



Mote Wealth Management, LLC

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*Fee Only Financial Planning*

# Financial Planning Interview Questionnaire

## Confidential

*This confidential interview form will remain in your possession until such time as a client/adviser relationship is established. If, at the introductory meeting, we mutually decide to move forward, Mote Wealth Management, LLC will take the interview form for use in planning. If you do not decide at that point to enter into a financial planning agreement, you will keep possession of the form and all supporting documents.*

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Client 1

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Client 2

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Date

## Initial Meeting Agenda

- Discuss your requirements
- Explain our services
- Questions and clarification
- Mutual decision whether to proceed
- Establish a timeline

### General

- 1) What caused you to make the appointment with us? Specific event or issue?
  
- 2) What are your specific goal(s) in working with us (*investment advice, retirement, estate planning, educational planning, insurance or tax review, other*)?
  - a) **Short-term goals**
    - i) \_\_\_\_\_
    - ii) \_\_\_\_\_
    - iii) \_\_\_\_\_
    - iv) \_\_\_\_\_
  - b) **Long-term goals** (*resources for retirement, travel, vacation home, second career, gifting, etc.*)
    - i) \_\_\_\_\_
    - ii) \_\_\_\_\_
    - iii) \_\_\_\_\_
    - iv) \_\_\_\_\_
  
- 3) Have you worked with a financial advisor/planner before? If yes, describe the experience.  
\_\_\_\_yes    \_\_\_\_no
  
- 4) Do you want to gain additional knowledge as well as receive financial planning support?  
\_\_\_\_yes    \_\_\_\_no
  
- 5) Are you familiar with any of the following forms of “financial advisor” compensation:  
fee only, fee based and commission based?

**Client 1**

**Client 2**

**Personal Information**

Today's date: \_\_\_\_\_

**Client 1**

**Client 2**

Name(s) you go by \_\_\_\_\_

Full Name(s) \_\_\_\_\_

(as you prefer it on account documents)

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number – home \_\_\_\_\_

Phone Number – cellular \_\_\_\_\_

Email address \_\_\_\_\_

Married? Yes/No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Dr Lic, Govt ID, Passport # \_\_\_\_\_

Place of issuance \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Country of Origin \_\_\_\_\_

US Citizen? Yes \_\_\_\_ No \_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

**General Health:**

Age – Expected Retirement \_\_\_\_\_

\_\_\_\_\_

Age – Life Expectancy \_\_\_\_\_

\_\_\_\_\_

**Client 1**

**Client 2**

**Employer:**

Business Name \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

Business Email: \_\_\_\_\_

\_\_\_\_\_

Occupation/Position: \_\_\_\_\_

\_\_\_\_\_

Hire Date: \_\_\_\_\_

\_\_\_\_\_

Are you employed by, director or owner of a securities firm?  
\_\_\_Yes \_\_\_No \_\_\_\_\_

\_\_\_Yes \_\_\_No \_\_\_\_\_

List any securities firm(s) you are employed by, or in which you are a director or owner. \_\_\_\_\_

\_\_\_\_\_

Are you a director, 10% shareholder or policy-making officer of a publicly traded company? \_\_\_Yes \_\_\_No \_\_\_\_\_

\_\_\_Yes \_\_\_No \_\_\_\_\_

List all publicly traded companies in which you are a director, 10% shareholder or policy-making officer. \_\_\_\_\_

\_\_\_\_\_

**Beneficiaries for Retirement Accounts:**

**Client 1**

**Client 2**

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

\_\_\_\_\_  
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Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

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Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

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Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

**Beneficiaries for Retirement Accounts:**

**Client 1**

**Client 2**

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

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Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

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Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

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Primary or Contingent (circle one)

% Beneficiary \_\_\_\_\_

**Living Expenses**

- 6) Are you experiencing any day-to-day cash flow issues related to your living expenses?
  
- 7) Do you have a cash flow or budget method you use to track and manage expenses?
  - a) \_\_\_yes \_\_\_no
  - b) If yes, Quicken? If other, what program? \_\_\_\_\_

**Liabilities/Debt**

- 8) Do you currently make residential mortgage payments?
  - a) \_\_\_\_\_yes \_\_\_\_\_no
  - b) If yes, list the monthly payment \$\_\_\_\_\_
  - c) Interest rate \_\_\_\_\_%
  - d) Fixed, variable or balloon loan structure? \_\_\_\_\_
  - e) Loan length in years or months \_\_\_\_\_
  - f) Loan origination date \_\_\_\_\_
  
- 9) Present areas of debt (mortgage, consumer/credit card, auto loan, educational, business, etc.)?

	Purpose	Amount	Monthly Payment	Length mo.s/yr.s
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____
d)	_____	_____	_____	_____
e)	_____	_____	_____	_____

**Short-term and Emergency Fund (ST&E)**

- 10) Do you have a known short-term need for cash within the next 5 to 7 years?  
(Examples include education, balloon mortgage payment, automobile, loan repayment, buying or remodeling a house, major repairs, vacation/travel etc.)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_
  - e) \_\_\_\_\_
  
- 11) Do you presently have a Short-term and Emergency fund for the types of issues identified in the previous question? \_\_\_yes \_\_\_no (If yes, how did you determine the amount?)

## Income

12) What are your current and future sources of income? (Put dollar amount for present income, a check mark for unknown future amount -- for instance, if you pay Social Security but do not know the amount you will receive.)

	Client 1	Client 2
a) Salary -- <i>circle one</i> (weekly, bi-weekly, monthly, annually)		
i) _____ Name of company	\$ _____	\$ _____
ii) _____ Name of company	\$ _____	\$ _____
b) Social Security	\$ _____	\$ _____
c) Pension 1		
i) _____ Name of company	\$ _____	\$ _____
d) Pension 2		
i) _____ Name of company	\$ _____	\$ _____
e) Trust Fund	\$ _____	\$ _____
f) Anticipated inheritance	\$ _____	\$ _____
g) Other (rent or loan income, etc.)	\$ _____	\$ _____

## Investment and Savings Accounts

13) If investments are part of your interest in working with MWM, indicate the approximate investment asset amounts (IRA, pension, inheritance, savings account, etc.)

	Joint	Client 1	Client 2
a) Retirement		\$ _____	\$ _____
b) Non-retirement	\$ _____	\$ _____	\$ _____

*\*Need originals or copies of the account statements*



## ASSETS

List assets including bank accounts, CDs, stocks, bonds, mutual funds, business interests, trusts, primary and/or secondary residence, investment or rental property, privately held business, vehicles and other financial assets.

No.	<b>Asset Name and Ownership</b> (ie. joint bank account, Bill's 401k, Mary's IRA, Microsoft stock, etc.)	<b>Current Value</b>	<b>Annual Additions</b> (if any)	<b>Asset Description</b> Custodian (ie Fidelity), vacation home, boat, ESOP, etc.)
1	Primary Residence	\$	\$	
2	Vehicle 1	\$	\$	
3	Vehicle 2	\$	\$	
4	Recreational vehicle	\$	\$	
5	Jewelry, furs	\$	\$	
6	Collectibles	\$	\$	
7	Bank Savings	\$	\$	
8	Checking	\$	\$	
9	Investment Account	\$	\$	
10		\$	\$	
11		\$	\$	
12		\$	\$	
13		\$	\$	
14		\$	\$	
15		\$	\$	
16		\$	\$	
17		\$	\$	

*Assets*

\*Need originals or copies of account statements

## Educational Funding

14) Do you plan to participate in any educational funding? If so, to what extent?

Student - name and age | Amount

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

## Insurance

15) Do you have medical insurance or Medicare and Medigap insurance policies?

\_\_\_\_\_yes      \_\_\_\_\_no

16) Do you have long-term care insurance? \_\_\_\_\_yes      \_\_\_\_\_no

If yes, indicate annual premium

Client 1 \$ \_\_\_\_\_

Client 2 \$ \_\_\_\_\_

17) List any life insurance policies including company, name of insured and amount.

Name of Insured	Insurance Company	Type Whole Life/Term	Death Benefit	Cash Value	Annual Premium
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- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

18) Do you have auto and homeowners or renters insurance?

\_\_\_\_\_yes      \_\_\_\_\_no

19) Do you have Personal Excess Liability Coverage (umbrella policy)?

\_\_\_\_\_yes      \_\_\_\_\_no

## Retirement

20) Specific retirement concerns if not noted in short-term and long-term goals

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

## Taxes

21) Specific tax-related issues

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

## Estate Planning

22) Indicate if you presently have any of the following documents.

- a) Will
- b) Power of attorney
- c) Advance directive
  - i) Living will
  - ii) Durable power of attorney for health care
  - iii) Specific health related directives
- d) Marriage Agreement (Prenuptial)
- e) Trusts (indicate type)

23) How important is it to you to pass an estate to your heirs? Do you have specific concerns related to your estate?

24) How would you describe the stability of the significant relationships in your life? (For instance, spouse, children – each individually, parents – each individually, siblings – each individually, others who could affect your financial planning.)