owner:	<b>Balance</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>Other investments accounts and owner:</b>	<b>Balance</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Do you have a pension?     Yes     No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_ COLA?     Yes     No

<b>Personal Property</b>	<b>Estimated Value</b>
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle (1) _____	_____
Vehicle (2) _____	_____
Other (1) _____	_____
Other (2) _____	_____

**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**

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

(\*If not paid in full each month)



**Koch Financial Partners, LLC**

*Focusing on what matters.*

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

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

Please comment on the advice you seek, and describe any additional matters you feel are important for us to know:

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**Additional Information**

These items, as well as others, may be needed should you engage our services:

- Prior year tax returns
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Current Social Security benefit estimate OR Summary of benefits if currently receiving
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklets
- Legal documents
- Insurance policies
- Annuity contract

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 by email, fax or mail at:

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