



smart financial decisions
confidential questionnaire

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PERSONAL INFORMATION

Client

Name

Birthdate

Social Security Number

Street Address

City

State

Zip Code

Home Phone

Occupation

Employer

Employer's Address

Office Phone

E-mail

Client

Name

Birthdate

Social Security Number

Occupation

Employer

Employer's Address

Office Phone

E-mail

Dependants

Name

Sex

Birthdate

Relationship

Name

Sex

Birthdate

Relationship

Name

Sex

Birthdate

Relationship

Name

Sex

Birthdate

Relationship

In order of importance, what are your three most critical financial issues?

1.

2.

3.

How Did You Hear About us?

QUESTIONS

YES

NO

1. Do you plan to make a significant financial change in the next five years? YES NO

2. Are your parents or adult children dependent on you for support? YES NO

3. Do you save systematically? YES NO

4. Do you have a: will?
 durable power of attorney?
 health care power of attorney?
 living will? YES NO

5. Do you expect an inheritance? How much? \$ _____ YES NO

6. Do you plan to pay for your children's or grandchildren's college education? YES NO

7. Do you plan to retire at a specific age? If so, when? _____ YES NO

8. Are you satisfied with your financial progress to date? YES NO

9. Do you have a/an: attorney stock broker
 insurance agent banker
 accountant

10. Do you have a/an: homeowner's policy health insurance policy
 personal automobile policy disability insurance policy
 umbrella policy life insurance policy
 long-term care policy

11. Have you ever been declined or rated for life, health or disability insurance? YES NO

12. Describe in one word or several how you feel about your present financial situation.

13. Please share your most positive and/or negative investment experience.

14. What do you believe is a reasonable rate of return on your investments?

Don't forget:

- Recent Statements from all of your current investments
- Recent Statements from your Employer's Retirement Plans: 401(k), Profit Sharing, Stock Purchase Program, 403(b), etc.
- Recent Statements from any 529 / College Savings Plans
- Copy of all Insurance Policies(Life Insurance, Disability, Long Term Care)